

# A Study Of Food Safety Among Women Living In Slums Of Kathua

**\*Dr. Subita Sharma , \*\*Diksha Sharma , \*\*\*Parveen Singh**

---

**ABSTRACT-** Slums are housing areas that are physically as well as socially deteriorated and in which satisfactory family life is not possible. A slum dweller is defined as a person who lives in a slum. Food safety (or food hygiene) is used as a scientific method/discipline describing handling, preparation, and storage of food in ways that prevent food borne illness. The occurrence of two or more cases of a similar illness resulting from the ingestion of a common food is known as a food borne disease outbreak. This includes a number of routine that should be followed to avoid potential health hazards. The present study was an attempt to know about different practices used by women in kitchen, living in slums of kathua. A sample of 50 females was taken for the study. A semi-structured Interview schedule was used for the study.

## CHAPTER 1

### INTRODUCTION

The life of the slum dweller is very miserable and their living Conditions are far from satisfactory. The living conditions like, slum congestion, homeless families, street children, severe drainage shortage, air pollution, stinking water bodies, heaps of garbage, unhygienic working condition all has an adverse effect on their physical, mental and moral health status. Recent studies point out the fact that due to lack of proper living conditions slum children vulnerable to diarrhoea, typhoid, malaria and other such diseases (Nijama et al., 2003; Dana, 2011). Reily et al.,(2007) indicated that chronic non-communicable and communicable diseases like hypertension, diabetes, intentional and unintentional injuries, tuberculosis, and rheumatic heart disease and HIV infection exist in slum rheumatic heart disease and HIV infection exist in slums.

**According to the report of UN-HABITAT (2007)**, India is a third world country that suffers from poverty, malnutrition, diseases, unhealthy conditions, and these conditions were more prominently reported from Indian slums. Furthermore the infant mortality rate is much higher in India than any other country in the world. The overall situation is very alarming and it is imminent to improve the living condition of slum dwellers and provide them with better facilities pertaining to water, sanitation, health and education.

Food safety (or food hygiene) is used as a scientific method/discipline describing handling, preparation, and storage of food in ways that prevent food borne illness. The occurrence of two or more cases of a similar illness resulting from the ingestion of a common food is known as a food borne disease outbreak. This includes a number of routine that should be followed to avoid

potential health hazards. In this way, food safety often overlaps with food defence to prevent harm to consumers.

Food safety is the measure of the availability of food and individuals' ability to access it. According to the United Nations' Committee on World Food Security, food security is defined as meaning that all people, at all times, have physical, social, and economic access to sufficient, safe, and nutritious food that meets their food preferences and dietary needs for an active and healthy life. The availability of food irrespective of class, gender or region is another one. There is evidence of food security being a concern many thousands of years ago, with central authorities in ancient China and ancient Egypt being known to release food from storage in times of famine. At the 1974 World Food Conference, the term "food security" was defined with an emphasis on supply; food security is defined as the "availability at all times of adequate, nourishing, diverse, balanced and moderate world food supplies of basic foodstuffs to sustain a steady expansion of food consumption and to offset fluctuations in production and prices". Later definitions added demand and access issues to the definition. The first World Food Summit, held in 1996, stated that food security "exists when all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life."

## **JUSTIFICATION**

Food safety may be defined as a scientific discipline describing the handling, preparation and storage of food in ways that prevent food borne illnesses, whereas hygiene refers to maintenance of health and healthy living. There is a deep relationship between cooking practices and food hygienic . Health of a person is totally depends upon the food which we eat. A good health is a wealth of a person. The present study namely "A Study of Food Safety Among Women Living In Slums of kathua" is therefore selected for the research work to know about the different practices and safety regions adopted by the females of slums area of Kathua with the following objectives:-

### **OBJECTIVES OF TE STUDY**

1. To study the personal hygiene practices and the food safety measures adopted in the kitchen.
1. To study the awareness about the existing food safety measures and food handling practices among the women.

### **RESEARCH METHODOLOGY:**

The present study was taken to study the food practices among women living in slums of kathua with the view to identify the awareness regarding food safety among women.

### **A) SAMPLING DISCRPTION:**

The sample for the study was consisted of women receding in slum areas of kathua.

### **SAMPLE SIZE**

50 slum women were selected randomly in the age group of 20 to 45 years.

### **CRITERIA FOR SAMPLE SELECTION**

Age: women above 20 years of age was selected for the study.

Marital status – only married women was selected.

### **B) DATA COLLECTION:-**

For the purpose of data collection a rapport was built with the respondents through home visits followed by an interview. A friendly interaction ensures valid response from the respondents with the help of questionnaire to know the knowledge of the respondents regarding health and hygiene.

### **C) TOOLS USED FOR DATA COLLECTION**

A semi-structured Interview schedule was used for the study. The interview schedule was divided into different sections to collect the required information.

### **D) DATA ANALYSIS:-**

To analyse the data, collected information was classified in the light of objectives set forth for the study. The results were presented and discussed along with the help of tables, numbers and percentages.

## **RESULT AND DISCUSSION**

**Table 1 Demographic Information of women surveyed (n=50)**

<b>Category</b>	<b>Details</b>	<b>No. of Respondents (n=50)</b>	<b>Percentage (%)</b>
Age	20-25	12	24
	25-35	16	32
	35-45	13	26
	>45	9	18
Education	Illiterate	36	72
	Matriculate	4	8
	Primary	6	12
	Middle	4	8

Religion	Hindu	42	84
	Muslim	8	16
Occupation	Daily wagers	36	72
	Housewife	9	18
	House maids	5	10
Family	Small	41	82
	Large	6	12
	Medium	3	6
Family Income	2000-3000	3	6
	3000-5000	12	24
	>5000	35	70

In table no.1 shows that the characteristics of the 50 women studies. One third of the respondent are between the age group of 25-35, 26% were in the age group of 35-45years and only 24% of the respondents from 20-25 age group and 18% of the respondents were in the age group of >45.

Majority 72% of the women had no formal education, 12% studied up to primary level education, and only 8% are educated to the middle level, while 8% are matriculated. Majority 84% of the women are from Hindu Religion while 16% are Muslims. Above table also showed that maximum 72% of the women were daily wages . 18% of the women were housewives and 10% are the house maids.

Majority 82% families are small, 12% of the women belong to large family size and 6% are belong to medium size family. Most of the 70% women family income is >5000, 24% of the women's family income are 3000-5000 and 6% of the woman family income are 2000-3000.

**Table 2. Responses to healthy and unhealthy practices adopted by slum women in the kitchen**

Healthy practices	No. of Respondents (n=50)	Percentage (%)
Tie hair while cooking	43	86

Change clothes every day before entering the kitchen	20	40
Clean the kitchen counters before and after preparing food	26	52
Not leaving cooked food open	14	28
Wash utensils before cooking	5	10
Unhealthy practices		
Prepare food during illness	47	94
Wear jewellery while cooking	46	92
Smoke while cooking	7	14

In table no.2. indicated that majority 86% of the women tied their hair and 40% change clothes every day while entering the kitchen while is a good practice. These women stated that they do it because of their tradition. Though they were not knows the importance of it. 52% of respondents clean the kitchen counters properly and frequently before and after preparing food. But the respondents do not give importance for this cleaning.

Only 10% of the respondents said they wash their stored utensils before cooking. Only 28% covered the cooked food. Leaving uncovered for longer period in the kitchen constitutes a hazardous practice since food poisoning microorganism can grow to produce toxins which in turn contaminated the food and induce food poisoning.

Majority 94% of the women cooked food even when they were sick. Since the family believed that it is her job to cook food. Majority 92% of the respondents wear jewellery while cooking the food. Only 14% agreed that they smoke while cooking or handling with food.

**Table 3. Respondent to type of water used for handling various food practices**

S. No.	Source of water	Details	No. of Respondents (n=50)	Percentage (%)

1	Water used for dishwashing	Tap water	46	92
		Canal water	4	8
2	Drinking	Tap water	47	94
		Canal water	3	6
3	Washing fruits and vegetables	Dipping in water	42	84
4	Washing perishable items(meat/fish/chicken)	Tap water	46	92
		Canal water	5	10

\*Multiple choices

Majority i.e. 92% of the respondents said they used tap water for dish washing and 8% of the respondents used canal water for dish washing. 94% and 6% respondents use tap water and tube well water for drinking. 92% of the respondents said that they wash perishable food items like meat, chicken etc. before cooking. Only 10% used canal water. Majority of the slum women respondents had the practice of washing raw vegetables/fruits thoroughly by dipping in water. Vinoth Gnana Chellaiyan et al. (2018) Conducted a cross sectional study to assess the food safety awareness and food handling practices among rural population in Kelambakkam village, Kanchipuram District, Tamil Nadu with a sample size of 200. A pretested structured questionnaire was used to collect the data Among 200 participants, 50.5% of the subjects have the knowledge regarding nutritive value getting diminished because of overcooking. Around 33% lack the knowledge of proper methods of washing vegetables. While 36% said consuming food not freshly may lead to food poisoning. The study concluded that community awareness through systematic teaching regarding basic food safety guidelines is necessary to avoid many food borne infections diseases in rural areas.

**Table 5. Ways of cooked food by the respondent (n=50)**

<b>Food handling practices</b>	<b>Details</b>	<b>No. of Respondent (n=50)</b>	<b>Percentage (%)</b>
While cooking does you taste the salt of	Spoon	25	50

food, if yes then with the help of what?	Finger	21	42
	Do not taste	4	8

In table no.5 shows that 50% of slum women recognized the importance that cooked food should not be tasted by fingers or using unclean spoon food, few respondents 42% said they taste the salt of food with the help of finger while cooking which is an unhygienic practice. Few 8% respondent do not taste the salt of food.

**Table 6. Practices of storage of food exercised by the slum women**

S. No.	Storage practices	Details	No. of respondent (n=50)	Percentage (%)
1	Do you store raw meat and cooked food together inside the refrigerator?	Never	46	92
		Often	4	8
2	Do you put cooked food immediately in the refrigerator?	Never	43	86
		Rarely	5	10
		Often	2	4
3	Do you have refrigerator at your home?	No	45	90
		Yes	5	10

In table no.6. indicated that majority 92% of the respondent stated they never store raw meat and cooked food together inside refrigerator because majority did not own refrigerator and 8% often store raw meat and cooked food together inside refrigerator. 86% of the respondents never put cooked food immediately in the refrigerator, 10% of the respondents rarely put cooked food immediately in the refrigerator and only 4% of the respondent often put cooked food immediately in the refrigerator. 90% of the respondent do not have refrigerator at their home to store their perishable food items. Okpala and Korzeniowska 2021 studied the handling of the food products through transport and storage. The authors revealed the storage played a critical role in maintaining the food quality and safety through the study it was believed that the product must be kept free from dust, moisture, unsuitable temperatures, odours and various rodents and insect pests, all of which are capable of damaging the quality of the product.

### **SOME RECOMMENDATIONS:**

- Clean kitchen counter tops, utensils and cutting boards with detergent and hot water immediately after use and after changing tasks.
- Ensuring good personal hygiene and maintaining a clean materials harbour bacteria and may encourage their growth.
- Keep sponges and dishcloths clean because, when wet, these materials harbour bacteria and may encourage their growth.
- Avoid tasting food using fingers to sample food or with any utensils used either to mix or stir food. Always use a clean spoon.

### **REFERENCES**

**Bayoumi et. al. (2013).** Effects of educational health programme to improve mother's children. In insects as sustainable food ingredients (pp. 203-221).

**Mohammad.Salim. Gutbi. Somiya. (2013).** Food Safety Knowledge among Women in selected Area in Khartoum City. International Journal of Science and Research (IJSR).2:3219-7064.

**Turnbull-Fortune, S. and Badrie, N. (2014)** Practice, Behaviour, Knowledge and Awareness of food safety among Secondary & Tertiary Level Students in Trinidad, West Indies. Food and Nutrition Science, 5(1), 1463-1481.

**Sharma, S. R., Pattanker, J., & Kikiwar, P. R (2015).** Relation between food safety awareness and disease incidence. A review. Journal of food safety, 38(4), e12464

**Priyadarshini, Vijayeta. (2015).** Food safety awareness and practice by home makers in Bhubaneswar city. Food Science Research Journal 6 920:310-315.

**Denis, N., Zhang, H., Leroux, A., Trudel, R., and Bietlot, H. (2016).** Prevalence and trends of bacterial contamination in fresh fruits and vegetables sold at retail in Canada. Food Control, 67, 225–234.

**Faridah H. I., Chemah T. C., Rosmalize M., Norhayati M. Y. (2016).** Food Safety Knowledge and personal Hygiene Practices amongst Mobile Food Handlers in Shah Alam, Selangor. Journal of Social and Behavioral Sciences, 222(1), 290-298