Policy Brief

Consumer awareness of nutrition, food safety and hygiene

Knowledge of basic nutrition, best practices in cooking, and food safety, and hygiene practices are important for good health. The study found that:

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

I. Foods rich in vitamin A and Iron.

II. Adverse health effects of trans-fatty acid, such as risk of cardiovascular disease risk, and unfavourable nutrition behaviour (e.g. eating salty/savoury foods—puri, singara, crisps and chips, chanachur, etc; sweet foods/sugary foods; sugar sweetened beverages).

III. 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 categories of respondents.

- ❑ Over two-fifth (43 per cent) of those who cooked food had low level of knowledge on cooking best practices:

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.

- ❑ Less than one-third of 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. In adequate 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 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.

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.

What can Policymakers do?

- ➢ Promote effective awareness campaigns to address the lacunae in levels of knowledge and practice in the community regarding basic nutrition, best practices in cooking and food safety and hygiene.

- ➢ Undertake 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.

- ➢ BCC for enhanced knowledge of safe handling, processing and storing of foods and improved consumption, need to be scaled up.

- ➢ Clearly define and incorporate food safety priority issues into the health education curriculum of current school textbooks.

- ➢ Establish food safety and hygiene surveillance systems to monitor and assess progress over time and inform policy decisions.

- ➢ A communication strategy should be developed with information, education and communication (IEC) materials and tools aimed at addressing the identified high-risk food safety and hygiene behaviour:

- ❖ Primary target audience should be the general population; however, special attention should be given to persons involved in purchasing food, cooking, adolescents and caregivers having no formal education, belonging to low socio-economic categories and nutritionally vulnerable households;

- ❖ Key messages should be culturally appropriate, clear, simple and practical, and easy to understand by people with low education and literacy skills;

- ❖ Communication channels and selection of the appropriate communication media for a BCC campaign should be planned in consultation with key stakeholders; strategies may include but not be limited to:

- ✓ Production of relevant basic nutrition, food safety and hygiene information/educational print materials (e.g., booklets, leaflet, flip charts, posters and billboard) for distribution to households in rural and slum areas.

- ✓ Grassroot level informal meetings with the person involved in cooking/mothers and mothers-in-law, involving interpersonal communication supported by community health workers and community leaders

- ✓ Outreach using mass media including government and private TV and radio channels, with information spots and practical demonstration on environmental sanitation, potential sources of contamination and risk for food safety and hygiene in the household, safe food handling and preparation practices. Short documentary films and videos can be used to communicate more effectively with illiterate groups.
- ✓ Rural community radio—Radio Krishi—the government community radio established by Agricultural Information Service, can be engaged to disseminate key messages for improving knowledge of basic nutrition, diversified food items and healthy diet, and preventive aspects of food safety and hygiene.
- ✓ Field level workers of the Ministry of Agriculture, Ministry of Fisheries and Livestock, Ministry of Food, Ministry of Health and Family Welfare, and NGOs working at community level, may be engaged in improving knowledge of basic nutrition, diversified food items and healthy diet, and preventive aspects of food safety and hygiene through training, and to communicate this during community sessions. Community Clinics offers another opportunity to address food safety and hygiene through training of health workers. All medical service centres should offer food safety and hygiene education to clients.

This fact sheet presents policy recommendations of a research study undertaken by the *BRAC James P Grant School of Public Health, BRAC University,* with support under the Research Grants Scheme (RGS) of the Meeting the Undernutrition Challenge (MUCH) project. MUCH is implemented in collaboration with the Food Planning and Monitoring Unit of the Ministry of Food with technical support from the Food and Agriculture Organization of the United Nations (FAO).

MUCH is financially supported by the European Union (EU) and the United States Agency for International Development (USAID). The opinions expressed in this fact sheet are attributed to the research team and do not necessarily reflect those of the Government of Bangladesh, FAO, EU or USAID. For further information and comments: fpmu.gov.bd, Food Planning and Monitoring Unit (FPMU), Ministry of Food, Khaddya Bhaban, 16 Abdul Ghani Road, Dhaka-1000, Bangladesh

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