

IMPROVING FOOD HANDLING IN NIGERIA THROUGH HEALTH EDUCATION

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Abstract

Food-borne illness is a growing threat. This paper examines the role of health education in improving food handling in Nigeria, which lends towards increasing public awareness of safe food handling through health education. More than 200 known diseases are transmitted through food. In most cases, the clinical conditions usually associated with food-borne disease are acute diarrhea, vomiting or other gastrointestinal manifestation such as dysentery. Food handling practices that could affect the microbial quality of foods are cooking food well in advance of consumption, exposure of food to flies, the use of dirty water for washing crockery. Based on these recommendations are made to increase the public awareness of safe food handling through health education.

Introduction

Food handling practices involves practices that could affect the quality of food. More than 200 known diseases are transmitted through food (Byran, 1982). Many cases of food-borne illness occur as a result of improper food handling and preparation by the consumers. Food-borne illness is a major international health problem and an important cause of reduced economic growth (WHO, 1983).

Health Effects of Food Borne Illness

The term "food-borne disease" encompasses a variety of clinical and etiological conditions and describes a subset of enteric diseases (Burning, Lindsay and Archer, 1997). Food-borne illness occurs as a result of eating contaminated food with bacteria, viruses, parasites, toxins and the symptoms of food-borne illness range from mild gastroenteritis to life-threatening neurological, hepatic and renal syndromes (Bennet Holmberg, Rogers and Solomon, 1987). Reactions vary according to the individuals and the organism responsible for the illness.

Parasitic infestations caused by protozoa and helminths continue to take their toll on mankind (Kaeni, 2003), and are transferred by contaminated food. Some species, such as *Trichuris* (whipworm) and *Enterobius* (Pinworm) are restricted to the gut, but others, such as *Ascaris*, have tissue-migrating phases which can generate allergic responses (e.g. Pneumonia, as seen in ascariasis) (Allen and Maizels, 1996). The misery these parasites inflict on human remains a major health problem worldwide (Kaeni, 2003).

Factors that Contribute to Food Contamination

Food can be contaminated during processing, cultivation and handling or through dirt, dust and water found in the environment. Contamination may occur from hand to food or directly from polluted water (Mensah, Yeboah-Manu, Owusu-Darko and Ablordey, 2002). The preparation of food long before its consumption, storage at ambient temperature, inadequate cooling and re-heating, contaminated processed food, and undercooking were identified as the key factors in the handling of food that contributed to food poisoning in England and Wales (Roberts, 1982). The problems of food safety in the industrialized world differ considerably from those faced by developing countries. Whereas traditional methods are used for marketing fresh produce in the latter countries, food processing and packaging are the norm in industrialized countries.

In developing countries, a large proportion of ready-to-eat-food is sold on the streets. People who depend on such food are often more interested in its convenience than in questions of its safety, quality and hygiene. The "street food", some of which, are prepared in public places. As with fast food, the final preparation occurs when meals are ordered by customers. Street foods can be sources of enteropathogens which can survive on the hands for three hours or longer (Mensah et al, 2002).

Ignorance and Food-Borne Illness

A study on food sold in Nigerian schools showed unacceptable levels of bacteria (Olukoya, Bakare and Abayomi, 1991). Vendors appear to be selling substandard foods to schoolchildren because of their low purchasing power and their lack of knowledge on food safety. Children were also more interested in satisfying their hunger than in the quality of the food sold to them.

Most people are not aware of the danger to their health posed by food-borne parasites. Some individuals may be unaware that they are transmitting the food-borne diseases because they do not show signs of having the disease. These people are called "asymptomatic carriers". There is need for -increasing awareness of safe food handling in Nigeria practices through the health education programs focused on the consumer.

The Role of Health Education in Improving Food Handling

Health education is education intended to have a positive impact on health. It is an education concerning prevailing health problems and the methods of preventing and controlling them. Health education may be intentionally directed towards knowledge levels, attitudes, or specific behaviours (Dignan and Carr, 1987). Effective Health Education programmes persuade people to change their attitudes, behavioural patterns and cultural practices which tend to promote the transmission and spread of these diseases (Ukoli, 1992).

Health education increase public awareness of the invisible cause of food-borne illness, their transmission, consequences of improper food handling and way to improve food-handling process. The concern of knowledge is for the purpose of liberating the individual from the confining limits of ignorance, unhealthy practices or prejudice through the insight which knowledge and understanding generate (Kime, Schlaadt and Tritsch, 1977). Food handlers and persons preparing food are educated in the importance of refrigerating food, washing kitchen sanitation and protecting prepared foods against contamination by rodents and insects. Action along these lines can be expected to improve the safety of street foods and thereby heighten consumer protection (Abdussalam and Kaferstein, 1993).

Recommendations and Conclusion

There is need to carry education to the doorsteps of the people if we can arrest the growing threat of food-borne disease. Easy-to-read health education materials in English and other local languages, like handbills, should be developed and distributed for take-home messages. Use of media should be adopted in the delivery of health education, and our Churches and Mosques should also serve as avenues of delivering information to families as it relates to health. Our schools curriculum should include health education with the objective making the school children and the school staff understand the meaning and requirements of health and follow proper health behaviour. This will contribute to health promotion and prevention of food-borne illness. It should be a sequential course of instruction from the primary through the secondary levels. It can be taught as a specific topic, as part of other subjects, or ideally as a combination of both.

Educational methods such as lectures, workshops, discussions, debates, and audiovisual aids, should be designed or selected to increase knowledge and build positive attitudes. Although out-Health Educators already have an idea of the existing food handling techniques, they should be re-trained so as to better equip them in the face of the present challenge of eating houses springing up here and there. Education of the women who are involved in wide variety of food-processing activities is essential, so as to improve the safety of foods provided for their households.

Conclusively, to make sure that food is safe, food handlers must follows the rules of good hygiene and food safety at every stage of food handling - from shopping for groceries to reheating leftover. There is no rocket to avoiding food-borne illness.

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