

Food safety education: Identifying and classifying consumer food handling behaviors.

Patricia Hillers*

Department of Public Health, Konkuk University, Korea

Introduction

Foodborne illness outbreaks are a persistent public health issue that can have serious repercussions for specific people, entire communities, and even entire countries. These outbreaks happen when a large number of people get ill after consuming tainted food or drinks. While the majority of foodborne disease cases are isolated episodes, outbreaks pose a more serious and frequently scary threat because they involve numerous people who share a common source of infection. These occurrences underline the crucial need of food safety procedures, surveillance, and quick response and serve as sharp warnings of the weaknesses in our food supply chain [1].

Foodborne infections, sometimes known as food poisoning, can cause a variety of symptoms, ranging from minor gastrointestinal discomfort to serious sickness and, in some tragic cases, even death. Bacteria, viruses, parasites, and chemical pollutants are frequently the causative agents behind these outbreaks; they can all enter our food at different times during the production, distribution, and preparation processes [2].

A major concern in our daily lives is food safety. Our health is significantly impacted by how we handle and prepare food, and poor procedures can result in foodborne infections that can cause anything from minor discomfort to serious medical issues. Education about food safety is crucial for reducing these dangers. Unhealthy eating habits are more frequent than you would imagine. According to the Centers for Disease Control and Prevention (CDC), there are roughly 48 million cases of foodborne diseases reported year in the US, leading to 128,000 hospitalizations and 3,000 fatalities. Through the use of correct food handling and preparation methods, many of these situations can be avoided [3].

Consumers who get food safety education are better equipped to handle, prepare, and store food responsibly. They get the knowledge and abilities necessary to lower their risk of contracting foodborne illnesses and to preserve the quality of the food they eat. Food safety is fundamentally dependent on proper hand washing. Frequency, length, and technique are actions connected to hand washing. Simply washing your hands properly with soap and water before handling food will stop many foodborne infections [4].

When hazardous bacteria or pathogens pass from one food item to another through contact with contaminated surfaces, utensils, or hands, this is known as cross-contamination. Use of separate cutting boards for raw meat and produce, sanitizing of surfaces, and refraining from using the same knife for various foods without first cleaning it all fall under this category of behaviors. In order to stop the growth of bacteria, proper temperature management is essential. Food safety practices include keeping food at the proper temperature, using food thermometers to determine when food is done, and quickly cooling leftovers. [5]

Conclusion

Public health's foundational element is the teaching of food safety. We can successfully target our educational efforts by comprehending and categorizing consumer food handling behaviors. We may prioritize efforts to lower the prevalence of foodborne illnesses and promote a safer and healthier food environment for everyone by identifying crucial, major, and minor behaviors. It's important to keep in mind that each of us contributes significantly to ensuring food safety, not just for ourselves but also for our families and communities.

References

1. McArthur LH, Holbert D, Forsythe III WA. Compliance with food safety recommendations among university undergraduates: Application of the health belief model. *Fam Consum Sci*. 2006;35(2):160-70.
2. Gauci C, Gauci AA. What does the food handler in the home know about salmonellosis and food safety?. *J Royal soci promo health*. 2005;125(3):136-42.
3. Milton A, Mullan B. Consumer food safety education for the domestic environment: A systematic review. *Br Food J*. 2010;112(9):1003-22.
4. Richards JK, Beavers AS. What implications does a baseline of self-efficacy of food safety in adolescent populations have for future food safety education interventions?. *Food Prot*. 2014;34(1).
5. Carstens CK, Salazar JK, Sharma SV, et al. Evaluation of the kitchen microbiome and food safety behaviors of predominantly low-income families. *Front Microbiol*. 2022;13:987925.

*Correspondence to: Patricia Hillers, Department of Public Health, Konkuk University, Korea, E-mail: Hillers@patri.cia.kr

Received: 25-Aug-2023, Manuscript No. AAFMY-23-112904; Editor assigned: 28-Aug-2023, PreQC No. AAFMY-23-112904(PQ); Reviewed: 11-Sep-2023, QC No. AAFMY-23-112904; Revised: 16-Sep-2023, Manuscript No. AAFMY-23-112904(R); Published: 23-Sep-2023, DOI:10.35841/aafmy-7.5.164