Research Brief

Survey on Consumer Awareness of Nutrition, Food Safety and Hygiene

Research Questions

1. What is the status of knowledge of basic nutrition, best practices in cooking, food safety and hygiene principles in a sample representative of different—divisions of the country as well as nationally—age groups and stages of the lifecycle—gender, male and female—socio economic groups.

2. Compare knowledge levels to a simple assessment of people's dietary practices, nutritional behaviour and status, and overall health.

3. What are the major factors associated with different levels of knowledge and awareness?

Answers from the Research

1.a. Basic nutrition knowledge: One-third of respondents living in rural and urban areas and two-fifth respondents in slums had low level of basic nutrition knowledge. Specifically, they did not have or had low level of knowledge regarding:

I. Food rich in vitamin A and Iron.

II. Adverse health effects of trans-fatty acid, such as risk of cardiovascular disease risk.

III. Adverse health effects of unfavourable nutrition behaviour (e.g., eating salty/savory foods—puri, singara, crisps and chips, chanachur, etc.; sweet foods/sugary foods; sugar sweetened beverages).

IV. Adequate dietary diversity from consuming a variety of foods and well-balanced diet.

Adolescents in urban areas had the lowest level of knowledge of basic nutrition and adverse health effects of unfavourable nutrition behaviour compared to other categories of respondents.

1.b. Best practices in cooking: Over two-fifth (43 percent) respondents who do the cooking, in rural and urban areas, and slums had low level of knowledge on best practices in cooking.

I. Three-fourth (74.5 percent) did not mention that vegetables need to be cleaned before cooking.

II. Over half (57 percent) did not know how many times cooked food is safe to reheat before consumption.

1.c. Food safety and hygiene knowledge: Less than one-third of the cooks had low level of knowledge on food safety and hygiene practices. Specifically, the problems and issues were:

I. Lack of knowledge about the sources of possible cross-contamination in the household to prevent potential food safety and hygiene hazards and risk.

II. Low personal hygiene and inadequate handwashing practices at critical times during food preparation and before eating.

III. Lack of knowledge and understanding regarding the concepts of "food safety" and "food hygiene".

IV. Low knowledge on the need to avoid keeping cooked foods at ambient temperature for prolonged periods and to reheat leftover food properly before eating and feeding to infants.

V. Low knowledge of practices of water purification before drinking, in rural households.

VI. Low access to pipe water especially in rural households, affecting water access for drinking, and for washing fresh fruit and vegetables before preparation and eating.

Public health messaging regarding the COVID-19 pandemic had led to an increase in handwashing practice with soap by a fifth and was expected to sustain.

2. Having no formal education, belonging to low wealth category, having inadequate dietary diversity, being underweight or obese, and having somewhat bad or bad health condition, were identified as significant predictors/indicators of low levels of knowledge and awareness. There were also geographical differences with those in Barisal faring worse in terms of knowledge and awareness on basic nutrition while those in Khulna division had relatively worse knowledge of best practices in cooking, and those in Rangpur had low level of knowledge on food safety and hygiene.

Implications for Policy

- Awareness has to be generated on basic nutrition, best practices in cooking, and food safety and hygiene, and to improve the knowledge, attitudes and practices of consumers at household level. To this end, effective awareness campaigns may be promoted, to increase knowledge on adverse health effects of trans-fatty acid, unfavourable nutrition behaviour; and to promote the adoption of balanced diets and quality eating behaviour for a healthy life.
- Special attention should be given to nutritionally vulnerable people, especially those who are underweight, in somewhat bad or bad health condition and to adolescent girls.
- Those purchasing food for the household have to be made aware of the importance of dietary diversity and healthy diet. A network may be developed among food purchasers, producers, and relevant departments, to obtain necessary support for ensuring availability of diversified food items at household/community level .
- Improve hygiene knowledge through Behaviour Change Communication (BCC) followed by community-based monitoring through public and private sector partnerships to check whether environmental sanitation and hygiene practices are maintained properly in the household to protect potential food safety and hygiene hazards and risk.
- Food safety and hygiene surveillance systems have to be developed to monitor and evaluate progress over time and inform policy.
- A communication strategy is called for with information, education and communication (IEC) materials and tools aimed at addressing identified high-risk food safety and hygiene behaviours.

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