



ISSN: 0975-833X

Available online at <http://www.journalcra.com>

International Journal of Current Research
Vol. 11, Issue, 06, pp.4983-4985, June, 2019

DOI: <https://doi.org/10.24941/ijcr.35773.06.2019>

INTERNATIONAL JOURNAL
OF CURRENT RESEARCH

RESEARCH ARTICLE

A STUDY ON THE HYGIENIC PRACTICE AMONG THE WORKERS IN RESTAURANTS

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ARTICLE INFO

Article History:

Received 29th March, 2019
Received in revised form
14th April, 2019
Accepted 25th May, 2019
Published online 30th June, 2019

Key Words:

Hygienic Practice,
Restaurants,
Health Risks,
Communicable Diseases,
Community Hygiene.

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Citation: Dr. Shibu Puthenparambil, 2019. "A study on the hygienic practice among the workers in restaurants", *International Journal of Current Research*, 11, (06), 4983-4985.

ABSTRACT

Background: As a matter of public health importance, food safety and hygienic practices employed in this food marketing sector, restaurants and hotels would play an important function in ensuring that safe food is available for consumption. Safe foods ensure minimal risks and hazards to human health through protecting and preventing edible substances from becoming hazardous in the presence of chemical, physical and biological contaminants that deteriorate or spoil the food. Contaminated food represents one of the greatest health risks in a population and a leading cause of disease outbreaks and transmission. **Materials and Method:** Census method was used for the study. The sample population study of the hygienic practice among the workers in restaurants in municipal area Guruvayoor. One hundred samples were taken from the selected population in the 43 restaurants. **Results:** From the population it is clear that majority of workers are doing regular health check up. From the sample population it is clear that all of restaurant workers were in the clean cloth. From the sample population it is clear that majority of workers regular cutting the nails. From the sample population it is clear that majority of workers are washing the hands before and after going to toilets. From the sample population it is clear that majority of workers carrying non communicable diseases in the restaurant. **Conclusion:** Health education plays an important role in the community hygiene. To prevent illness and have positive health attitude, correct and complete knowledge of health is necessary. Health is cleanliness and cleanliness is one of the main defences against diseases, whether contagious or self-generated.

INTRODUCTION

As a matter of public health importance, food safety and hygienic practices employed in this food marketing sector, restaurants and hotels would play an important function in ensuring that safe food is available for consumption. Safe foods ensure minimal risks and hazards to human health through protecting and preventing edible substances from becoming hazardous in the presence of chemical, physical and biological contaminants that deteriorate or spoil the food. Contaminated food represents one of the greatest health risks in a population and a leading cause of disease outbreaks and transmission. Food handlers in these food premises are responsible for food safety throughout the chain of producing, processing, storage and preparation. Mishandling and disregard for hygiene measures on the part of these food handlers may result in food contamination and its attendant consequences including food poisoning and spread of diseases with resultant morbidity and occasional mortality. Many factors ranging from ignorance, uncaring and poor attitude to personal hygiene, lack of basic hygiene infrastructure and sanitary facilities such as water, soap and toilets and lack of food storage and preservation facilities, all contributed to poor attitude towards food hygiene (FH) practices among food handlers.

In addition, lack of time and staff has been identified as some of the barriers to practice of FH. Many food handlers also believed that their products were of relatively low risk to the consumers. Hand washing is one of the easiest, most effective ways to demonstrate good hygiene. Hands must be washed and dried.

Literature review

The studies that measured practices demonstrated some adoption of targeted behaviours after the intervention. These included, for example, improvement in adoption of hand washing at critical times, using separate or clean utensils and cutting boards for raw and cooked foods; adequately cooking food before serving; heating leftover food before serving it; not storing. In fact, we possess very limited knowledge about the practices of employees who actually prepare the food, a topic that is explored in this case study, which details the observations of a college student with extensive work history in the fast-food industry. Although there are more than 250 types of food-borne diseases, most of them can be prevented if certain precautions are taken. Using good personal hygiene, cooking foods thoroughly, and keeping foods at the correct temperatures during serving and storage are rules that should be followed.

MATERIALS AND METHODS

A cross sectional study was conducted by using Census method. The sample selected for the study are restaurant workers in municipal area of Guruvayoor, Ernakulum District, Kerala state.. One hundred samples were taken from the selected population in the 43 restaurants.

Objectives

- To study the demographic characteristic of restaurant workers
- To study healthy practices of the workers.
- To study diseases among the restaurant workers.

Analysis and interpretation

Education qualification of restaurant workers: The educational qualification wise distribution of workers shows that 61% below sslc, 29% sslc and 10% workers are other qualifications (ITI, Pluse Two, Diploma)

Type of work in restaurant: Here most of the Workers work in cleaners (34%).21% of workers worked in cashier, 27% of workers worked in suppler, 10% Of workers worked in chef, and 28% of workers worked in all works in restaurant.

Assessment of safety material used: The above diagram shows that assessment of safety materials(*Hair cap, gown, glues, chapels, etc) used in the workers. Here the most of workers having used safety materials 93%, 3% of the workers don't have used safety materials and 4% of workers used for some time safety materials in the working time.

Fly attack in the restaurant: Here the most of restaurant having fly attack 39.53%, 9.30% of the restaurant don't have fly attack and 51.16% of restaurant some time fly attack in the restaurant.

Type of diseases carrying the worker: It is clear those 67% workers carrying non communicable diseases, 3% of workers carrying communicable diseases and 30% of workers carrying no diseases.

Assessment of regular nail cutting among works: 83% of the workers have the regular nail cutting and 17%. Of the workers don't have the regular nail cutting.

Assessment of hand washing before and after going toilets: Here the most of workers have washing hand 93%, 3% of the workers don't have hand washing and 4% of workers some hand washing before and after going to toilet.

Age and regular health check-up

Health check up	Yes	No	Total
Age (years)			
18-30	59 (93.65%) (63.44%)	4(6.34%) (57.14%)	63 (63%)
30-50	24(88.88%) (25.80%)	3(11.11%) (42.85%)	27 (27%)
50-ABOVE	10 (100%) (10.75%)	0(0%) (0%)	10 (10%)
TOTAL	93(93%)	7(7%)	100

Above table shows the age and regular health check up. 63 workers belong to age group 18-30 of which 93.65% have

health check up regularly. 27 workers belong to the 30-50 age group of which 88.88% have the regular health check up and workers belong to the age group of 50 and above are having the habit of regular health check-up.

RESULTS AND DISCUSSION

Most of the workers are male (83%) and the majority of workers are below SSLC qualification. 95.35% of restaurants are hot water used for drinking, 51.16% of restaurants having some time attack the flies and 69.77% of restaurants are used in the store room facilities with refrigerate system. All the restaurant workers ware in the clean cloth and 93% of workers are doing regular health check up and used safety materials in the working time. Among the 100 workers 93% of workers are washing the hands before and after going toilets and 83% of workers regular cutting the nails. 67% of workers carrying non communicable diseases in the restaurant and 3% of workers carrying communicable diseases. 66% are not clean in appearance and 34% of workers are clean appearance. Everyone is at risk for food-borne illness, but there are certain individuals who are at greater risk than others. For this reason there is a need for food safety education and training for food handlers who serve this vulnerable population. Food safety education is most effective when the messages are geared toward changing the behaviours that most likely are the causes of the food-borne illness. Food safety education is more effective if the messages are targeted toward the specific audience. The food safety education program was successful in educating food service managers and increasing safe food handling practices. Problems with practicing personal hygiene ranked the highest with the most instances of food-borne illness attributed to a failure to wash one's hands thoroughly before handling foods. A food-manager training and certification program was initiated to safe guard the sanitary conditions in restaurants.

Conclusion

Health education plays an important role in the community hygiene. To prevent illness and have positive health attitude, correct and complete knowledge of health is necessary. Food handlers in these food premises are responsible for food safety throughout the chain of producing, processing, storage and preparation. Mishandling and disregard for hygiene measures on the part of these food handlers may result in food contamination and its attendant consequences including food poisoning and spread of diseases with resultant morbidity and occasional mortality. Good knowledge and attitude but low level of good practices toward food hygiene characterized food handlers under study. Other recommendations include periodic medical examinations and on the job health education and promotion exercises for food handlers. Stakeholders involved in regulating the operations of food premises should also remove barriers to good food hygiene practices toward ensuring food sanitation and prevention of food borne diseases in the area. Also, research suggests that food safety education is effective in increasing the adoption of safe food handling.

REFERENCES

- Abdalla, M.A., Siham, E.S., Alian, Y.Y.H.A., Amel, O.B. Food safety knowledge and practices of street food-vendors in Khartoum city. *Sudan J. Vet. Sci. Anim. Husb.*, 47, 126–136.

- Chukuezi, C.O. 2010. Food safety and hygienic practices of street food vendors in Owerri, Nigeria. *Stud. Social. Sci.*, 1, 50–57.
- DeWaal, C.S., Rober, N. Global and Local: Food Safety around the World. Available online: http://safefoodinternational.org/local_global.pdf (accessed on 16 April 2013).
- Lues, J.F.R., Rasephei, M.R., Venter, P., Theron, M.M. 2006. Assessing food safety and associated food handling practices in street food vending. *Int. J. Environ. Health Res.*, 16, 319–328.
- Musa, O.I., Akande, T.M. 2003. Food hygiene practices of food vendors in secondary schools in Ilorin. *Niger. Postgrad. Med. J.*, 10, 192–196.
- Mwangi, A.M. 2002. Nutritional, Hygienic and Socio-Economic Dimensions of Street Foods in Urban Areas: The case of Nairobi; Wageningen University: Wageningen, The Netherlands, 2002.
- Rheinländer, T., Olsen, M.; Bakang, J., Takyi, H., Konradsen, F., Samuelsen, H. 2008. Keeping up appearances: Perceptions of street food safety in urban Kumasi, Ghana. *J. Urban Health*, 85, 952–964.
