

Developing awareness of food hygiene



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- Tanisha Raybe

HEALTH PROMOTION ESSAY ABOUT AWARENESS OF FOOD HYGIENE.

GROUP MEMBERS WERE: Tanisha Raybe, Caroline Veerasamy, Charlotte Chalmers , Hannah Firth and Stacey Rimes.

INTRODUCTION

This essay will seek to highlight the importance of food hygiene, it will include epidemiology, demography data alongside target groups and health policies. It will seek to evaluate the effectiveness of a health forum and illustrate the role of a health promoter

ASSESSMENT OF HEALTH NEED

There has been growing recognition that highlights the need for more awareness of food hygiene. This was evident in the increase rate of morbidity and mortality of foodborne illnesses in the United Kingdom and worldwide (World Health Organisation, 2007). This prompted governing bodies to place more emphasis on food safety practices. However, despite their efforts food borne illness incidence continues to increase in numbers attracting media attentions both nationally and internationally (Arendt, Paez and Strohbahn, 2013). The aim of food hygiene is to ensure food is free from physical, chemical and biological contamination which is overall safe for consumption (Who, 2002).

An epidemiology study carried out by The Department of Environment of food and rural affairs (2013) gave an insight into the effect of food borne illness. They reported that, there were over a million cases of food borne
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illness in the United Kingdom each year as a result of poor food hygiene. This amounts to 20, 000 hospital admissions and 500 deaths. Food Standard Agency (2011) collated that in England and Wales each year there were around 1. 7 million cases of food borne illness that is 33160 cases each week. Additionally, the Centre for disease control and prevention (2011) reports that each year approximately 1 in 6 American that is 48 million people being sick , hospitalised or have died from food borne illness. Moreover the FSA, (2011) highlighted that the statistics presented above only represents the reported numbers of incidence, hence underestimating the true value of food borne illness.

In light of the evidence presented above, underscore that poor food hygiene is a significant health issue that results in mortality, morbidity and hospital admissions (WHO, 2007). Moreover, the economical burden cause by the prevalence of food borne illness which cost 1. 5 million to treat.

Food borne illness is preventable, however many consumer believes that food borne illness is acquired by eating out whether from a restaurant or from a fast food outlet (Ackerley, 2013). However, by contrast Zablostsky Kufel el al (2011) argued that large outbreaks of food borne illness are mostly attributed to poor hygiene practices carried out within the homes. This they mentioned was due to lack of awareness about what actually cause food borne illness. These they mentioned were wrong cooking procedures , supplier providing food that have been contaminated and lastly the involvement of risky eating behaviour of raw and undercook meat. FSA, 2011 states that it is everyone’s responsibility to ensure that the food that is supplied, prepared and eaten is suited for consumption as lay out in the <https://assignbuster.com/developing-awareness-of-food-hygiene/>

policy on food safety. Also consumers do not readily admit that they may have caught food borne illness as a result of poor hygiene practices (FSA, 2011). A research carried out by (WHO, 2013) indicated that although everyone is at risk of food borne illness pregnant women , elderly , children and the immune deficiency are more susceptible to food borne illness . FSA , 2013 highlight that, more attentions should be place on education and training to reiterate to the general public about the common vehicle that cause pathogens leading to gastroenteritis and food poisoning. In addition, educating them that although some hazards are obvious factor for food poisoning, there are some not so apparent and the consequences takes time to manifest itself. For instance, food that are improperly stored, cooked or poor labelling as well as out of date, this can have a detrimental effect on the body (Griffith, 2010).

Yet although food safety messages are spreading in the UK and globally the implementation is quite challenging for many. Yiannas, 2008 states that in order to improve food safety there must be a change in people's behaviour. However changing consumer behaviour is more complex than merely educating them as habits formulated over a long period of time might be hard to break (Ackerley, 2011). For example, A study carried out in China indicated that food safety incidents was a result of social behaviour rather than natural factor, this was due to their abuse of food additives (Qiang et al , 2011 & Ouyang, 2011). Consumers need to be taught the benefits of changing behaviour against the consequences of food borne illness (Ackerley, 2013). Therefore, it is imperative that education be the focal point

in changing people's behaviour when it comes to food hygiene practices (Mullan & Wrong, 2010).

Cultural, gender, belief and age may play a significant role in food borne illness (Ackerley, 2013). For instance, in some countries economic is taught in school as part of the educational curriculum allowing students to learn about the importance of food hygiene from a young age (Powell & Chapman, 2011). Also some culture support females to be mainly responsible for the preparation of meals within in the home (Yiannas, 2009). Moreover, this could eliminate other family members learning the importance of food hygiene (Yiannas, 2009).

Policy

Given the growing evidence of food borne illness this has erode consumer's confidence in government ability to protect them from food borne illness. However this prompted Government organisation such as Food Standard Agency, Health Protection Agency, international campaign company like WHO to put more measures in place to prevent food borne illness that is identifiable by the public (FSA, 2011).

Their mission is to create an awareness of food hygiene through education by engaging the public in discussion about and implementation of food safety practices. The information stipulated within the policies are set out in a comprehensive manner that seeks to give practical advice as well as address concerns the general public have or encountered (FSA, 2011). For example, WHO (2012) identifies five key ways to prevent the spreading of food borne illness which are keep clean, cook thoroughly, safe

temperatures, safe water and raw material and lastly the separation of raw and cooked product. The National health hand campaign (2009) highlights the importance of effective hand washing as it is one of the most effective ways to prevent food borne illness. The government also highlighted that transparency about food borne illness, educational programs, surveillance and inspection system for food safety is key to prevent increase in food borne illness (Hird et al, 2009).

Based on evidences relating to the increase of foodborne illness and the rising economic cost of treating illness (FSA, 2013). The experts such as Government, policy maker and health professional decided that more needs to be done about the awareness of food borne illness this coincided with Bradshaw's (1972) needs. Bradshaw suggested there are four types of needs expressed, felt, normative and comparative needs. However, as the needs were identified by the experts normative need was more applicable to address the issue of food borne illness. For, example Rayner & Scarborough (2005) argued that food borne illness is quite significant as it can have a major impact on a person's health. They highlighted that compared to other illness say smoking that is hugely advertised in comparison to hygiene which has the same risk of mortality, morbidity hospital admission and increased burden on the NHS resources.

APPROACH

Yang (2012) suggested that education coupled with implementing good kitchen hygiene could reduce the number of illness and death. Seedhouse (2001) concurs with this statement stating that if the public is given the right

information and resources people are far more receptive and incline to change their behaviour to achieve food safety practices . The educational approach was chosen as it reflected the most effective means to convey a message to the public to empower change. Scriven (2010) points out that the goal of an educational approach is to give adequate information to ensure the public have gain enough knowledge and understanding as well as skills to make informed decision. It is important to considerate the different ways people learn as suggested by Honey and Mumford who highlighted four learning styles namely activist, reflector theorist and lastly pragmatist (Honey & Mumford, 1986).

The strength of the educational approach is that information is provided to aid consumer to make the best possible choice. However, freedom of choice may not work in the public favour as they might not be incline to change their behaviour toward food hygiene (Simnet, 2010) .

The aims and objects were obtained by using the acronym Smart which stands for specific, measurable, achievable, realistic and time bound. This was then illustrated by the followings:

- At the end of five minutes the participants will be able to identified
- Two sources of pathogen that can cause food borne illness
- two ways to prevent food borne illness
- Two symptoms of food borne illness

EVALUATION

According to Scriven (2010) evaluation is reaching a judgement about a significance particular task by critically analysing both strengths and

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weakness. The aim of the forum was to create an awareness of food hygiene through education on the importance of food hygiene as well as gather feedback to inform future knowledge. The group followed a sequence that was effective to analyse evaluation which were process, impact and outcome (Naidoo & Wills , 2009).

The group ensured there were enough educational tools incorporated to reinforce the message and took into consideration how people learn . This forum comprised of posters, leaflets, brochures, interactive games, souvenir, and show and explain demonstration. The group work together in a cohesive manner which was evident in their organisation and how the message was conveyed . As Yang et al (2012) states that teamwork's is beneficial for student's nurses as it helps them to develop their communication skills among others. The group presented the information in a clear, succinct manner and was not judgemental, bearing in mind they only had five minutes to get the message across. This was in accordance with (Scriven, 2010) who states that an effective communication should be free from ambiguous language.

The group target university student from the age of 18- 25 as they were particularly more involved in risky behaviour than any other groups at risk (Abbott , 2009). This was due to lack of knowledge of food safety and them being away from home for the very first time (Mullan & Wrong , 2010 & Phillip & Anita , 2010). However, as the day progressed the group found that the message reach not only university student but everyone.

Impact

During the forum it became common knowledge to the group that there were gaps in the public knowledge pertaining to food hygiene. This was identified as the group applied a strategy to find out what the public already knew about food hygiene. It became apparent that many had a false sense of confidence in terms of food hygiene and did not realise that some of the practices they carried out could actually increase their chances of acquiring food borne illness. For instance, the bacteria that is present in rice if not stored properly (FSA, 2011). This happens to be one of the group most take home message as it was firsthand knowledge to many. The group was successful in conveying the message as a total of 92% gathered from the questionnaire was found to be quite receptive to the information and mentioned the information gleaned will have a bearing on their future practices. However, the group conceded as to what could have done to reach the further 8% of the population.

Outcome evaluation

The group identified few strengths and weakness resulting from the health forum. Although the message was well received and the educational tool used appropriate, The group found that it would be hard to make contact with the same people around six months time to measure whether their practices has been influence by the health forum was very unlikely. However, it was noted that some of the posters and materials could have been in larger print to enable to the writing to be legible.

The group believe it would be more practical and feasible to have the forum in a supermarket to attract a wide range of consumer. They found that time

constraints was another issues as they only had a limited amount of time to deliver a message which could result in miss opportunity to reach more of the general public. Lastly they found that the area was noisy with other forum and events happening at the same time and was quite distracting for both themselves and the audience.

A health promoter has an important role to play in educating the public (Scriven , 2010) . He or she should be a good communicator providing information that is simple but effective. They need to understand how people learn and receive information as well as take into consideration any barriers that may prevent a message from getting across. REF For instance, language, environment factor , culture and , beliefs . Houghton, 2008 states that an awareness of people’s ethnicity and cultures needs plays an important role in achieving a good outcome when educating people on food hygiene.

The increased numbers of foodborne illness illustrates that it is a significant health problem that warrant the need for more awareness of food hygiene in order to reduce the number of incidents , death and associated cost accumulate. The need for more educational programme that address people’s behaviours as well as increased their food hygiene knowledge is seen as an effective way to reduce the effects of food borne illness.

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