

A Descriptive Study On Hygiene And Culinary Hygiene Based On Dietary Pattern And Life Style

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Abstract:

Objective: To find out personal hygiene and culinary hygiene among the patients with communicable diseases¹ with age group 12-50 years. **Method:** Prospective Observational Study was conducted at Nikhil hospital, Narsaraopet. Two hundred and twenty-six patients (N=226) participated in the study. The self-assessed questionnaire was used to identify patients with personal hygiene and culinary hygiene. **Results:** It is interpreted 44.20% Male and 33.70% female were observed to be with poor hygiene. In the study population, 50 patients were hygienic and 176 patients were having poor hygiene and culinary hygiene. **Conclusion:** This study clearly depicts poor hygiene and culinary in patients. There is an immediate need for patient-centered³ clinics and clinical pharmacist⁴ to be employed to counsel and educate the patients

Keywords: (1)communicable disease (2) culinary hygiene(3)patient-centered(4)clinical pharmacist

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I. INTRODUCTION

HYGIENE: It is a set of practices performed to preserve health. According to World Health Organization(WHO), Hygiene refers to condition and practice the help to maintain health and prevent the spread of disease². Personal hygiene refers to maintaining the body's cleanliness.

CULINARYHYGIENE: Culinary hygiene also known as food hygiene, it is the practices related to food management and cooking to prevent food poisoning prevent the food contamination, and minimize the transmission of disease to other food, human(or) animals culinary hygiene practices specify safe way to handle, store, prepare, serve and eat food.

II. METHODOLOGY

A descriptive study of a cross-section of the relevant population, by previously validated, self-completed and anonymous questionnaire, filled in by in-patient who were joined into Nikhil hospital for the treatment of communicable diseases. The diet survey assessed the weekly consumption frequency of different foodstuff

Study Design: Prospective Observational Study

Study Location: At Nikhil Hospital, Narsaraopet, Guntur, Andhra Pradesh

Study Duration: May to July

Sample Size: 226N

Inclusion criteria: The patient who is in the hospital as In-patients from Age (12years-50years).

Exclusion criteria: The patient below Age 12 were not taken because they are not able to answer the question by their own. The patient above age 50 with other co-morbidities were excluded from this study.

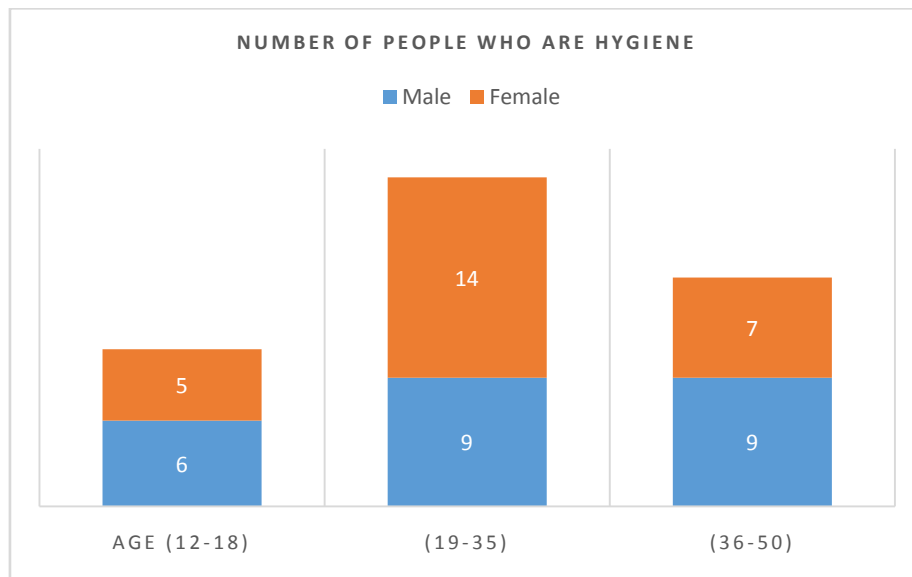
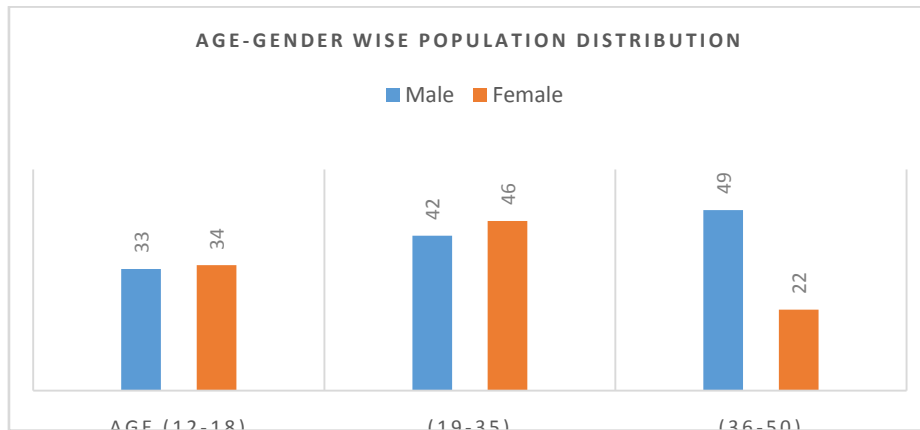
Material Used: A suitable designed hygienic questionnaire was designed by consulting the physician and pharmacy practice department faculty.

Method: The patients were involved in the study by considering the above criteria after taking their decision to participate in the study. The level of hygiene of each patient was analyzed using hygienic questionnaire and level of hygiene was assessed.

RESULT: Two hundred and twenty-six patients (N=226) have participated. The age range was 12-50. Descriptive graphical representation was done to analyze self-completed and anonymous questionnaire, filled in by in-patient who were joined into Nikhil hospital for the treatment of communicable diseases. 44.20% Male and 33.70% female were observed to be with poor hygiene. In study population 50 patients were hygienic and 176 patients were having poor hygiene and culinary hygiene

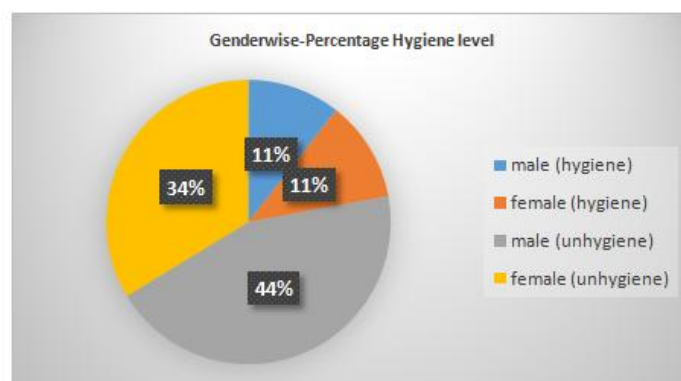
Total number of Sample size: N=226

Gender	age (12-18)	Age (19-35)	Age (36-50)
Male	33	42	49
Female	34	46	22



Genderwise-percentage hygiene level

Male (Hygiene)	Female (Hygiene)	Male (Unhygiene)	Female (Unhygiene)
10.60%	11.50%	44.20%	33.70%



III. DISCUSSION

Poor hygiene was the condition commonly observed in illiterates, adults children, rural people. The current research found out that there were poor hygienic and culinary conditions. So as a developing country like India there is a need for the development of personal hygiene. Personal hygiene is the one which plays a vital in patient life expectancy, reducing the further complication. Results clearly indicate that 176 patients have poor hygiene. This indicates that there was an urgency to conduct an awareness campaign.

IV. CONCLUSION

This study clearly depicts poor hygiene and culinary in patients. There is an immediate need for patient-centered clinics and clinical pharmacist to be employed to counsel and educate the patients.

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