

Relationship Behavior Food Handlers with Implementation of Food Hygiene and Sanitation on Restaurant in the Working Office of Health Port Class II Padang

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Abstract

Higiene and sanitation of food is preventive efforts to free the food from all dangers that interfere or damage health. In report of BPOM RI in 2009, that the number of victims of food poisoning as many as 7815 people with the number of cases as many as 3,239 cases. In 2012 there were 11 cases of poisoning in West Sumatra. This study aims to determine relationship behavior food handlers with the implementation of hygiene sanitation food on restaurant in the working office of health port class II Padang. This research is descriptive analytic with cross sectional study design. Sample size as many as 46 people. Data analyzed with Chi-square test. The results showed as many as 54.3% of food handlers have application in food sanitation hygiene is poor, 69.6% have a low level of education, 47.8% had low knowledge, 43.5% had a negative attitude and 76.1% never took part in the training , Based on bivariate analysis showed no significant relationship between the level of education ($p = 0.00$), knowledge ($p = 0.03$), attitude ($p = 0.03$) and the participation of courses / training ($p = 0.01$) of food handlers with the application of sanitary food hygiene. Suggested for class II KKP seaports Padang to provide assistance in improving the supervision and counseling to food handlers, as well as for restaurant owners to provide hygiene and sanitation facilities for food handlers working in restaurants.

Key words: *Higiene, Sanitation, Food handlers*

I. INTRODUCTION

Health development in the period 2015-2019 is a healthy Indonesia program with the goal of improving the health status and nutritional status of the community through health efforts and community empowerment supported by financial protection and health service. The Port Health Office (KKP) is functionally carrying out supervision on restaurants in the port area. A restaurant is any commercial place where the scope of its activities provides food and drink in the place of business ^[1,2].

Food handlers are the energy that directly preparing, processing, packing, transporting until serving food. Food handlers have an important role in protecting food that will be consumed from food contamination caused by bad food handler behavior ^[3]. The hygiene factor on food handlers in popular terms is called personal hygiene is a procedure to maintain cleanliness in safe and healthy management. Clean living habits, clean work is very helpful in processing clean food in order to protect the safety of a food ^[4].

Contamination in the environmental health paradigm that occurs in foods and beverages can cause the food to become a medium for a disease. Diseases caused by contaminated food are called food borned diseases. According to WHO 2012, foodborne diseases such as diarrhea, dysentery, cholera and typhoid is a burden of public health problems. The disease claimed many victims in human life and caused death. Foodborne illness is one of the leading causes of death in developing countries and causes 1.9 million deaths per year at global level. Even in developed countries 1/3 of the population is infected with foodborne diseases ^[5].

The Centers for Disease Control and Prevention (CDC) estimates that every year in the United States, there are 1 from 6 people or 48 million ill people, 128,000 hospitalized, and 3,000 die from foodborne illness cases ^[6]. Results of Basic Health Research in 2013, foodborne diseases based on diagnosis of health personnel and respondent complaints consisting of typhoid 2.2%, hepatitis 1.2% and diarrhea 3.5%. This incident occurred in school-aged children (5-14 years), the incidence of diarrhea ranked the fifth largest after age group, toddlers and the elderly at 9.0%. Data from the Directorate and Counseling of Food Safety of the Republic of Indonesia POM showed that in 2009, the number of food poisoning victims was 7,815 people with 3,239 cases. In 2012 there were 11 cases of poisoning in West Sumatra ^[7].

The annual data of KKP Class II Padang in 2015 is known result of sanitation inspection of food processing place in work area of sea port that do not fulfill requirement of 33,3%. Compared with the annual data of KKP Class II Tanjungpinang in 2015 from the results of sanitation inspection of food processing place in the work area of sea port that does not meet the requirements of 0.02%. While the results of sanitation inspection of food processing place in Minangkabau International Airport area of all sanitation food processing place have fulfilled the requirement ^[8,9].

The preliminary survey conducted on 10 food handlers from 5 restaurants in the working area of KKP harbor II Class II Padang obtained the result that food handlers have not implemented work properly, it is seen that 80% of food handlers do not wash hands with soap before processing food, while 70% of the food handlers did not wear apron, 80% did not wear gloves in the feeding, 60% did not wear headgear as much as 50% of smoked food handlers while processing food, 60% of nails hand food handlers in long lounges and 30% food handlers do not cover the wound.

II. RESEARCH METHOD

The type of this research is analytic survey research with cross sectional design, that is an approach that is momentary at the time and not followed in a certain period of time, to know the relationship of behavior toward the application of hygiene hygiene at food handler at food processing place. This research was conducted at a restaurant in the working area of Health Office of Class II Port of Padang. The sample in this research is all food handlers in the working area of Sea Port of KKP Class II Padang amounted to 46 people from 16 Restaurants.

The data was collected from interview with respondent to know the relationship of behavior with the application of food hygiene hygiene such as the level of education, knowledge, attitude, and courses on food hygiene. To see the relationship between variables using chi square test with 95% confidence level and $\alpha = 0,05$. If the value of $p < 0.05$, meaning there is a significant relationship between the variables observed.

III. RESULT

Table 1. Frequency Distribution from Related Factors of Food Sanitation and hygiene

Variables	Frequency	Percentage (%)
Hygiene and Sanitation Food		
Not good	25	54,3
Good	21	45,7
Level of education		
Low	32	69,6
High	14	30,4
Knowledge		
Low	22	47,8
High	24	52,2
Attitude		
Negative	20	43,5
Positive	26	56,5
Hygiene and Sanitation Training		
Never	35	76,1
Ever	11	23,4

Based on table 1 shows the frequency distribution of each independent variable based on food sanitation and hygiene more than half food handlers have bad behavior as many as 25 respondents (54,3%) in applying food hygiene hygiene. Most of the 32 respondents (69.6%) food handlers have low education level. Less than half as many as 22 respondents (47.8%) food handlers have low knowledge. Less than half of the 43.5% food handlers have a negative attitude. mostly 76.1% of food handlers never participated in food hygiene sanitation training.

Table 2. Analysis Relationship Factors With Food Hygiene and Sanitation

Variabel Independen	Higiene Sanitasi Makanan				Jumlah		P-value
	Kurang Baik		Baik		f	%	
	f	%	f	%			
Level of education							
Low	20	87,0	3	13,0	23	100	0,00
High	5	21,7	18	78,3	23	100	
Knowledge							
Low	16	72,7	6	27,3	22	100	0,03
High	9	37,5	15	62,5	24	100	
Attitude							
Negative	21	75	7	25	28	100	0,010
Positive	10	37	17	63	27	100	
Hygiene and Sanitation Training							
Never	23	65,7	12	34,3	35	100	0,01
Ever	2	18,2	9	81,8	11	100	

Table 2 shows that the statistic test for educational level obtained p-value = 0.00, meaning that there is a significant relationship between education level and food sanitation and hygiene. For the level of knowledge obtained p-value = 0.03, meaning there is a significant relationship between the level of knowledge and food hygiene sanitation. For attitudes obtained p-value = 0.03, meaning there is a meaningful relationship between attitude with food sanitation and hygiene. For participation / courses obtained p-value = 0.01, meaning there is a significant relationship between attitude with health complaints. For the action obtained p-value = 0.000, meaning there is a significant relationship between the participation training with food sanitation and hygiene.

IV. DISCUSSION

Based on the results of research with bivariate analysis there is a significant relationship between the level of education with the application of food hygiene and sanitation by food handlers at the processing stage (p-value = 0.00). Research This is in line with research conducted by Yogo Widodo entitled Sanitation Food Processing Hygiene Relationship with the Presence of Escherichia coli at Warung Lamongan Kedungwuni Subdistrict Pekalongan Regency in 2009 showed that there was a case of serious deficiency caused by lack of education / knowledge by food handlers ^[10].

From the results showed there is no significant relationship between the level of knowledge with the behavior of food handler food processing stage in the application of food hygiene hygiene (p-value = 0.03). This result is in line with research conducted by Isnainy (2005) shows that there is a significant relationship between knowledge with the behavior of food handlers with p-value = 0.002 ^[11]. Based on the results of the analysis indicate the tendency of high food knowledge level of food handlers, the behavior of food handler food processing stage in the application of food hygiene and sanitation will also be good. Conversely, if the level of knowledge is low, then the behavior of food handlers in the application of food hygiene sanitation stage of food processing will be less good.

The result of the research shows that there is a significant relationship between attitude with food handler behavior in applying food hygiene and sanitation (p.value = 0,03). This research is in line with research conducted by Karlina (2010) in Jakarta stated that there is a significant relationship between attitude and behavior of food handler with p value = 0,043. In addition, the Meikawati (2010) research in Semarang also shows that there is a significant relationship between attitude and behavior of food handlers with p value = 0,017 ^[12]. Line with the theory of Allport in Notoadmodjo (2007) explains that attitude has 3 main components namely beliefs, ideas and concepts of an object or the tendency to act. These three components together form a complete attitude, in the determination of this intact attitude of thinking and emotional knowledge has an important role. Measurement of attitude can be done directly and indirectly and can be asked how the opinion of respondents to an object, in this case regarding the application of food hygiene food stage food processing.

The result of this research shows that there is a significant correlation between course / training participation with food sanitation hygiene (p.value = 0,03). The results of this study are in line with research conducted by Rahayu (2010) states that there is a relationship between training on food hygiene sanitation work with food hygiene sanitation practices. This is in line with the theory that training for workers is important to train workers in basic sanitation because nothing happens in the manufacture of food until the facility is clean. Workers must be serious, professional and dedicated in understanding the company's policies and their role in the organization. Training should continually focus on basic sanitation and the role of workers in maintaining food safety and hygiene.

V. CONCLUSION

It can be concluded that more than half of food handlers have poor hygiene practices in food processing. Most food handlers have low levels of education. Less than half of food handlers have low knowledge of the application of food hygiene and sanitation. Fewer than half of food handlers have a negative attitude about applying food hygiene hygiene. Most food handlers never participate in sanitation. And there is a significant relationship between education, knowledge, attitude and training with hygiene sanitation restaurant. It is suggested to the Institution to increase training / course or counseling activities for food handlers where the material is the treatment of cooked food, direct food protection measures, and the use of complete clothing when processing food, and increased supervision and coaching in restaurants around the working area of the agency.

Reference

1. Rencana Strategis Kementerian Kesehatan Tahun 2015-2019, No. HK.02.02/MENKES/52/2015 (2015).
2. Persyaratan hygiene sanitasi rumah makan dan restoran, no. 1098/MENKES/SK/VII/2003 (2003).
3. Adam YMNN. Pengetahuan dan perilaku hygiene tenaga pengolah makanan gizi di RSUD Dr. Karnujoso Djatiwibowo balikpapan tahun 2011.
4. Rudiyanto. Lingkungan sehat. Jakarta: Sunda Kelapa Pustaka; 2007.
5. Sutejo J. Pengaruh Pendidikan Kesehatan Tentang Penyakit Bawaan Makanan Terhadap Pengetahuan Ssiswa/I Kelas IV, V dan VI Mengenai Penyakit Bawaan Makanan Disekolah Dasar 060929 Medan Johor Tahun 2016: USU.
6. Thaheer H. Sitem manajemen HACCP. Jakarta: Bumi aksara; 2005.
7. Agustya SR. Faktor-Faktor yang Berhubungan dengan Penerapan Hygiene Sanitasi Makanan pada Tahap Pengolahan Dirumah Makan Wilayah Kerja Puskesmas Padang Pasir Tahun 2015. Padang: Universitas Andalas; 2015.
8. KKP Kelas II Padang. Laporan Tahun 2015.
9. KKP Kelas II Tanjungpinang. Laporan Tahun 2015.
10. Latudi R. Aspek Hygiene dan Sanitasi Makanan di Pasar Jajan Kota Gorontalo Tahun 2012. Kesehatan Masyarakat.
11. Perdana IM. Perilaku Penjamah Makanan Tentang Higiene dan Sanitasi Makanan di Kantin-Kantin Sekolah Wilayah Kerja Puskesmas Sronol Tahun 2005.
12. Deskripsi Lengkap Bibliografi. Skripsi. <http://tulis.uinjkt.ac.id/opac/themes/katalog/detail.jsp?id=100368&lokasi=lokal> <http://tulis.uinjkt.ac.id/opac/themes/katalog/detail.jsp?id=100368> &l okasi=l okal; 2010. Diakses 5 Agustus 2016.