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Preservation of health and good practices of personal hygiene and food in two communities of Yucatán, Mexico

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Abstract

The environment and good practice of personal hygiene and food, play an important role in the preservation of health; it has protective factors such as having the basic resources (potable water, decent housing, clean air, food safety, among others) that help maintain an optimal state of health and quality; likewise, exposure to unfavorable conditions such as the absence of such basic resources, which negatively affects health, decreasing quality and life expectancy. Unhealthy foods are related to mortality, mostly children. Foodborne diseases (ETA) are a problem to be considered in a social, technological, economic, cultural and political context. It is known that travel, tourism and commerce increase its spread; Therefore, it is a recurring problem in developing countries, in which authorities, governments and other related institutions must conduct surveillance campaigns and continuous assistance in order to prevent dangerous situations that adversely affect the health of the population. WHO offers practices on the proper handling of food

Practices, Personal Hygiene, Food Hygiene, Health Preservation

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Introduction

The environment and good practices of personal hygiene and food and drink play an important role in the preservation of health; On the one hand, it has protective factors such as having the basic resources (drinking water, decent housing, clean air, food safety, among others) that help to maintain an optimum state of health and quality; On the other hand, exposure to unfavorable conditions such as lack of basic resources, negatively affects health, decreasing quality and life expectancy. Unhealthy foods are related to the death of at least 2 million people a year, mostly children, since food can be contaminated with bacteria, viruses, parasites and harmful chemicals, causing more than 200 diseases ranging from diarrhea until cancer (WHO, 2015).

Foodborne diseases (ETA) are a problem that must be considered in a social, technological, economic, cultural and political context, without diminishing the importance of health problems; we must take into account not only the already known pathogens (amebiasis, salmonellosis, poisoning, etc.), but also new and emerging pathogens that have now appeared and are resistant to antimicrobials. It is known that travel, tourism and commerce increase the spread; Therefore, it is a recurring problem in developing countries, in which authorities, governments and other related institutions, both public and private, must conduct surveillance campaigns and continuous assistance in order to prevent or correct dangerous situations. Affect the health of the population.

It is so important that the WHO offers practices on how to handle and prepare food: maintain cleanliness, separate raw and cooked foods, cook food thoroughly, keep food in safe temperatures and use water and safe raw materials (WHO, 2015; WHO , 2007, PAHO / WHO, 2005).

According to the 2012 National Health and Nutrition Survey, Yucatán is one of the first places in general cases of diarrhea, located in communities with poor hygiene in the preparation of food and is most often found in low-income households economic and high marginalization (ENSANUT, 2012).

The communities of Cantamayec and Mayapán are populations of high marginalization; In terms of material goods related to food preservation, most households do not have refrigerators; the educational level is low, mainly in women, so that knowledge about the importance of personal hygiene and the preparation of meals by housewives is little; Regarding the language, more than 50% of the population speak Mayan, a barrier of importance when the active participation of the population is wanted; some households still practice fecalism, a practice that is not favorable because it allows rapid and safe contamination of the food that the family will consume, so there is a lot of work to be done (CONEVAL, 2010, INEGI, 2004).

Jiménez (2008), Defez (2005) and Oseguera (2004), for their part, assure that it is very important to know the characteristics of a population before setting up promotion and prevention campaigns aimed at improving living conditions; Strategies should be based on knowledge of social reality and one of the most appropriate ways to know it is qualitative research, since the researcher can investigate the beliefs, practices and perceptions of people by exploring social relationships and describing the context as experienced by the population to order and logically relate the information. In this regard, research has been conducted such as those of Kopper, G. (2009), Calderón, G. (2009) and Schneider, S. (2009) that show case studies in Central American countries, with the aim of understanding the most salient aspects of foodborne diseases, their socioeconomic repercussions, the importance of food safety and the institutions involved.

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Another such as Jiménez C. (2008) who conducted a qualitative study to describe the perceptions of families about eating habits and attributes of healthy eating. The experience in Yucatan has shown that there are practices that may be causing some cases of diarrheal diseases, such as contact with animals when preparing food, the limitations they have to prepare them since the meat is easily decomposed by high environmental temperatures ; the collection of the eggs of birds that is done directly in the yards and without care in their handling; Fruits and vegetables are not properly disinfected due to the low availability of detergents and other foods that are not stored properly due to the lack of refrigerators (Technical Report, 2015).

Therefore, the objective of this work was to identify the knowledge, customs, perceptions and beliefs of housewives and food preparers of two communities of high marginalization, on the hygienic handling of food, to prevent cases of diarrhea in children of 5 years and vulnerable groups.

Methodology

The present study was conducted in 2016, in two communities of high marginalization in the state of Yucatan; the research was done from a qualitative approach, the instruments used to collect information about knowledge and customs were validated surveys that contained aspects related to practices used in the hygienic handling of food. In order to know the perceptions and customs of the communities, group and individual interviews were conducted. Informed consent was requested and common agreements were reached for free and informed participation, guaranteeing reliability. 25 people were interviewed in charge of the handling and preparation of the food, belonging to two communities of the East of the state of Yucatan, of high marginalization and predominance of the Mayan language in their habitual communication.

Results

Population

The study was formed by a total of 25 adults interviewed, of whom 21 were women and 4 men; It should be noted that, in these communities, men migrate during the work week to different cities in the state, due to work issues. The men interviewed do not migrate to other cities, since they are dedicated to providing services within the community, so they participate in the preparation of food. The age of those who participated was between 25 and 55 years.

Of the surveyed population, 82% completed primary education, while 18% have no studies. The houses are new constructions (concrete blocks), however, 27.3% do not have a kitchen where they can prepare food and 27.3% do not have a bathroom. 95.4% of the participants have backyard animals, such as chickens, turkeys, cats, dogs, pigs, etc.

Knowledge

100% of food handlers have basic knowledge about hygiene, such as washing hands before handling food and after using the bathroom, washing fruits and vegetables before consuming or cooking them; that boiling the food guarantees its harmlessness (86.4%); that refrigeration prevents the growth of pathogens (86.3%); However, knowledge about other practices necessary to avoid contamination of food, such as that the cleaning rags can contaminate the surfaces was indicated by 66.6%, that the table where the meat and vegetables are cut must be different or wash well before each use by 68%, the need to boil cooked foods again after handling them by 67% or that you have to use different knives or wash between each use, to cut cooked and raw foods on 40%.
Custom.

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Regarding the customs during the preparation of the food, almost all the people interviewed reported washing their hands, before and during the preparation of the food (95.5%), all wash the fruits and vegetables before consuming or cooking them (100%) and they mentioned that they check that the food is completely cooked before consuming it (100%), however, cooked foods do not always boil after handling them (72.7%). Not all clean surfaces and utensils before and during the preparation of food (63.6%) and very few separate cooked foods from raw foods when stored in the refrigerator (31.8%).

Perceptions

Most respondents mention that if they know that they should be careful when preparing food, since that way they avoid diseases "or at least, it is what they tell us in the clinic by the doctor and the young lady who gives some courses to prevent diseases ", however, when asked about the type of diseases, refer respiratory and gastrointestinal. They also know that they should keep the food covered with clean cloths, "so that they do not get caught by flies" since "they walk on the poop and it makes me sick" or "they bring diseases that they leave in their food". With respect to boiling cooked foods, some mention that it is not important "since it does not take much time to eat again".

The refrigeration of the food goes to second term, since they refer that very few times there is enough food for the next day, since with the "leftovers" the backyard animals are fed; In general, they only refrigerate foods that contain sausages or pastries. In the case of changing or washing knives and boards between each use, to cut cooked and raw foods, mention that they have no more than one utensil, that they did not know, or that nothing happens if they do not wash.

Beliefs

Because many of the children of the participants attend full-time schools, they have received courses on hygiene in the preparation of food, however, based on their own experiences, most believe that carrying out these measures in their homes It is not important, because "many times I have picked up an omelette that falls out (while I was making it), I eat it and nothing happens to me".

In the same way, many times due to laziness they do not perform, since they wash their hands when preparing food, some say that "sometimes I'm in a hurry and I forget" or "I feel lazy", this phenomenon also happens with the infants, who do not wash their hands before eating, to which they mention "I tell him to wash his hands, but he does not want to, but he eats and does not get sick".

Having little knowledge, the population does not associate that poor hygiene when preparing and consuming food, can contaminate them and transmit pathogens that cause gastrointestinal diseases, but they associate directly with an ingredient in the food or began to decompose.

Discussion and conclusions

The health and life of people depend in large part on the nutritional quality of the food they consume daily, which in turn depends on the hygienic and sanitary quality to which they are subjected throughout the production chain, from the field to the consumer's table While the lack of hygiene and sanitation in the processing and preparation of food is a problem that can occur anywhere in the world, the incidence of diseases caused by poorly processed or poorly prepared food is a critical, severe and it is found more frequently in developing countries (Mejía, D. 2009).

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The lack of knowledge about good manufacturing practices, as well as the limited availability of complementary technical information, have a negative impact on the handling and preparation of food, both at the family and commercial levels. This lack of basic knowledge about food safety by those who prepare food can be considered as one of the factors that contribute most to food contamination, where indirectly the most vulnerable groups are affected to get sick, such as children, the elderly and immunosuppressed people (Mejía, D. 2009).

In this regard, in our study it was observed that, although it is true that the population has knowledge about hygiene and preparation of food, it is also true that, in practice, many of these issues do not apply. The set of expressions represented through their perceptions and beliefs of why not to put into practice, as well as the explanation they give to their procedures reflects a capacity of people to create boundaries between what they should do and what they really do; These data are explained by what Oseguera (2004; 49) reports in his study where he points out that the delimitation of boundaries between the safe and the risky of food is based on the beliefs and customs inculcated from primary socialization and modified by their everyday experiences

Likewise, the data found in this study are in agreement with others made in other municipalities of the state of Yucatan, such as Tekom and Tixkokob, where the lack of knowledge about good hygiene practices predominates, as well as the scarce availability of information due to the Mayan language. in the community and that negatively affect the handling and preparation of meals, both at the family and commercial level, since the same families have businesses in the locality and provide food for the other inhabitants (Technical Report, 2015).

For all the above, we consider that health strategies and programs must adapt to local needs and the specific possibilities of each country and region, and take into account the various social, cultural and economic systems. Social groups and health personnel are responsible for acting as mediators. Studies of this nature should not only seek the benefits in terms of implementing strategies to ensure good food practices but also think in terms of plurality, divergence and even oppositions within a framework of respect for community knowledge and beliefs.

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