

A Study to Evaluate the Effectiveness of Information Booklet on Knowledge Regarding Food Hygiene among Women in Selected Rural Area at Bijapur District

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1. Back ground of the study

Food surveillance is essential for the protection and maintenance of community health. Broadly it implies the monitoring of food safety/food hygiene. The WHO (1955) has defined food safety/food hygiene as "All conditions and measures that are necessary during the production, processing, storage, distribution and preparation of food to ensure that it is safe, sound, and wholesome and fit for human consumption."

Food hygiene, in its widest sense, implies hygiene in the production, handling, distribution and serving of all types of food. The primary aim of food hygiene is to prevent food poisoning and other food-borne diseases.⁵

Food borne illness usually arises from improper handling, preparation or food storage. Good hygiene practices before, during, and after food preparation can reduce the chances of contracting an illness.⁷

The Centers for Disease Control and Prevention (CDC) estimates that 48 million food borne illness cases occur in the United States every year. While most food borne illness cases go unreported to health departments, and are thus of unknown origin, the CDC estimates that 9.4 million of the illnesses are caused by 31 known food borne pathogens, and that 90% of all illnesses due to known pathogens are caused by seven pathogens: Salmonella, norovirus, Campylobacter, Toxoplasma, E. coli, Listeria and Clostridium perfringens.¹⁰

2. Statement of the Problem

"A study to evaluate the effectiveness of information booklet on knowledge regarding food hygiene among women in selected rural area at Bijapur district."

Objectives of the study

- To assess the level of knowledge regarding food hygiene among women.
- To develop the information booklet regarding food hygiene among the women.
- To evaluate the effectiveness of planned teaching programme in terms of change in the level of knowledge regarding food hygiene among women.
- To determine the association between pre test knowledge scores with selected socio demographic variables.

Assumption

- 1) Women have inadequate knowledge regarding food safety and food hygiene.
- 2) Information booklet is an effective method to improve knowledge regarding food safety and food hygiene.

Delimitation

The study is delimited to the women present in rural area at Bijapur District.

Hypothesis

H₁: The mean post test knowledge score of subject exposed to informational booklet will be significantly greater than the mean pre test knowledge scores at 0.05 level of significance.

H₂: There will be association between pre-test knowledge and selected demographic variables at 0.05 level of significance

3. Methodology

The research design used for this study was a pre-experimental one group pre-test and post-test design. Non-probability, convenient sampling Technique was used to select 50 class IV employees. Pretest data was collected using self administered knowledge questionnaire which consisted of 30 items. Tool was validated for its content by experts and tool was found to be reliable $r = 0.806$ information booklet was administered. Post test was conducted after 7 days of learning package. Data were analyzed using descriptive and inferential statistics.

Research approach: An evaluative approach was considered appropriate for the present study.

Research design: The research design used for the study was pre experimental one group pre test and post test design, to assess the effectiveness of information booklet on knowledge regarding food hygiene among women in selected rural areas at Vijayapur district.

Variables under study: The variables for the present study are:

Independent variable - Information booklet

Dependent variable - Knowledge score on food hygiene.

Setting of the study:

The present study was conducted at selected rural areas at Vijayapur district.

Population: The target population for this study was women in selected rural areas at Vijayapur district

Sample and Sample size: In the present study women in selected rural areas who met the inclusion criteria were selected as samples. The sample size for the present study 60.

Sampling technique: It is the procedure, which the researcher adopts in selecting the samples for the study. Non probability convenient sampling method is used for the present study.

Sampling criteria**Inclusion criteria**

The women;

- Who are residing in the selected rural area at Bijapur District.
- Who are willing to participate in the study.
- Who are available during data collection.
- Who are in the age group between 18-45 years.

Exclusion criteria

The women;

Who are not available during the study

Content validity

The prepared tool along with the objectives and criteria checklist for evaluation of information booklet, scoring key, blue print, criteria checklist for validation were submitted to eight experts comprising seven nursing experts and one health educationist to establish content validity of the tool. Minor suggestion regarding modifications of options and difficult words were converted into simple words. The final tool was prepared as per the suggestions given by the experts.

Reliability

The reliability of the self-administered knowledge questionnaire was obtained by using split half method and Karl Pearson co-efficient of correlation using $r = 0.806$. Hence the tool was found reliable for the study.

4. Result

In the pre-test prior to the administration of information booklet data reflects that out of 60 women majority of subjects 33 (55%) had an average knowledge; 15 (25%) had poor knowledge and 12 (20%) had good knowledge, where as in post test 54 (90%) of them had good knowledge and 06 (10%) had average knowledge, none of them had poor knowledge. This indicates that information booklet was effective in increasing the knowledge of women regarding food hygiene.

The findings of the study reveals that there is no significant association between pre-test level of knowledge with the

selected demographic variables such as age ($\chi^2 = 0.3241$), religion ($\chi^2 = 1.006$), marital status ($\chi^2 = 2.948$), type of family ($\chi^2 = 3.146$), educational status ($\chi^2 = 7.642$), occupation ($\chi^2 = 2.191$), income ($\chi^2 = 5.694$) and source of information regarding food hygiene ($\chi^2 = 3.285$). Since χ^2_{cal} value is less than χ^2_{tab} value. Hence there is no association between pre-test knowledge and selected socio demographic variables.

5. Interpretation and Conclusion

The data has been analysed, by applying the descriptive and inferential statistics. The results of the study indicated that the women have limited knowledge regarding food hygiene. The information booklet facilitated them to gain more knowledge regarding food hygiene. Hence it can be concluded that information booklet is an effective strategy in improving the knowledge of women regarding food hygiene.

It reveals that calculated paired 't' value ($t = 25.62$) is greater than tabulated value ($t = 1.960$). Hence H_1 is accepted. This indicates that the gain in knowledge score is statistically significant at $P < 0.05$ levels. Hence the **information booklet is effective.**