Applying Knowledge Management in Public Health Intervention: A Street Food Safety Perspective

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ABSTRACT

Street food safety (SFS) has become an emerging public health concern in most developing countries like Bangladesh. Interventions are trying to improve the sector; however, a lack of coordination and value co-creation between macro and micro-level stakeholders strongly impedes the achievement of long-term benefits. Therefore, community participation is needed to achieve a multi-stakeholder partnership (MSP) and community-based knowledge management (KM) for a successful intervention. The purpose of this study is to identify secondary school students as KM tools to facilitate knowledge management activities. The action research was conducted using community people in two major cities in Bangladesh. Based on the findings, students can act as KM tools who can facilitate coordination and value co-creation process. A conceptual framework has been proposed to understand the MSP and KM concepts where the integrated strategy of those two concepts not only develops a sustainable solution for the SFS system but also can be applied to many other public health issues in developing countries.

KEYWORDS

Intervention, Knowledge Management, Street Food Safety

1. INTRODUCTION

It is a challenge for a single entity like the government, a private organization, or a non-governmental organization (NGO) to deliver all the required expertise, knowledge, and credibility to develop innovative solutions for complex social and public health issues that are emerging worldwide (Lusch, Vargo, & Tanniru, 2010). In developing countries, many interventions are trying to improve public health behavior, policies, and services through health awareness, education, and campaigns. However, most of these interventions have shown poor progress in creating sustainable solutions. A lack of coordination and value co-creation among different stakeholders make their efforts ineffective (Mohapatra, 2016).

On the other hand, there is a significant gap between health knowledge and its proper implementation in the public health system. Moreover, in most public health interventions, the basic strategy of changing the health behavior of the community is top-down; in other words, there is an organizational approach (by the government or an NGO) to educate people and try to impose compliance with health regulations. This approach is not only top-down but also ad-hoc in most situations (Burgers and Boot, 1988; Scott et al., 2007).

Though a significant number of interventions have tried to improve public health and billions of dollars have been spent on public health research (Graham & Tetroe, 2007), there is little to no
opportunities to share community knowledge, personal experience, etc., between the micro-level population (the community) and macro-level stakeholders (NGOs, the government, policy makers) for creating sustainable systems, decisions, and policies (Newton & Scott-Findlay, 2007). Some program evaluations show that knowledge after an intervention may increase but will not result in a sustainable change in behavior (Favin et al., 2004).

Therefore, we have merged three concepts to create potentially sustainable strategies that could improve the public health behavior of a community after an intervention. The concepts are: strengthening coordination between different stakeholders through developing a multi-stakeholder partnership (MSP) (Nissen, Evald & Clarke, 2014), creating opportunities for the community to actively participate in decision-making, and implementing the theory of knowledge management to make community participation and value co-creation easier.

Knowledge management (KM) is a popular concept in organizational boundaries; however, it can be explored as a strategy that can solve public health issues by using the community as a substantial knowledge resource. The approach demonstrated in this paper is unique from other studies in two ways: Firstly, this paper emphasizes a community’s active participation in creating values for public health-related improvement activities. Secondly, this paper emphasizes the implementation of the KM concept, which has been successful in organizational boundaries but less visible at the community level.

Therefore, we studied how KM improves the effectiveness and sustainability of public health intervention. Though there are several emerging public health issues that account for the burden of diseases in society and each issue needs to be equally improved, this study specifically focuses on street food safety (SFS) in Bangladesh, where this issue is still a concern that needs an integrated approach.

Our specific objective is to use school students as KM tools that help the community by actively participating to enhance the value creation between the macro-level stakeholders (government, NGOs, and policymakers) and micro-level people (the community) in solving the health issues. To fulfill this objective, we generated three research questions: 1. What are the major social barriers that we need to focus on to achieve SFS? 2. How can those barriers be minimized through the MSP and KM concept? 3. How do we develop a conceptual model that can be useful in achieving the long-term outcome from public health interventions? The paper is divided into two major sections: first, explaining the issue, the concepts, and the importance of those concepts in relation to health issues, and second, detailing the concepts using study findings.

2. BACKGROUND

While being one of the major public health issues in developing countries, street food is also an important source of nutrients and daily dietary requirements at all levels of a population, especially low- and middle-income people, day labours, students, etc. Street food not only assures the food security for low-income urban people and the livelihood for vendors (Tavonga, 2014), but its unique flavour and convenience also sometimes attracts people regardless of income level (Ackah, 2011; Cross, 2007; Muzaffar, 2009). However, street food is mainly sold by vendors and hawkers whose level of knowledge and education on food handling, sanitation, hygiene, nutritional benefits, sources of contamination, environment, handwashing, and raw materials like water, etc. is not satisfactory (Barro 2006, Mensah, 2002). Nearly two-thirds (74%) of the member countries of the World Health Organization (WHO) have reported that street food is a significant part of their urban food supply (Fellows, 2015). It is, by definition, sold in public areas like school premises, commercial areas, near markets, bus stands, train stations, beaches, etc. (Simopoulos, 2000), and nearly 2.5 billion people consume street food globally every day. In Bangladesh, about 2.5 million people eat street food every day (FAO, 2007). This shows that a major portion of business opportunities exists in the street food industry in Bangladesh. The street food safety vending in Bangladesh has been shown in Figure 1.
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