

EFFECT OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE & PRACTICES RELATED TO HAND WASHING TECHNIQUE AMONG FOOD HANDLERS

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**"Protect each one's life -
Health is wealth."**

From time immemorial man is trying to control diseases. The medicine man, the priest, the herbalist and the magician - all tried to bring relief to the sick in an almost complete absence of scientific medical knowledge. One of the most important tasks in health care is providing healthy environment for patients and one-self, whereas significant method to prevent the spread of disease and germs is hand washing. It is a safety skill required not only for patients but also for health personnel and patient's relatives. The hands of health care workers are often responsible for the transmission of various infections but unfortunately, hand washing practices often appear more ritualistic than realistic.

Normally, transient and resident bacteria are found on hands. Transient bacteria are normally picked up by hands in the common activities of daily living, attach loosely to the skin in creases, fats, etc. and are found in greater number under the & finger nails.

Transient bacteria can be removed by washing the hands thoroughly and frequently. Whereas resident bacteria, normally found in creases of hands, cling to the skin by adhesion and absorption and

considerable friction with brush is required to remove them. If transient bacteria become resident bacteria the hands are carriers of the particular organisms. About 10-12% of resident floras are concentrated in skin creases where lipid and superficial cornified epithelium make their removal difficult. Hand washing with the soap and water is the simple and cost-effective measure for infection control.

Food sanitation rests directly upon the state of personal hygiene and habits of the personnel working in the food establishments. Proper handling of foodstuffs, utensils and dishes along with good personal hygiene are of great importance. Those suffering from infected wounds, boils, diarrhea, throat infection, etc., should be excluded from food handling. The infections which are likely to be transmitted by the food handlers are diarrhea, dysenteries, typhoid fever, viral hepatitis, protozoal cysts, eggs of helminths, streptococcal & staphylococcal infection and salmonellosis.

Educating food handlers in matters of personal hygiene, food handling, utensils/dish washing is the best means of promoting food hygiene. Many of the food handlers have little educational background. One aspect of personal hygiene which is required to be continually impressed upon them is hand washing. Hands should be scrubbed and washed with

soap and water as often as necessary. Finger nails should be kept trimmed and free from dirt at all times.

The main purpose of undertaking this study was occurrence of gastro-intestinal disturbances among the staffs and students, residing in the hostel, as the hand washing culture of food handlers was found to be highly unsatisfactory.

OBJECTIVES

The objectives of the study were:

- To assess and compare the pre and post-test knowledge score of hand washing technique (HWT) of food handlers.
- To assess and compare the pre and post-test practice score of HWT among food handlers.
- To find out the relationship of knowledge and practice score with age, education, designation and experience.

MATERIAL & METHODS

The study was conducted in the mess of Christian Medical College & Hospital, Ludhiana (Punjab). The conceptual framework used for the study was based on the "IOWA model" with a concept that infusing knowledge into practice improves the quality of outcome. Application of knowledge in practice is important to improve outcomes.

A descriptive co-relational approach was adapted to assess knowledge and observe the hand washing practices of food handlers be- →

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fore and after structured teaching programme.

Purposive sampling technique was used for selection of sample. All twenty three food handlers, working in that mess were selected for the study, which included cooks, senior and junior kitchen helpers. To assess knowledge related to hand hygiene, a structured questionnaire comprising sixteen multiple choice questions was used and a checklist was prepared for observing the hand washing practices. Interview technique was used to collect the data. After pre-test data collection, a structure teaching was administered along with the audio-visual aids and demonstration. After 48 hours, a post test was conducted to assess knowledge and practices of hand washing. The data obtained was analysed using both descriptive and inferential statistics and diagrams.

RESULTS & DISCUSSION

The main findings of the study were;

Pre test mean knowledge score was found to be 43.7% and post test mean knowledge score was 83.1%.

Pre test mean hand washing practices score was 49.3% and post test mean hand washing practice score was 92%.

There was no significant relationship found between knowledge and practices with the variables like age, education, experience and designation of workers.

The above findings indicate that food handlers had poor knowledge and hand washing practices, and structured teaching had been sig-

nificantly effective in increasing their knowledge and practices score. The cause of it may be lack of awareness, non-availability of things like proper hand washing place, soap, towel, negligent behaviour of the authorities, etc.

IMPLICATION & RECOMMENDATIONS

To improve knowledge and practices related to personal hygiene and hand hygiene, there should be regular inservice trainings, which should be reinforced in working area. Posters and pamphlets should be used for constant reminder, frequent supervision by hostel warden / seniors, regular provision of articles like soap and towels, there should be a routine of taking culture from hands of food handlers to ascertain adequate hand washing practices.

Such studies can be replicated on a large sample of food handlers to generalize the topic and similar studies can be conducted among staff nurses, doctors and other health team members.

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