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Analysis of socio demographic data pertaining to street food vendors in Mohali

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Abstract
Research begets the foundation for Development and development further signals for a novel research and the cycle goes on. The present study was conducted to assess the hygiene practice among food vendors regarding food hygiene in selected areas of Mohali. Non-Experimental research design depicts overall plan of organization of specific investigation. Population consisted of food vendors of Phase-10, 9, 7, 6, 3b1, 3b2, 1 of Mohali. The present research was carried out to assess the hygiene practices among street food vendors regarding food hygiene. The present study was conducted on 50 subjects. It was depicted that maximum of the food vendors were of age more than 30 years, and had completed their primary education. As per the type of stall majority (84%) of stall were non movable and rest (16%) were movable. Regarding the type of surrounding around the stall most of them were residing around the market area and remaining (20%) were around the residential areas.

Keywords: street foods, hygienic standards, health

Introduction
Food when produced, stored, transported or served should be free from all sorts of contamination with germs or any harmful material, the workers should observe strict cleanliness, utensils should be clean and kitchen should be insect free, rodent free, dust free and otherwise clean. Medical examination of workers should be done to find if they carry some disease like Typhoid or Dysentery. If so, they should be stopped from handling food and given appropriate treatment. In India, the microbiological status of popular consumed street food, general hygiene and vending practices where not known. Vendors operating in three major locations where listed Mandi, Bus terminals and Railway Station in New Delhi and Chandigarh city. Street vendors lacked access to portable water, toilet facilities and operated under poor hygienic conditions presence of microbial organism. The study of their study suggested that street vended coconut slices, coriander sauce and ready to eat salads would be important potential vehicle for food borne diseases. Over the past few years Indians are eating more meals outside their houses, the reason is being having busy lifestyle, no time to cook food at home, and living in hostels having parties with families and relatives. In doing so, they have given up control over the safety of their food and have become dependent on street food. High rates of food become illness indicate that street food vendor's do not maintain appropriate level of sanitation and suggest a need for a different approach to ensure food sanitation. The Health Department should examine such actions as requiring training and food safety certificate for food handlers and encouraging manager to take more responsibilities for ensuring safe standards. Food borne bacterial gastrointestinal infections are important cause of morbidity and mortality worldwide and despite successful control these infections continue to have major impact on public health and economy. Street food vendors in Indian cities have increased sharply during past few years especially after 1991, when the policies relating to structural adjustment and liberalization were introduced. Illness due to contaminated food was perhaps the most widespread health problem in contemporary and an important cause of reduced economic productivity. The scientific investigation on outbreak of foodborne diseases in India for past 29 (1980-2009) years indicated that total of 37 outbreaks involving 3,485 persons have been affected due to food poisoning. The estimate d 47.8 million cases of food borne diseases, resulting in 127,839 hospitalization and 3037 deaths transmitted through food each year in United States of America alone. In India Official document of health information, Government of India for 2004, 9575112 cases of acute diarrheal diseases including gastroenteritis with 2855 deaths have been recorded. Finally educating the unregistered food handlers regarding personal hygiene, so as to remain healthy themselves and not to carry disease through their hands. Isara AR, Isah EC. (2009) [6] conducted a study on the mean age of food handlers was 26, 1-6.1 means. Two hundred and twenty eight (65.1%) were female while 34.9 were males. A majority (98%) of respondents had formal education. There was good knowledge and practice of food hygiene and safety among the respondents knowledge was significantly influenced by previous training in food hygiene and safety (P=0.002). food hygiene handlers who had worked for longer years in fast food restaurants had better practice of food hygiene and safety (P=0.036). Although, 299 (85.4%) food handlers were generally clean, skin lesions was in 4 (7.3%) of them. Muyanja Charles, Nayiga Leontina, Nasinyama George (2009) conducted a study on street food vendors in Kampala, Jinja and Masaka districts in Uganda were surveyed to assess

risk factors, practices and knowledge of street food vendors with respect to food safety and hygiene. A total of 225 street food vendors were invested from Aug. 2008 and May 2009. A structured questionnaire and checklist were used in the interviews and focus group discussion. Street vendors (87.6) were women and with low education level. Vendors had access to tap water with 5 minute walk. Non-disposable plates/cups were the commonly used for vending food. Use of soap and water for washing water for washing utensils was common practice. Wash water recycled several times and only changed when very cloudy and soapy. Street vendors had some knowledge about diarrhea and its associated risk factors. Toilet facilities were dominated by pour/flash toilet and pit latrine Masaka (64.3%) and Jinja (38.9%) vendors disposed off the garbage at the vending sites whereas in Kampala, used gunny bags. Cooked food was handled at ground level and exposed to files. Masaka vendors (68.6%) had no hygiene regulations governing the street food vending business whereas Kampala (75.9%) and Jinja (65.3%) indicated hygiene regulations were enforced onsite management by local government. Vendors operated in a variety of vending structures and hygiene of premises was poor vendors. Omemu A.M, Aderoju S.T (2008) [8] conducted a study to determine food safety knowledge of street food vendors in Abeokuta. Date on demographics, food safety knowledge and practices were collected from 87 food vendors using 67 questions standardized survey tool. Few vendors (12%) acquired the knowledge of food preparation by formal training. Only 31% of the respondents had the annual medical health certificate to indicate that they have carried out the recommended physical and medical examination. Volume and price are considered more than fresher and cleanliness when purchasing raw materials. Some of the food safety knowledge of the vendors could not be translated to practice due to absence of basic facilities such as water and toilets at their vending sites. Training on hygiene and sanitation provision of basic infrastructure and the establishment of code of practice for the street food industry is recommended. The methodology of research indicates the general pattern for organizing the procedure for gathering valid and reliable data for an investigation. This chapter deals with the methodology adopted for study, it/ includes the research approach, research design, the settings, the sample and sapling technique, development and description of tool, pilot study, data collection and plan for data analysis.

Methodology

Descriptive approach is used in present study to assess the hygiene practice among food vendors regarding food hygiene in selected areas of Mohali. Non-Experimental research design depicts overall plan of organization of specific investigation. It helps the researcher in selection of subjects, manipulation of independent variables, and observation of the type of statistical analysis to be used to interpret the data. The research design selected for present study for non-experimental research design used to achieve the stated objective. Population consists of food vendors of Phase-10, 9, 7, 6, 3b1, 3b2, 1 of Mohali.

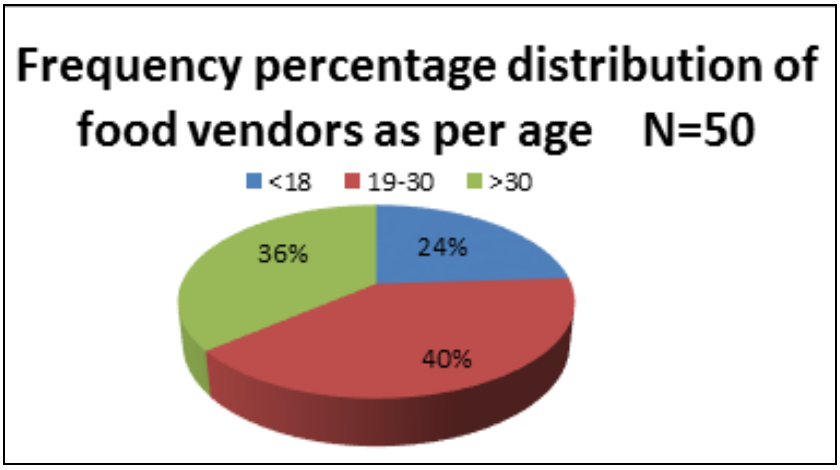

Fig 1: The pie diagram showing percentage distribution of study subjects according to age.

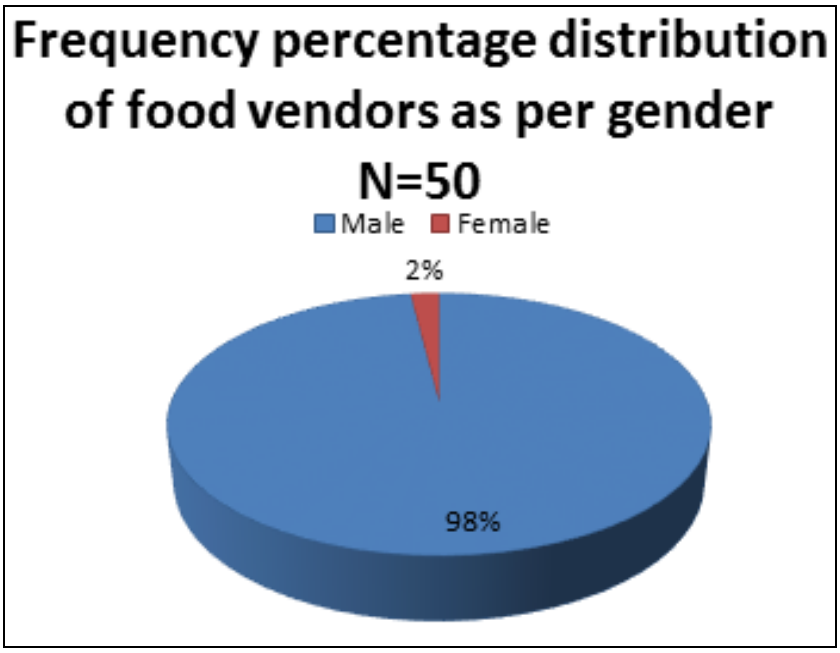

Fig 2: The pie diagram showing frequency percentage distribution of study subjects according to gender.

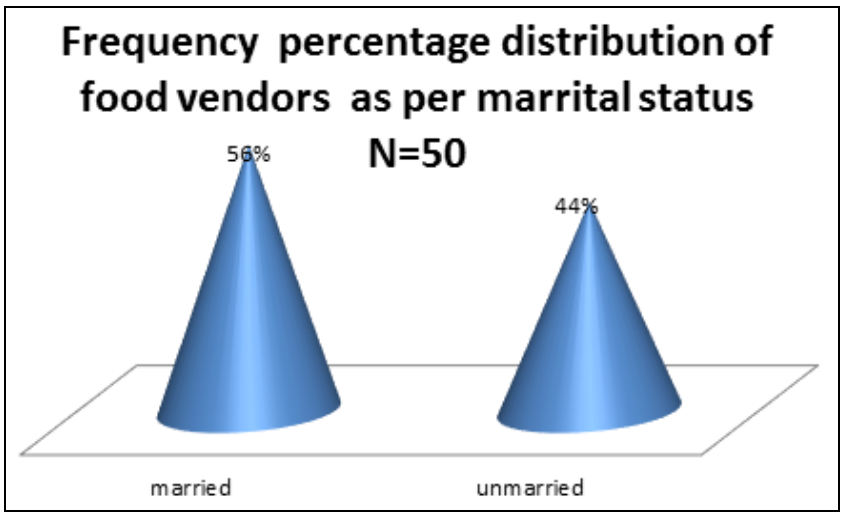

Fig 3: The cone diagram shows frequency percentage distribution of study subjects according to marital status.

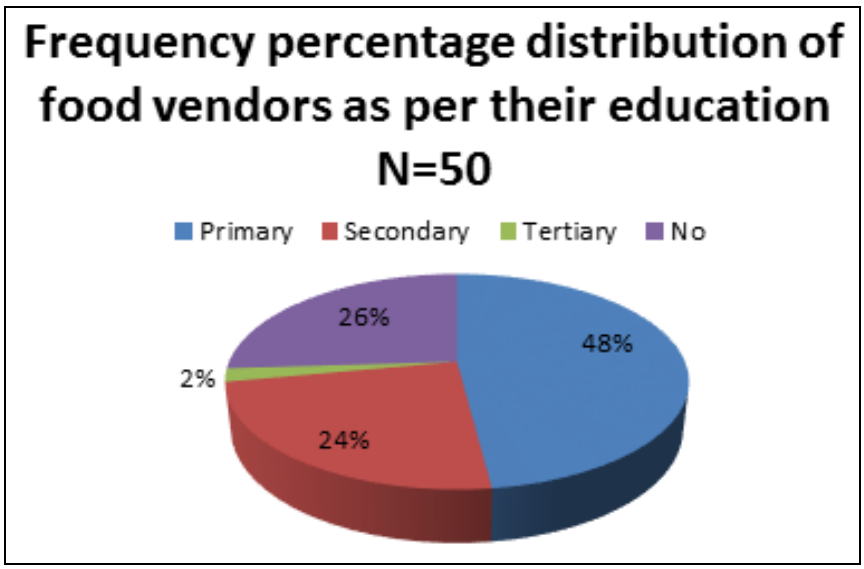

Fig 4: The pie diagram shows frequency percentage distribution of study subjects according to education.

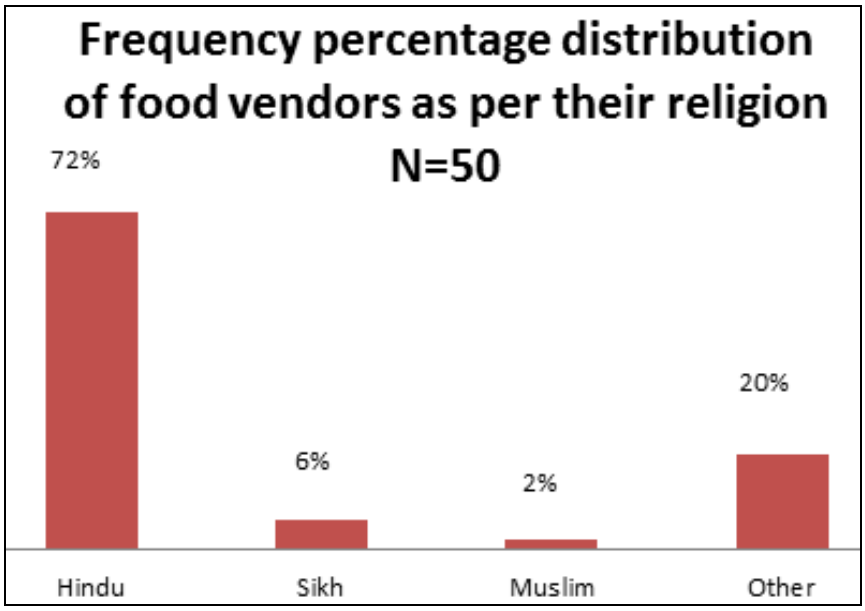

Fig 5: The bar diagram shows frequency percentage distribution of study subjects according to religion.

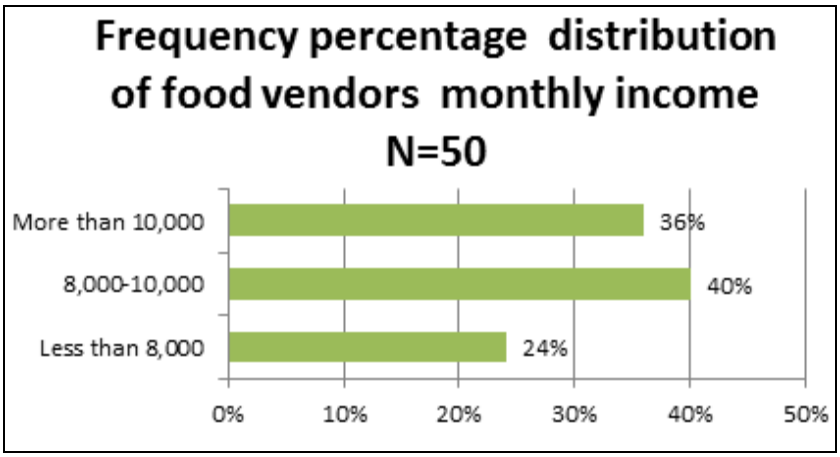

Fig 6: The bar diagram shows frequency percentage distribution of study subjects according to monthly income (Rs).

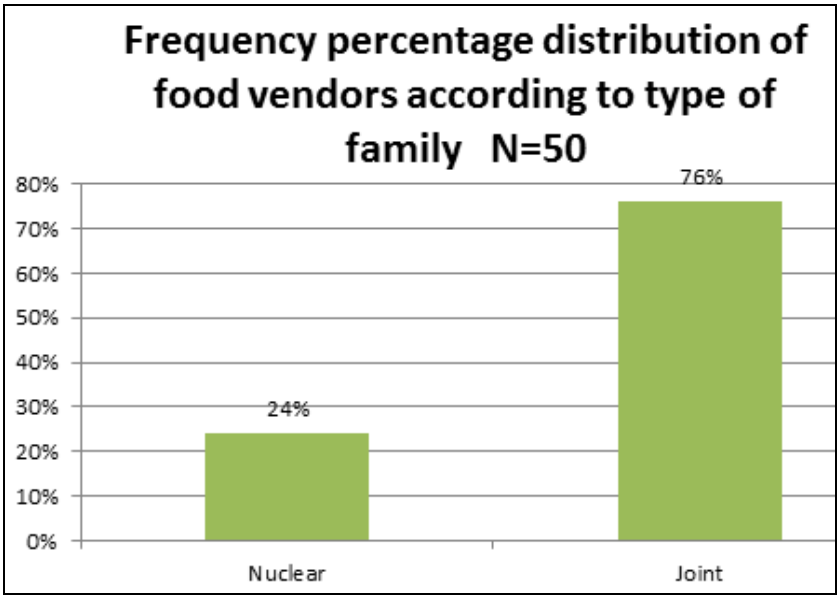

Fig 7: This bar graph shows the frequency percentage distribution of study subjects according to type of family.

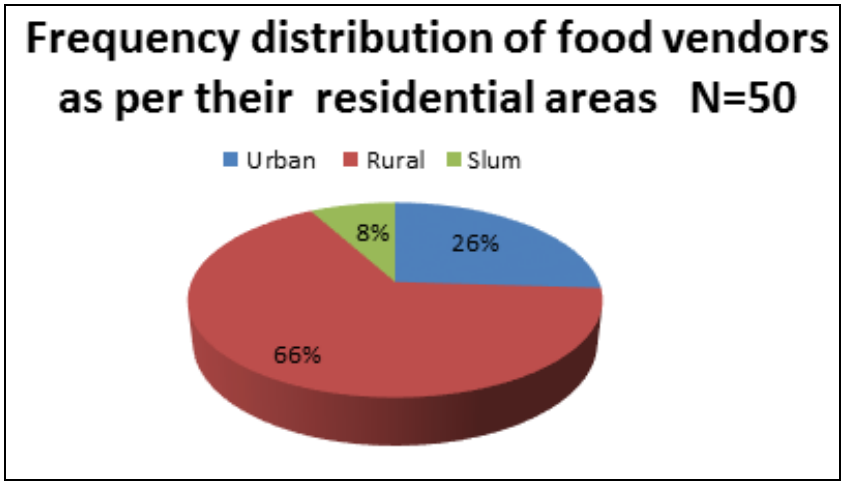

Fig 8: This pie chart shows the frequency percentage distribution of study subjects according to their residential area.

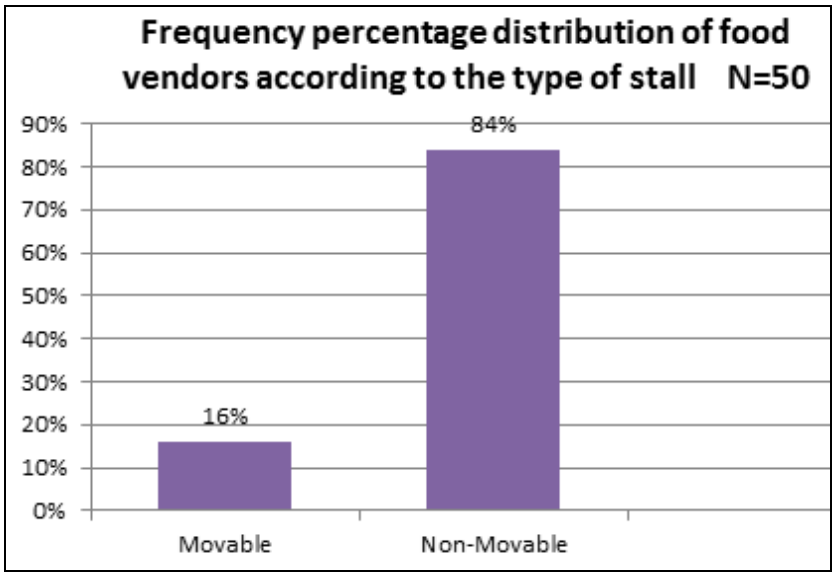

Fig 9: The bar diagram shows frequency percentage distribution of study subjects with type of stall.

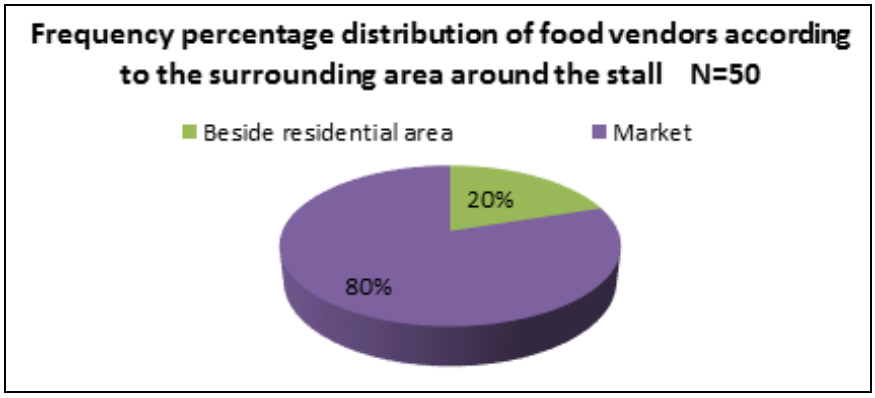

Fig 10: The pie diagram shows frequency percentage distribution of food vendors with surrounding area around the stall.

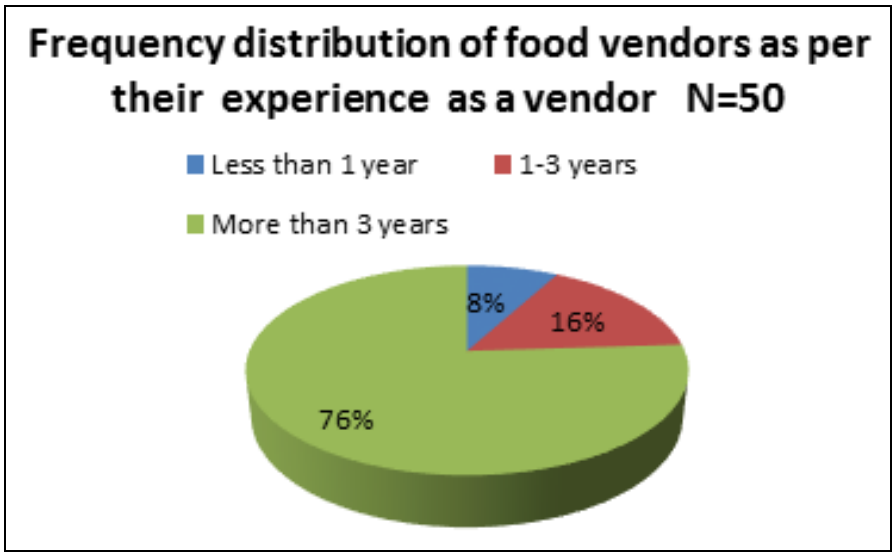

Fig 11: The pie diagram shows frequency percentage distribution of study subjects with experience as a vendor.

Conclusion

It is depicted that maximum of the food vendors i.e. (40%) were of age more than 30 years, followed by (36%) of age group of 19-30 and remaining (24%) fall in category of age group less than 18 years. According to the gender of study subject majority of food vendors were male (98%) and only (2%) were female. As per the marital status more than half of study subject were married (56%) and less than half were unmarried (44%). Regarding the education majority of study subject (48%) had completed their primary education, followed by (24%) had done secondary education, (26%) had done no schooling and (2%) were graduates. As per the monthly income of study subject (36%) earn less than Rs.8000, (32%) of food vendors earn Rs.8000-10,000 (32%) earn more than Rs.10,000. According to religion more than half of study subject (72%) were Hindu, (20%) were of other religion, (6%) were Sikh, (2%) were Muslim. Regarding the type of family (76%) of food vendors belonged to joint family and rest (24%) belonged to nuclear family. According to the residence area of food vendors (66%) were living in rural areas, followed by (26%) living in urban area and only (8%) were living in slum areas. As per the type of stall majority (84%) of stall were non movable and rest (16%) were movable. Regarding the type of surrounding around the stall most (80%) were residing around the market area and remaining (20%) were around the residential areas. As per the experience of food vendors majority of study subjects (76%) had experience of more than 3 years, followed by (16%) were those having 1-3 year's experience and remaining (8%) have experience of less than 1 year.

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