

TOURIST PERCEPTION ABOUT INDIAN FOOD HYGIENE: AN OPPORTUNITY FOR INDIAN TOURISM ECONOMY

Durga Prasad Shukla

Asst. professor

Lovely Professional University

School of Hotel Management & Tourism

durga.sharad.shukla@gmail.com

Sugata Mukherjee

Asst. professor

Lovely Professional University

School of Hotel Management & Tourism

mukh.sugata@gmail.com

Abstract

The food processing zone is one of the largest industries in India in terms of production, consumption, export and expected growth. This sector really comprises many different sub-sectors like meat and meat processing industries, fruit and vegetable processing, grain processing, poultry and dairy industry, packaged foods, beverages, packed drinking water etc. Investigation of food was extremely focused in the capital city of country and most research focus was on commercial food operations specifically street food and microbiological safety with limited information from institutional catering and other renowned firms. Food safety and quality have been gaining extensive importance at the national and international level since enhanced food safety is key to developments to health and nutrition. Food safety, besides reducing cost of food borne diseases, enhances food security, increased trade, grows income generation and thus assists in poverty alleviation, raise living standard and stimulate economic development. The quality of food which reduce negative aspect such as spoilage, contamination, discoloration, etc., and improve helpful aspects of food, such as its colour, flavour or texture, that increase its value to consumers.

Key word- public health, food handlers, culinary tourism economy, tourist perception.

Introduction

India is an Asian Country with a land area of 3,287,590 km and the population of 1,315,933,492 the country is allocated in to 5 main regions east, north, northeast, south, west India, with Delhi as the capital city the food sector containing primary producers, food manufactures and processor which predominantly are of a small medium size enterprises, retailers and food vendors. The food acts in India including the food and drugs act 1940

which covers food safety and handling necessities and penalties for breaching the law. The existing hygiene values are not legally binding (ISA) India standard authority but are guidelines which the food industry can use to ensure.

The Food Safety Standards Authority of India (FSSAI) came into actuality under Food Safety and Standards Act, 2006. It explains a food business operator (FBO) as a person engaged in the business of food manufacturing, processing, packaging, transportation, distribution, storage, export and import, etc., and the possibility of definition includes food services, catering services and sale of food or food ingredients. The objective of FSSAI is to create available good quality food products for consumption irrespective of its origin. The food safety is the main concern besides sensory properties of the food. The foodborne outbreaks have been a thoughtful problem in the history of human kind. Therefore, to reach an appropriate level of protection for human health, consumer's interests, including fair observes in all kinds of food trade, FSSAI act was passed. It confirms the prevention of fraudulent, deceptive or unfair trade practices which may mislead or harm the customer with unsafe, contaminated or substandard food. It shall not relate to any farmer, fisherman, farming operations, crops, livestock, aquaculture and supplies used or made in farming, goods of crops produced by a farmer at farm level or a fisherman in his operations (FASSI, 2011). All the stated efforts are towards a step forward to lower the threat of food-borne diseases or outbreaks associated with food sector. The standard of food safety has enlarged in the last decades and political attention is shifting to other food-related difficulties such as obesity and unhealthy diets (Van Kreijl et al., 2006). The industrialised countries stated a persistent burden of food borne illness (Flint et al., 2005; Anonymous, 2007). The main landmark strategy in the food sector is overview of hazard analysis critical control point (HACCP) system (History of HACCP, 1959). The Pillsbury Company linked the programme as contractor to produce food for astronauts in 1959. The conception of HACCP was first presented to the public in the 1971, national seminar on food protection. At that time it was centred on three principles. HACCP-based ingredients and product specifications were finalized in 1975. In 1985, interest in HACCP was improved when a subcommittee of the Food Protection.

Observation

Food safety is the assurance that food will not affect harm to the customer when it is prepared or eaten according to its intended use. Food safety is well-read through several good practices

which area consequence of culture, history and lifestyle. These are concerned with decreasing the acute and chronic hazards that create food injurious to the health of consumers.

FOOD HYGIENE

Food Hygiene is the act taken to ensure the safety and appropriateness of food at all stages of the food chain. Proper food hygiene is essential to ensure that the food prepared/sold by trades is safe. Food safety and hygiene are important both to safeguard customer health and the reputation of food businesses.

FOOD POISONING

Food Poisoning is a common, often mild but at times very serious illness resulting from intake contaminated food or drink. The maximum symptoms are diarrhoea and/or vomiting, often accompanied by nausea (feeling sick) and stomach pain. The onset of symptoms is commonly sudden and may start within 2 hours of food intake but sometimes there may be an interval of few days. The illness normally lasts 1 or 2 days but sometimes can continue for a week or more.

Several contributory factors which may have led to this increase are:

- Further intensive methods for growing or rearing of primary products;
- Partial or full cooking of foodstuff before it reaches the consumer and as it proceeds along the supply chain breakdowns in temperature and general hygiene controls;
- More publics buying processed foods. They may not necessarily be conscious of the correct handling and storage processes;
- More people eating poultry which is additional prone to contamination; and
- The culture of eating out –poor standards in food processing and catering businesses can reason illnesses to large numbers of people.

Food and nutrition science, food and public health, food science and technology, journal of infection in developing countries, journal of urban health and Africa journal of food agriculture nutrition and development professional sites included world health organisation (WHO), India health service and oxford library. Media sources were used for individual case of food poisoning in homes, commercial and institutional setup. Data used range from 1999 to 2013.

| REPORT SAYS | | (SOURCE:- FSSAI) | | |
|-------------|---------------|------------------|-------------|--------------|
| STATE | SAMPLE TASTED | ADULTERATED | CONVICTIONS | PENALTIES |
| CHANDIGARH | 102 | 5 | NO MENTION | 5\1.5 LAKH |
| PUNJAB | 7860 | 1458 | 86 | NO MENTION |
| HARYANA | 989 | 105 | 6 | 1500\- |
| HP | 725 | 461 | 18 | 8.88 LAKH |
| J&K | 2462 | 621 | 243 | 19.76 LAKH |
| UTTARAKHAND | 1356 | 233 | 0 | 80\5.06 LAKH |

Risk perception

A numeral of studies has been directed to examine the types of travel risk and tourist risk perception. Perceived risk however varies from type of travel risk which is well-defined in the previous section. Mowen and Minor (1998) describe perceived risk as “a consumer’s perception of the overall negativity of a course of action built upon an assessment of the possible negative results and the likelihood that they will occur”. By stating to the definition, several researchers adopt the two-component model of risk perception, comprising the possibility of a loss occurring and the magnitude / seriousness of the loss when it has occurred. They measure risk either in scalar quantities from top to bottom in order to reflect perceptions (for example, Cox, 1967a), or in a 7-point, Likert-like scale, anchored at the ends with the relations ‘very unlikely’ and ‘very likely’ for probability, and ‘not at all’ and ‘very much’ for severity (Mitchell, 1998, Yeung and Yee, 2004). An additive model was commonly assumed combining probability of occurrence and seriousness of consequence to derive an estimate of total real risk (Lanzetta and Driscoll, 1968; Bettman, 1973; Cunningham, 1967a). From the latest marketing literature, Roselius (1971) proposes that the model of perceived risk is a multidimensional phenomenon with overall risk sectioned into various loss outcomes. He recognized four types of potential loss, namely hazard which is hazardous to health, money and time wasted for replacing the product, and harm of ego or self-esteem when the product fails. Yeung and Yee (2002) later supports that multi-dimensional investigation significantly develops the understanding of risk perception. Researchers spread out the concept by including other losses in their studies, variable from

the physical to the psychological, and from the useful to the political (e.g., Fuchs and Reichel 2004, 2006; Lepp and Gibson 2003; Mansfeld 1996; Pizam and Sussmann, 1999; Reisinger and Mavondo 2005; Roehl and Fesenmaier 1992; Sönmez and Graefe, 1998a, 1998b). Seven categories of perceived loss are recognized for measuring perceived risk. They are health loss, functional (not delivering benefits to customers), financial loss, time loss (taking too much time, and/or wasting time); social loss, psychological loss (reflecting poorly on personality/feeling of anxiety and fear of negative consequences), and satisfaction loss (not delivering satisfaction).

STREET FOOD

The consumption of foodstuffs by street resulted how these have go through the eating habits of man since ancient times. In fact, from the Roman times it was the custom of the public's consume, standing, quick meals at the typical "cauponae" and "tabernae". There were also street vendors on the streets selling bread, sausages and numerous other foods. The present meaning of street food has obviously changed compared to the past, but from what arises is increasingly greater desire to preserve the customs and typical, even in a culture that is in ferment and frenetic like today. By the passing and coming time to this day, due to the phenomenon of industrialization, of the growing employment of women, the reduction of the breaks at work, the growth in income of the population is seeing an increase request for street food because of the absence of the female figure in the kitchen home: eating out had converted to a mass need. The miracle of globalization and migration outcome in the mixing of many different ethnic groups, each of which brings its own cultures and traditions, particularly in the culinary field. Street food can be measured not only a phenomenon of fashion since the act of on the street is part of the mentality of the previous generations.

Clinical Borne Illness

Food safety the food and drugs authority (FDA) is a nationwide regulatory body under the ministry of health with the responsible of executing food polices and certifying the safety and wholesomeness of food for customers (FDA) Roles comprising food manufacturing and processing site inspection, licensing, product registration and monitoring and also deliver good hygiene Practise training for food handlers. Other sporting agencies comprising the ministry of health, ministry of health agriculture, Indian tourist board and the environment agency. The government of India is also set directives to the local authorities with metropolitan assemblies and their regions to actively control and monitor food safety practise

of food vendors. Who are individual or group of people who trade ready to eat food at readily accessible zones including caterers, night club, beer bars, chop bars, cold store, hotels and bistros operations.

Research Discursion

The food business is only as strong as its weakest connection in the food chain (Taylor, 2001). The food business in every nation whether developed or not stand to lose if all phases in the food chain are not motivated and strengthened to use food safety approaches. The importance of reducing hazards in food include reduced morbidity ,mortality and demands on healthcare services, a reduction in absences from education or harm of productivity at work and increased customer confidence in food safety (Food Standards Agency, 2011).

Good Hygiene Practices which are generally called Prerequisite measures to be available and enforced as the simple requirement for food industries and vendors. These comprise abolishment of the following process and facility design to satisfactory standards, personal hygiene of food handlers which consist of effective hand washing, use of protective clothing, reporting and proper management of infectious diseases including diarrhoea and vomiting, absence of jewellery/self-adornment throughout preparation and service etc., cleaning processes for both equipment and food surroundings, management, pest control, routine training programmes for staff, planned preventive maintenance and transport, dealer and raw material monitoring and control, process control and temperature monitoring (WHO/FAO, 2009).These when creates a safe and conducive environment for the processing and preparation of food.

HACCP is a more flexible. Industry particular food safety tool could be made a legal necessity for manufacturing and processing industries with a given period in which absence could be a breach of the state law. These will assistance to raise the standard of operations and practices of the food industry in India.

Small and Medium Size Enterprises (SMEs) support systems could be introduced by the Government's appropriate agencies and educational institutions to assistance them establish acceptable food safety management systems. Government and local authority's intervention in the form of free or subsidized training, developed food safety standards by (2008) stated to its use as contingent in addressing food safety constraints in the country. Rheinlander et al. (2008) stated the necessity to include good hand hygiene and cleanliness of kitchen facilities

and environment in training programmes as customers current risk avoidance strategy at presence of food, food stands and trustworthiness of food vendors were not sufficient to protect them from food borne diseases.

Conclusion

The study has aimed to define the factors effecting street food consumption of the tourists, so that Hotels and restaurants situated in tourist destinations can develop their marketing strategies according to the results. For example the hotels that serve tourists might be able to increase the influence of positive word of mouth by especially trying to satisfy married males and single females as these groups tend to have more trends to share their Indian food experiences with their friends and relatives. Food is also one of the greatest shared attributes in social media concentrating on these groups might progress effectiveness of marketing efforts. There are also significant changes among gender and marital status that the tourists who stay at 4- and 5-star hotels have less attention in Indian food consumption compared to 3-stars and below and/or boutique hotel guests. Consequently this outcome could be usefully to infer a tourist profile that has more tendencies to consume street food at a destination.

Another outcome derived from analysis of variances show that gender difference is a vital demographic factor influencing street food. Gender should be taken into consideration while emerging management strategies. For instance males tend to be more loyal and the findings prove that they exclusively get back to the destinations to try local food. Therefore food goes into a travel motivation for males and the females are additional concerned to collect information before their journeys accordingly managements can direct their advertisement targeted to female visitors.

This study is not free from limits first of all sample size is comparatively low. Therefore coming studies that collect data during different studies and which uses larger samples might offer more accurate outcomes. Rather than a convenience sample future studies might also use a stratified sample for comparable results between individuals and groups. It might also be interesting to recognize experiential dimensions of Indian food consumption of tourist in the future.

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