FOOD SAFETY KNOWLEDGE AND PRACTICES OF HOLY CROSS HOME SCIENCE COLLEGE IN TUTICORIN

Dr. V.C. Jeyaratha, Assistant Professor, Dr. J. Elizabeth Vijaya, Assistant Professor
Holy Cross Home Science College, Thoothukudi.

ABSTRACT

Food safety takes vital role in health and wealth of the consumers. To maintain health and wealth of food safety is unavoidable and inevitable to the society. The food handler should take atmost care in preparing the food .This careful preparation avoids death rate. The gap of the study is understood through research survey. The main objectives of the study are to find out the food safety knowledge and practices of consumers based on the main objectives. It is followed by hand wash practices, food handling practices and media advertisement. To get accuracy and reliable information the statistical tools of inferential statistics, chi-square analysis, oneway analysis of variance and correlation techniques are used with the help of SPSS. This thesis has four chapter. The literature survey is collected to know the gap of the main research work. The respondents are classified as age, education, income and marital status of the respondents. Checking the quality marks and complaint about food adulteration are faced by the majority of the students in holy cross home science college. The respondents have high awareness in food borne diseases, cleaning kitchen equipment, unsafe food, checking in quality marks and awareness of food adulteration. In finding out the food adulteration there is no difference among the married and unmarried respondents. All respondents give high importants to hand wash practices and storage of milk in refrigerator. There is a high correlation in between the different variables of mineral water, fruits and vegetables, milk, vegetarian and non-vegetarian. Awareness of food borne diseases, food adulteration and conference level of food safety among the respondents in the age, education, marital status are highly related in this research work.

INTRODUCTION

The most common factors contributing to food borne diseases include unsafe keeping of food contaminated equipment, food from unsafe sources, poor personal hygiene, inappropriate hand washing practice and inadequate cooking. Hand washing is one of the most effects means of preventing the food borne diseases especially diarrhoea. Almost every household in the world regardless of its economic status, has soap, lack of water is usually not a problem either as hand can be effectively washed with little or recycled water. Here ultimately the consumer is either cheated or often becomes a victim of diseases such types of adulteration are quite common in developing countries or backward countries. However, adequate precautions taken by the college student at the time of purchase of such produce can help them to avoid procurement of such contaminated food. In view of the vastness of the country differences in cultural and graphical features, diversity in food habits, hygienic practices and centuries – old traditions children are disproportionately bearing this burden accounting for an estimated half of food borne illness cases annually children are also among those most at risk of associated death and serious lifelong health complications from food borne diseases.

STATEMENT OF THE PROBLEM

In under developed countries many people are victims of food poison because of the consumption of food produced under unhygienic conditions, lack of cleaning and pesticides (Eves and kips, 2005). Food hygiene and safety issues are not separate from human health concerns or form community health issues. Good food hygiene practices can protect the community from food borne illness. Majority of the microbial pathogens which causes food borne diseases enter the body easily through hands so hand washing interrupts the transmission of diseases agents (Curtis and cairm cross 2003). The question now is eventhough the college students are well educated and awareness of hygienic practices, though they are suffering health problems. Hence, the researcher has made an attempt to find out hygienic practices and awareness of the college students and their practical execution of food handling practices.

OBJECTIVES

The prime objectives of this research work is to find out the food safety knowledge and practices of college students based on the main objective, the following other objectives are framed in this study;

- To understand the awareness of hand washing practices among college students.
- To find out the facilities available to college student and food handling practices at college.
- To analyse the awareness of food handling practices with their practical executions.
- To analyse the influence of TV advertisement relating to hygienic practices.

SIGNIFICANCE OF THE STUDY

- This study helps to increase awareness and attitudes of college students in food handling practices.
- This study creates awareness of food handling practices of the consumers in India.
- This study creates awareness among the public to know about their food handling practices and its impact on their health.
- This study helps to prevent and protect from food borne diseases of the public.
- The consumers can get reliable services from this study relating to food safety knowledge and practices.
- This study helps to avoid unwanted practices of college students for their health it also helps to increase general health of the college students

REVIEW OF LITERATURE

Angelillo et al. (2000) in their study evaluated food safety knowledge, attitudes and behaviour related to food borne diseases and food safety issues among food handlers. It indicated that a great majority of food handlers have a lack of knowledge in proper food handling practices. For instance, only a small number of people use gloves for touching unwrapped raw food and concluded that food handlers need proper educational programs for improving their food safety knowledge and control food borne diseases.'

Cohen et al. (2001) stated that only knowledgeable, motivated, and skilled employees who are trained to follow the proper procedures together with management that effectively monitors employees' performances can ensure food safety.

Geetings and Kiernan (2001) identified that people in Pennysivania have lack of proper food handling practices and are not aware of the food borne illness which impact family health. Thus in their study they concluded that food safety education, awareness programs, such as videotapes, television, newspaper, radio and written pieces would create food safety awareness among the people.

Martha Barclay et al. (2001) in their study indicated the barriers for implementing food safety. They suggested a food safety educational program for all consumers, especially the mothers and food handlers. Food safety information should also be reinforced during students' progression within the educational system.

Tareq et al. (2001) suggested that mothers have inadequate knowledge about measures needed to prevent food borne illnesses. In conclusion, improving mothers knowledge about food safety is an issue that should be taken in consideration; therefore there is a need for developing food safety educational programs that cover key food safety concepts.

Table 3.1

Awareness in Checking Quality Marks

		Frequency	Percent
Valid	Awareness	47	90.4
	Unawareness	5	9.6
	Total	52	100.0

Table 3.1 indicates the awareness in checking quality marks in food safety. 90.4% of the respondents take first place of awareness in checking quality marks. And 9.6% of the respondents take last place of unawareness in checking quality marks in food safety. Hence, the study conclude that majority of the respondents have awareness in checking quality marks of the products. Least of the respondents have unawareness about the checking of quality marks of the products.

Table 3.2

Complaint about Food Adulteration

		Frequency	Percent
Valid	Yes	49	94.2
	No	3	5.8
	Total	52	100.0

Table 3.2 indicates the food adulteration in food safety. 94.2% of the respondents take first place in food awareness. And 5.8% of the respondents take last place of food unawareness. Hence, the study conclude that majority of the respondents are awareness of the food adulteration. Least of the respondents are unawareness of the food adulteration.

Table 3.3

Food Adulteration Come Across

		Frequency	Percent
Valid	Chemical	32	61.5
	Physical	10	19.2
	Biological	10	19.2
	Total	52	100.0

Table 3.3 shows that (61.5%) of the students come across chemical adulteration. 19.2% of the students come across physical adulteration. The remaining (19.2%) students come across biological adulteration. Hence, the study concluded that majority of the students come across of chemical adulteration. And least of the students come across physical and biological food adulteration.

Table 3.4

Food Borne Diseases

		Frequency	Percent
Valid	Yes	16	30.8
	No	36	69.2
	Total	52	100.0

Table 3.4 indicates the food borne diseases in food safety. 30.8% of the students awareness food borne diseases. And 69.2% of the students unawareness of food borne diseases. Hence, the study conclude that majority of the students unawareness of food borne diseases. Least of the students have awareness of food borne diseases.

Table 3.5

Clean the kitchen Equipment used for Cutting Before and After Every Use

		Frequency	Percent
Valid	Regularly	40	76.9
	Often	6	11.5
	Sometimes	3	5.8
	Never	2	3.8
	Total	51	98.1
Missing	System	1	1.9
Total		52	100.0

Table 3.5 indicates the kitchen equipment used for cutting before and after every use in food safety. 76.9% of

the students regularly clean kitchen equipment used for cutting before and after every use. 11.5% of the students often clean kitchen equipment used for cutting before and after every use. 5.8% of the students sometimes clean kitchen equipment used for cutting before and every after every use. And 3.8% of the students never clean kitchen equipment used for cutting before and after every use. Hence, the study conclude that majority of the students regularly clean kitchen equipment used for cutting before and after every use. Secondly the students often clean kitchen equipment used for cutting before and after every use. In thirdly of the students sometimes clean kitchen equipment used for cutting before and after every use. And least of the students never clean kitchen equipment used for cutting before and after every use.

Table 3.6

Impact of Unsafe Food

		Frequency	Percent
Valid	Vomiting	21	40.4
	Fever	6	11.5
	Diarrhoea	15	28.8
	Unsettled stomach	10	19.2
	Total	52	100.0

Table 3.6 indicates that (40.4%) of the students suffering from vomiting. 11.5% of the students suffering from fever. 28.8% of the students suffering from diarrhoea. And the remaining 19.2% of the students suffering from unsettled stomach. Hence, the study conclude that majority of the students suffering from vomiting. In secondly of the students suffering from diarrhoea. In thirdly of the students suffering from unsettled stomach. And least of the students suffering from fever.

Table 3.7

Age and Aware of Food Adulteration

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	7.291[a]	4	.121
Likelihood Ratio	7.376	4	.117
Linear-by-Linear Association	.067	1	.796
N of Valid Cases	52		

Table 3.9 Reveals the association between the age and aware of food adulteration. In this analysis the P value is 0.121. This is more than the significant value of 0.05. Hence, the null hypothesis is accepted. It shows this study is not related with age and aware of food adulteration. Hence, it is concluded that there is no direct relationship in between the age and aware of food adulteration.

Table 3.8

Marital Status and Complain about Food Adulteration

	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.353[a]	1	.245
Continuity Correction[b]	.741	1	.389
Likelihood Ratio	1.350	1	.245
Fisher's Exact Test			
Linear-by-Linear Association	1.327	1	.249
N of Valid Cases	52		

Table 3.11 Reveals the association between the marital status and complain about food adulteration. In this analysis the P value is 0.245. This is more than the significant value of 0.05. Hence, the null hypothesis is accepted. It shows this, study is not related with marital status and complain about food adulteration. Hence, it

is concluded that there is no direct relationship in between the marital status and complain about food adulteration.

SUGGESTIONS

- It concluded that Majority of the respondents whose age group is below 25 not stored in refrigerator at proper time. They should be advice to store at correct time.
- It is concluded that the mineral water, fruits and vegetables, milk and milk products, vegetarian food is related with are another But the vegetarian food is not related to non vegetarian food. All are advice to use vegetarian food.
- It is concluded that in comparing the marital status with the confidence level of food safety. Vegetarian food, non vegetarian food, fresh food items in cooking, high price product is more safe. The marital status is not related with the confidence levels of food safety. Confidence level should be increased more to both married and unmarried.
- It is concluded that in comparing the age with the complain about food adulteration. Accept as a common practice, Complaints ignored by traders, Time constraint, Laziness, Money constraint. The age is not related with the complain about food adulteration. All age group should be adviced to know about the adulterations.
- It is concluded that in comparing the aware of food borne diseases with reasons for food borne diseases. Buying contaminated food materials, Practicing bad personal hygiene, Cooking food at improper temperature, Unsafe drinking water. The aware of food borne diseases is not related with reasons for food borne diseases. More awareness should be created about food borne diseases.

CONCLUSION

Food handling practices and the awareness of food safety are based on the different sources of information, mainly from parents. The locality (urban and rural) of the respondents was the limiting factor in getting the source of food safety information. Rural mothers have low food safety knowledge and practices. Special attention has to be given to them in giving awareness and training in food safety. There is a need to educate mothers so that they can cope with all changes in the field of food safety daily . There are some gaps in food safety knowledge and practices and practical execution of food safety practices. The most important issue relating to unsafe food and imsafe food handlinpractices is lack of refrigerator facilities, incorrect temperature maintenance in refrigeration, improper knowledge about harmful and helpful bacteria, occupation and low purchasing power, no proper kitchen counter, kitchen equipments, kitchen facilities, and kitchen infrastructure facilities. Great majority of the mothers do not have adequate knowledge in changing of dishcloths and avoiding dishcloth bacteria. There is some need for food safety awareness programmes regarding safe food handling practices, food safety activities and food borne diseases. The key food handling practices are right operation of refrigerator, prevention of cross contamination and checking of dishcloths based on the food handling knowledge. The independent variables of food borne diseases and food safety depend on food handling practices, hygienic practices in food preparation and food safety awareness.

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