

5.3001: Assessment of food hygiene knowledge and practices of food handlers at a hospital in Kenya

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Introduction: Food handlers play an important role in food safety and in the transmission of food poisoning because they may introduce pathogens into foods during production, processing distribution and preparation. An understanding of food safety procedures and potential factors that can cause food borne illness is very important for all food handlers.

Material and methods: The study adopted a descriptive survey design. The study population comprised of 95 food handlers (food production and service staff). 27 respondents were of college level, 42 respondents of secondary level and 26 respondents of primary level of education. Simple random was used in sample selection. Questionnaires were used to assess their level of knowledge on hygienic practices. An Observation checklist was used in capturing the non-verbal occurrences related to food handling practices.

Results: The mean score in aptitude-test (in food hygienic knowledge) indicated that 22 out of 27 college level of education respondents scored an average of 80.8%, 26 out of 42 secondary level respondents 63.4% and 13 out of 27 respondents of primary level scored 50.8%. Pearson correlation test indicated significance between educational level and some characteristics at 0.01 and 0.05 confidence level. The mean score in correct hygienic practices indicated that 14 out of 27 college level of education respondents had scored an average of 52.5%, 21 out of 42 of secondary level respondents 49.2% and 12 out of 26 of primary level 48.2% ($p = 0.05$). Food handlers with higher level of education were likely to observe good hygienic practices compared to food handlers with lower level of education. The results also indicate that although the respondents had knowledge on some of the characteristics in the questionnaire, they did not practice as observed in the observation checklist.

Conclusion: The food handlers performed well in knowledge items compared to the hygienic practices. Knowledge in food hygienic does not always result in a positive change in food handling practices. This indicates that there is need for education programmes tailored to improve knowledge on food hygiene practices. Regular food safety training is also necessary for sensitizing food handlers on correct food handling practices.

Key words: Food hygiene, Knowledge, Practices, Food handlers, Hospital.

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5.4001: Relationship between body composition, energy and protein intake, income, and appetite among adults with or without Tuberculosis in Urban Uganda

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Background: Tuberculosis patients in several studies have been presented with reduced lean tissue mass, body mass index (BMI), and fat mass. However, factors that may influence body composition are not well characterized.

Objective: We evaluated the relationship between lean tissue, BMI, fat mass, energy and protein intake, income, and appetite among adult individuals with or without tuberculosis in Kampala, Uganda.

Methods: In a cross-sectional study, we evaluated 131 adult individuals for active tuberculosis, HIV infection, weight, height, energy and protein intake using 24-hour recall, fat and lean tissue mass using single frequency bioelectrical impedance analysis (BIA) and regression equations developed by Kottel in 1996. BIA measurements were taken at rest in participants with voided bladder, ambient temperature, and had not exercised or taken alcohol.

Results: Of the 131 participants, who were included in the analysis, 53% (70/131) were females, 53% (69/131) were HIV positive, and 48% (63/131) had tuberculosis. Women had significantly lower energy 1560 ± 846 (SD) versus 2119 ± 814 ($p=0.0002$) and protein 42.1 ± 30.3 versus 58.1 ± 32.2 ($p=0.004$) intake than men, respectively. Energy intake among women with tuberculosis was associated with decrease in BMI (regression estimate = -0.004 (SE = 0.001), $p=0.008$). Protein intake among women with tuberculosis was associated with an increase in BMI (0.10 (SE=0.05), $p=0.039$). These associations were not significant among men with TB. However, reduced appetite among men was associated with decreased BMI (-4.3 (SE=1.94), $p=0.030$). Reduced appetite (-0.79 (SE=0.33), $p=0.020$) and protein intake with no income (-0.02 (SE=0.01), $p=0.027$) among women were associated with decrease in lean tissue mass, respectively. Tuberculosis and reduced appetite among men were associated with decrease (-1.42 (SE=0.45), $p=0.003$) in lean tissue mass and fat mass (-1.90 (SE=0.89), $p=0.037$), respectively.