

# Factors Affecting Knowledge, Attitude and Practice (KAP) of Food Handlers in Patan Hospital Kitchen, Nepal

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## Introduction

Food handlers or food service employees are prime cause of food borne diseases outbreaks. The top three critical factors for such incidences like; poor personal hygiene, cross contamination and time/temperature control are all directly related to people who are responsible for food services. Food hygiene in hospital poses major problems as patients are more vulnerable and contaminated food doubles the risk of Patients. The knowledge, attitude and practice (KAP) level is influenced by varieties of other factors like; human resource policy, empowerment, learning opportunities, on-site training etc. This poster presents the factors affecting knowledge, attitude and practice of food handlers in Patan Hospital Kitchen, Nepal.

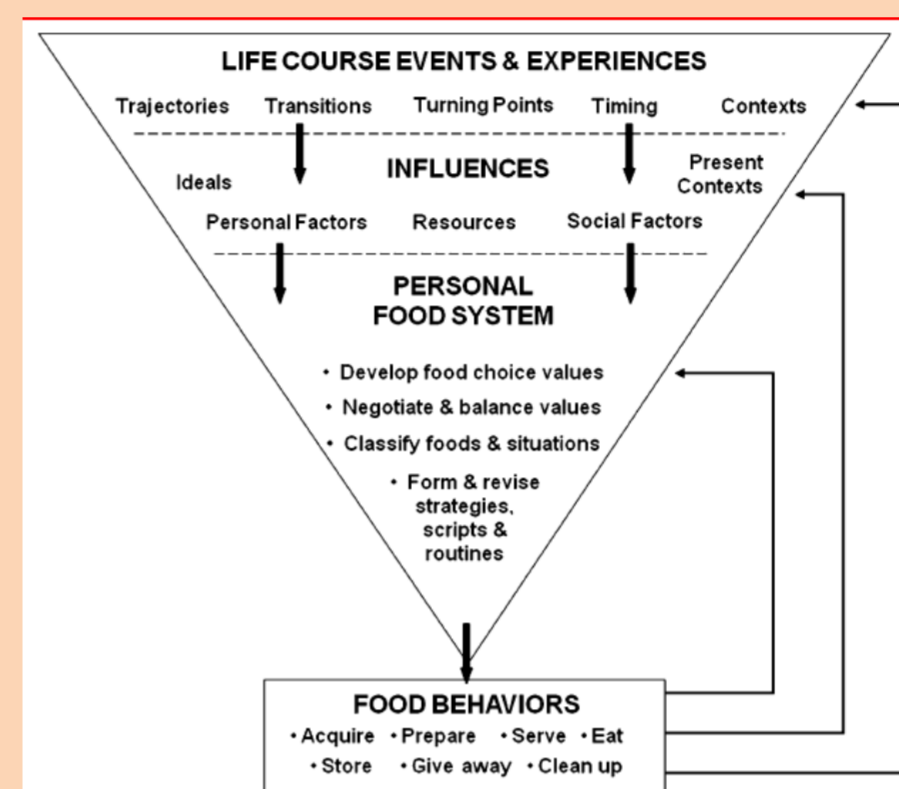
### Rationale

Nepal is one of the resource poor countries in the world. The country continues to be afflicted by communicable diseases and upward trends of lifestyle related non-communicable diseases. Incidence of diarrheal diseases and acute respiratory tract infection continue to be high (219 and 319 per 1000 population respectively) (Karki, Yagui, 2003). In this backdrop it is essential to step forward to control food safety aspect in hospital kitchen. As the result it is critical to assess the knowledge, attitude and practice level of food handlers in kitchen and as the same time it is more important to know the reason of such set of observation and finding.

## Methodology

The study aims at two aspects; assessing knowledge, attitude (KAP) and practice level of the food handlers; and; to explore factors affecting the observed set of knowledge, attitude and practice. To explore the context at a deeper level, qualitative method has been adopted. As the tools Focus group discussion, in-depth-interview was used. In order to validate the practice responses a set of observation checklist has been used. To analyze the factor affecting the KAP theory Conceptual Model of food choice has been compared.

### Theoretical Framework



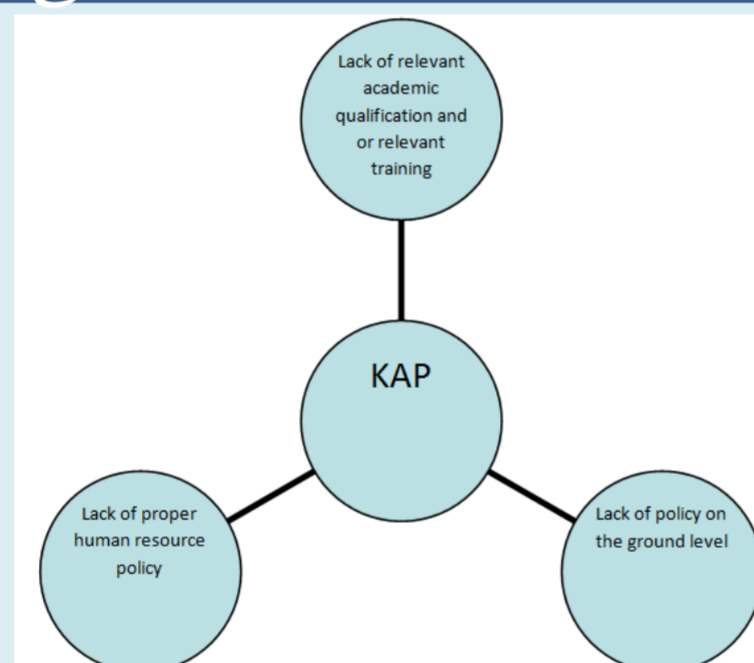
The funnel shape indicates several attributes of the action process: one is that behavior results from the mixing and separating of the diverse set of personal and environmental inputs. Life course gives rise to and shapes the influences that emerge in a situation as well as the manner and extent to which the social and physical settings affect how people construct and execute personal systems. Model represent a process that may either be more deliberate or more automatic. Behavioral change is intermingled with several other factors. Both individual and societal levels need to address and encourage such changes.

Figure: Food choice process model

(Source: Food choice process model by Sobal & Bisogni. Ann. Behav. Med. (2009) 38 (Suppl 1):S37-S46 <http://www.springerlink.com>)

## Findings

The level of Knowledge, Attitude and Practice are found to be affected by the three major aspects as illustrated in adjoining figure:



### Few excerpts

#### A) Food Handlers:

"If the foods are fresh then it is safe. Stale foods are not safe. We are not responsible to make food unsafe. We wash vegetables, pulses, rice many times so we are doing our bit!"

"Well we are well aware of washing hands but due to the limitation of time during the rush hour we do not have time to wash our hand."

"We wash our hand when we feel it's dirty such as after defecation, touching dirty things and marinating foods in the kitchen."

"Our supervisor monitors the activity in kitchen so we should maintain safety in food handling."

"The prime problem...is we don't have any operation guidelines, second issue is that though we want to hire qualified people in the kitchen, we don't get suitable candidate so we have to compromise whoever we get. There is a lot of renovation in other department but kitchen get least priority, even our waste disposal system is not properly placed"

#### B) Manager and Supervisor:

"Well, to be frank I don't have any formal education specialized about food handling but I have learnt all about these during my cookery and culinary courses that I took during my bachelor study"

"We also supply apron and gloves but food handlers don't feel comfortable using gloves that's why we don't give more attention to about gloves but yes they use apron whoever cooks"

"Well, there is no any educational requirement for becoming food handlers in Nepal but they should know how to cook"

## Lesson Learnt and Limitations

- The study is a kind of new concept in case of Nepal. Still there are no or less studies carried out in the similar context. It will certainly help to give some ideas about where the next study should be focused and how it should be initiated.
- Qualitative study and observation checklist allowed discussing more on the issues and validating the findings.
- Due to lack of secondary data there was no baseline to compare so into the discussion part I could not show that.
- Similarly, without similar type of literature review it was hard to compare and analyze the established findings from other researches. Literature were mostly from other countries where findings were compared with their respective policies whereas, in case of Nepal there is no established policy.
- Lastly, but not least recent earthquake made difficult to explore more to patch-up shortcomings after the initial findings.

## Conclusions

More than personal background, the observed knowledge, attitude and practice level of the staff is affected by interplay of multiple factors. It is apparent that KAP of hospital canteen is influenced by resources, opportunities, setting, and personal system including conscious value negotiations and unconsciously operationalised strategies that may occur in a behavior.

In order to cope with the shortcoming in such a critical sector, there should be a food safety policy in place to create an enabling environment to foster the services properly.

## References

- Food choice process model by Sobal & Bisogni. Ann. Behav. Med. (2009) 38 (Suppl 1):S37-S46 <http://www.springerlink.com>.
- Karki, Yagui, "Status Review: Health, Population and Drinking Water & Sanitation Sectors", National Strategies for Sustainable Development, 15 November 2003. <http://www.nssd.net/country/nepal/nep05.htm>

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