

Food Safety Awareness, Attitude and Practices of Food Handlers in Selected Level 3 Hospitals in Metro Manila, Philippines

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Abstract

The role of food handlers is essential in the prevention of foodborne diseases. Compliance to food safety standards among food handlers have been noted to be influenced by one's level of awareness, attitude, and practices regarding food safety. The study utilized a cross-sectional analytical design, which aimed to determine the awareness, attitude, and practice levels of 50 food handlers on food safety among four Level 3 hospitals in the Philippines, and to investigate the relationship of awareness, attitude, and practices to sociodemographic characteristics and culture using a self-administered questionnaire, the results of which were validated by direct observation of food safety practices. Results showed that food handlers had fair awareness ($69.73 \pm 11.3\%$), positive attitude ($87.8 \pm 7.6\%$), and good practices ($84.3 \pm 7.8\%$) on food safety. Direct observation revealed that food handlers had poor practices on hand washing and glove usage, which were in contrast with the reported practices, indicating an over-estimation in the frequency of practices among food handlers. No significant association was found among sociodemographic characteristics, awareness, attitude, and practices. Food safety culture was found to possibly be associated to attitude and practices ($\chi^2=33.879$ and $\chi^2=11.828$ p.

In the present review, we will discuss eating from a health psychology perspective. In particular, we will discuss why and how people regulate their food intake while taking into consideration the health consequences of this behaviour, either as interpreted by health professionals or by themselves. Considering that people may eat for many other reasons than for improving their health (Verhoeven, Adriaanse, De Vet, Fennis, & De Ridder, 2015), we will from this point onwards use the term 'diet' when people eat for health reasons. By diet we mean a pattern of food intake that meets certain demands that are relevant to weight or health. Diet is different from eating behaviour which we consider as a more unconstrained behaviour that may be guided by individual habits or ingrained social and cultural standards but not so much by distinct requirements. In view of such requirements, people cannot afford to simply eat what is on their plate or what they like, but have to base their food choices in consideration of the health consequences, including weight status. In other words, they have to regulate their food in view of a short-term or long-term health goal. The psychological literature on self-regulation has documented that this is not an easy task, especially because health

goals may be forgotten in the heat of the moment, as when one is standing face to face with a delicious chocolate cake. This review is organised in six sections. We will first discuss which kind of eating patterns are defined as a healthy diet, how these insights are communicated to the public, and the public's understanding of professional recommendations for healthy diet. Second, we discuss what is known about the effect of certain nutrients and foods on weight status and health. Third, we will discuss how many people and the type of people who are able and willing to regulate their food intake from a health perspective and adhere to recommendations for healthy diet. Fourth, we continue with an overview of psychological and environmental determinants of healthy diet. Fifth, we consider psychological interventions that have been designed to improve healthy diet. The sixth and final section identifies issues that stand out for future research on the psychology of healthy diet.

In the Philippines, food handlers at home are not issued with sanitary permit or are not required to apply for food safety certification, which can lead to unsafe and unacceptable practices in food preparation putting customers at risk of FBD. Several improper food preparation practices at home, such as improper cooking practices, reheating, undercooking, cooling of food, inadequate preparation, cross contamination, insufficient processing and poor hygiene are found to cause FBD (Azanaw et al., 2019; Carstens et al., 2019; Ucar et al., 2016). With the exponential increase of online food businesses (Aning, 2020; Madarang, 2020) that may not be practicing food safety protocols, there is a need to problematize the varied ways of handling food at any point along the supply chain, most particularly when the food is prepared at the household level. Recognizing these needs and conditions, this study examined the practices of food handlers at home engaged in online food business. It utilizes food safety protocols and standards as an analytical lens to unveil problems that have the potential to result in critical health issues. Specifically, this study looked into the self-reported and observed FSP among food handlers at the time of pandemic. It also sought to test the difference between the demographic characteristics of the participants, and their self-reported FSP, and to test the difference between participants' observed and self-reported FSP.

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