

## ABSTRACT

Street food sector plays an important role in urban areas of many developing countries in catering to the needs of the urban population. Contamination of ready to eat food and beverages sold by street food vendors rendering them unacceptable for human consumption has become a global problem. A system should be put in place to ensure that vendors remain aware of all procedures necessary to maintain the safety and suitability of food they sell. Thus it is important that vendors should undergo basic training in food hygiene.

The current study was carried out with the objective of evaluating the effectiveness of providing a health educational programme targeted at street food vendors in improving their knowledge, attitudes and practices related to food safety.

Results of the pre intervention survey showed that the baseline knowledge was poor in the areas of food contamination, food borne diseases, safe handling, personal hygiene, time temperature control and handling high risk cooked foods.

Vendors had unfavorable views, particularly towards the available facilities and supportive services available to maintain a conducive environment to provide consumers with safer food. However, positive attitudes regarding personal hygiene were not observed in practices. The vendors had minimal personal hygiene and over 50% were seen to handle cooked food with bare hands.

It was revealed that over 50% of the study population had received information on safe food handling through Public Health Inspectors.

Standard method (International Standards Organization) was used for the enumeration of selected microbiological profile. According to the health department criteria, boiled gram, cooked rice packets and string hoppers were of unacceptable quality. *E coli* was

detected in more than 90% of samples of boiled gram. Contamination may be due to the addition of raw onions / onion sambol to the boiled gram which they do invariably and also mixing being often done with bare hands.

A visual education programme was developed by reviewing of existing programmes and communication with experts. In developing the visual flipchart steps were taken to make it simple, interactive, self explanatory and included basic messages in food hygiene that they should adhere to produce safer food. The didactic material used in the intervention consisted of a didactic guide for the field investigator and a visual flip chart for the street food vendors. The areas covered by the intervention were methods of food contamination, personal hygiene, safe handling of potentially hazardous street vended foods and importance of maintaining vending environment and the vending unit clean.

A quasi -experimental pre-test, post test design was adopted in this intervention to evaluate the effectiveness of this intervention where the study area was divided into intervention and control areas. An educational intervention using the visual flip chart was conducted for all the vendors in the intervention area at their place of vending. Post intervention assessment was conducted after a period of six months.

Post intervention results showed that the knowledge had improved significantly in the intervention group in all subject areas, with safe food preparation and handling practices showing the highest improvement.

The present intervention was effective in improving the knowledge and attitudes of the street food vendors in safe food handling and food borne diseases prevention. As this method proves to be feasible, is of low cost and has the ability to provide training without interruption of the vendor at work, it can be incorporated into the existing training system in the department of health in training vendor on food safety.