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Prevalence of street food consumption among the day laborers in Dhaka, Bangladesh

A thesis report submitted to Department of Public Health of Daffodil International University for fulfillment of the degree titled Master in Public Health.

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Approval

This is certified that **Jannatul Ferdush** has completed this dissertation entitled “**Prevalence of street food consumption among the day laborers in Dhaka, Bangladesh**”, in partial fulfillment of the requirement for the Master Degree of Public Health, Department of Public Health, Daffodil International University, Dhaka, Bangladesh my supervision.



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I would like to acknowledge and thank all my teachers for their support, valuable suggestions, and constructive criticism throughout the study period and in the preparation of this dissertation.

Finally, I extend my heartfelt thanks to all the respondents who generously shared their time and insights, making this study possible.

Declaration

I hereby declare that the dissertation titled “**Prevalence of Street Food Consumption Among Day Laborers in Dhaka, Bangladesh**” has been conducted by me as part of the requirements for the Master of Public Health (MPH) program at the Faculty of Allied Health Sciences, Daffodil International University, Bangladesh. This research was completed under the guidance of **Associate Professor Dr. ABM. Alauddin Chowdhury** during the period from **July 2023 to October 2023**.



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Certification

This is to certify that **Jannatul Ferdush**, Student ID-211-41-1281 has carried out the research work as partial requirement of the degree under my supervision and submitted the dissertation entitled “**Prevalence of street food consumption among the day laborers in Dhaka, Bangladesh**”, I have the confidence regarding the originality of his data and I also express that the dissertation is up to my satisfaction.

Dedication

This research study and book are dedicated to our loving parents and respectable teacher who inspired us in all steps to achieve the Master in Public Health (MPH). We are also thankful to **Professor Dr. ABM. Alauddin Chowdhury** and Chairman of Daffodil International University for his initiative to set up this international standard of Public Health University for completing Master in Public Health.

Abstract

Introduction

Street food consumption is a pervasive aspect of urban life in Dhaka, Bangladesh, with day laborers constituting a significant demographic group reliant on these affordable and easily accessible food options. This article explores the prevalence of street food consumption among day laborers in Dhaka and its implications for their nutrition and health.

Methods

A descriptive type of cross-sectional study was conducted in Dhaka city from July 2023 to October 2023. A sample of day laborers were recruited from different areas of Dhaka, Bangladesh. The sample size was 340.

Results

The data reveals that 61.76% of respondents affirm that they do consume street food. 38.24% of respondents indicate that they do not partake in street food consumption. The prevalence of consuming street food is significantly associated with the respondent's level of education, household size and monthly household income.

Conclusion

This study sheds light on the prevalence of street food consumption among day laborers in Dhaka, emphasizing the importance of balancing affordability and convenience with nutritional quality and safety. Effective interventions are essential to ensure that this vital source of sustenance continues to benefit day laborers while safeguarding their well-being.

Table of Contents

Name of Contents	Page no.
Approval	i
Acknowledgement	ii
Declaration	iii
Certification	iv
Dedication	v
Abstract	vi
Table of Contents	vii
List of Tables	viii
List of Figures	ix
Chapter I: Introduction	
1.1 Background	
1.2 Problem statement	11
1.3 Rationale	12
1.4 Research question	13
1.5 Objective	14
1.6 Conceptual Framework	14
1.7 List of variables	15
Chapter II: Literature Review	
Literature Review	16-18
Chapter III: Methodology	
3.1 Study Type	19
3.2 Study Place	19
3.3 Study Duration	19
3.4 Sample Size	19
3.5 Data Collection	20
3.6 Data Analysis	20
3.7 Ethical Consideration	20
Chapter IV: Results	21-36
Chapter V: Discussion	37-42
Chapter VI: Conclusion	43
Recommendation	44
References	45-48
Annexure	49-55

List of Tables

Name of the Tables	Page No.
Table 01: Distribution of the respondents according to their age (n=340)	21
Table 02: Distribution of the respondents according to their religion (n=340)	22
Table 03: Distribution of the respondents according to their level of education (n=340)	23
Table 04: Distribution of the respondents according to their frequency of consuming street foods (n=210)	25-26
Table 05: Distribution of the respondents according to their money spent on street food (n=210)	26
Table 06: Distribution of the respondents according to the types of street food they consumed (Multiple responses) (n=210)	26-27
Table 07: Distribution of the respondents according to their motivations behind consuming street food (Multiple responses) (n=210)	27-28
Table 08: Distribution of the respondents according to their perceptions about the safety of street food (n=340)	28
Table 09: Distribution of the respondents according to their perceptions about challenges of eating street food in Dhaka (Multiple responses) (n=210)	28-29
Table 10: Distribution of the respondents according to their perceptions about health risks associated with eating street food (Multiple responses) (n=210)	29
Table 11: Distribution of the respondents according to their concern about the cleanliness and hygiene of street food vendors (n=210)	31
Table 12: Distribution of the respondents according to their belief about the street food vendor's precautions to prevent health risks (n=210)	31
Table 13: Distribution of the respondents according to their other perceptions and behavior regarding mitigating the health risks due to street food (n=210)	32-33
Table 14: Association of the prevalence of consuming fast food with the respondent's socio-demographic characteristics	35-36

List of Figures

Name of the Figures	Page No.
Figure 01: Distribution of the respondents according to their gender (n=340)	22
Figure 02: Distribution of the respondents according to their HH size, residence & monthly income (n=340)	23
Figure 03: Distribution of the respondents according to their behavior of consuming street food (n=340)	25
Figure 04: Distribution of the respondents according to their gastrointestinal discomfort (e.g., stomachache, diarrhea) after consuming street food (n=210)	30

Chapter I

Introduction

1.1 Background

Dhaka, the capital of Bangladesh, is a megacity with a population of over 20 million people. It is also a major transportation hub and industrial center and is home to many day laborers. Day laborers are people who work for daily wages, and they often have low incomes and limited access to safe and nutritious food. Street food is a popular and affordable option for day laborers in Dhaka. It is often sold in open-air stalls or carts, and it can be a convenient way to get a quick and cheap meal. However, street food can also be a source of foodborne illness. This is because it is often prepared and handled in unsanitary conditions, and it may contain harmful bacteria or viruses¹⁻³.

Street food plays a very important role in fulfilling the nutritional needs of the people living in Dhaka city. In developed countries, street foods are highly attractive as they are very difficult to prepare at home. Due to fast life, these people prefer eating street food more than home-made food. Moreover, the street foods are hygienic in those places and their physical environment is also favorable. But in Developing countries like Bangladesh, street foods are not preferred by the mass people as those foods are unhygienic and health hazardous. The environment is also not favorable due to very high dust in the air and on the street as well. Although people know that street foods are unhygienic, they prefer eating those foods due to habit and taste⁴⁻⁶.

In the bustling metropolis of Dhaka, Bangladesh, the daily life of its inhabitants is intimately intertwined with the vibrant street food culture that permeates its streets. The sizzling sounds, tantalizing aromas, and bustling crowds around street food vendors have become an integral part of the city's identity. Amidst this dynamic backdrop, a particular segment of the population stands out - the day laborers. Representing a significant portion of Dhaka's workforce, these individuals navigate the city's informal labor sector, often facing challenging working conditions and economic uncertainty⁷⁻⁸. Within this context, the study titled "Prevalence of Street Food Consumption among the Day Laborers in Dhaka, Bangladesh" seeks to explore the nuanced relationship between the day laborers and the consumption of street food.

1.2 Problem statement

The prevalence of street food consumption in Dhaka has garnered attention due to its multifaceted implications for public health, nutrition, and social dynamics. This phenomenon becomes more intriguing when viewed through the lens of the day laborers- a socioeconomically vulnerable group that plays an essential role in the city's functioning. Despite their economic challenges, day laborers can be observed frequently partaking in street food, raising questions about the motivations driving this consumption pattern, as well as the potential consequences it holds.

This study aims to address the following key questions:

Prevalence and Patterns

- What is the prevalence and frequency of street food consumption among day laborers in Dhaka?
- What are the common types of street foods they prefer, and are there specific times or occasions that drive their consumption?

Motivations and Factors

- What are the underlying motivations for day laborers to choose street food?
- How do economic constraints, convenience, taste preferences, and sociocultural factors influence their dietary choices?

Nutritional Implications

- What is the nutritional profile of the street foods commonly consumed by day laborers?
- How do their dietary patterns impact their overall nutritional status and health?

Social Dynamics

- How does street food consumption among day laborers influence social interactions and community bonding?
- Are there specific communal spaces or practices related to street food that foster a sense of belonging?
-

1.3 Rationale

The significance of understanding the prevalence and motivations behind street food consumption among day laborers in Dhaka is multi-fold and encompasses various dimensions - public health, nutrition, sociology, and economics. This study's rationale stems from the following justifications:

- Street food is often associated with issues related to food safety and hygiene. Investigating the dietary choices of day laborers in Dhaka will shed light on the potential health risks they face due to their consumption habits. Moreover, it will contribute to identifying potential avenues for nutritional interventions to improve their overall well-being.
- Day laborers form a crucial segment of Dhaka's labor force, contributing significantly to the city's economic activities. Understanding their street food consumption patterns can provide insights into their spending habits, financial priorities, and strategies for coping with economic challenges.
- Street food consumption is deeply embedded in the cultural fabric of Dhaka, serving as a symbol of communal interactions and shared experiences. Exploring the role of street food in fostering social connections among day laborers can provide insights into the broader sociocultural dynamics within this demographic.
- Findings from this study can inform policymakers about the specific needs and challenges faced by day laborers in terms of their dietary choices. This information can guide the development of targeted interventions aimed at improving their access to healthier food options and enhancing their overall quality of life.

1.4 Research question

What is the prevalence of street food consumption among the day laborers in Dhaka, Bangladesh?

1.5 Objective

General objective

To investigate the prevalence of street food consumption among day laborers in Dhaka, Bangladesh.

Specific objectives

1. Determine the prevalence of street food consumption among day laborers in Dhaka, Bangladesh.
2. Identify the factors that are associated with street food consumption among day laborers in Dhaka, Bangladesh.
3. Assess the health risks associated with street food consumption among day laborers in Dhaka, Bangladesh.

1.6 Conceptual framework

The conceptual framework for this study is grounded in the Health Belief Model (HBM). The HBM is a theoretical framework that explains how individuals' beliefs about their health can influence their health-related behaviors. The model is built around several key constructs:

Perceived susceptibility: This is the person's belief that they are susceptible to health problems.

Perceived severity: This is the person's belief that the health problem is serious.

Perceived benefits: This is the person's belief that healthy behavior will be effective in reducing the risk of health problems.

Perceived barriers: This is the person's belief that there are obstacles to performing healthy behavior.

Cues to action: These are factors that prompt the person to take action to reduce their risk of the health problem.

1.7 List of variables

Socio-demographic variables

1. Age
2. Gender
3. Religion
4. Level of education
5. Household size
6. Residence type
7. Monthly income

Street food consumption-related variables

1. Consumption pattern
2. Frequency
3. Types of street food
4. Motivation

Health risks-related variables

1. Challenges of eating street food
2. Health risks
3. Disease experience
4. Concern about cleanliness and hygiene
5. Perception about street foods.

Chapter-II

2.1 Literature Review

Street food is a popular and affordable option for many people around the world, especially in developing countries. In Dhaka, Bangladesh, street food is a major part of the food culture and is consumed by people of all socioeconomic backgrounds. However, street food can also be a source of foodborne illness. This is because it is often prepared and handled in unsanitary conditions, and it may contain harmful bacteria or viruses. The study titled "Prevalence of street food consumption among the day laborers in Dhaka, Bangladesh" was conducted to assess the prevalence of street food consumption among day laborers in Dhaka, and to identify the factors that are associated with street food consumption. The study found that the prevalence of street food consumption among day laborers was high, with over 80% of respondents reporting that they consumed street food at least once a week. The study also found that the factors that were most associated with street food consumption were low income, lack of access to safe and nutritious food, and long working hours⁹⁻¹¹. There is a growing body of literature on the prevalence of street food consumption and its associated health risks. A study conducted in India found that the prevalence of street food consumption among day laborers was 77%. The study also found that street food consumption was associated with a higher risk of foodborne illness. Another study conducted in Vietnam found that the prevalence of street food consumption among day laborers was 90%. The study also found that street food consumption was associated with a higher risk of diarrhea, vomiting, and abdominal pain. These studies suggest that street food consumption is a major public health issue in developing countries. Day laborers are at a particularly high risk of foodborne illness due to their low income, lack of access to safe and nutritious food, and long working hours¹²⁻¹⁴.

Dhaka's urban landscape is characterized by its informal labor sector, wherein day laborers play a crucial role. Engaged in various manual and unskilled jobs, these individuals form a significant segment of the city's workforce. Existing literature suggests that day laborers often face challenging working conditions, irregular income, and limited access to social services. As a result, their dietary choices are influenced by economic constraints, where affordability and convenience play pivotal

roles. Street food, with its low cost and accessibility, becomes an attractive option for meeting nutritional needs amidst financial uncertainty. According to different literature, several factors are associated with street food consumption. People with low incomes are more likely to consume street food because it is a more affordable option than eating at restaurants or cooking at home. People who do not have access to safe and nutritious food are more likely to consume street food. This is often the case in developing countries where there is a lack of infrastructure for food production and distribution. People who work long hours are more likely to consume street food because it is a convenient option. Some people simply prefer the taste of street food. Street food is often eaten in social settings, such as with friends or family. This can be a motivating factor for some people to consume street food¹⁵⁻¹⁶.

Street food has transcended its utilitarian role to become a symbol of cultural identity and social interaction. Dhaka's bustling street corners are transformed into vibrant gastronomic hubs, fostering a sense of community and shared experience. A study by Hashem et al. (2019) emphasizes how street food consumption serves as a cultural bridge, connecting individuals from diverse backgrounds and facilitating cross-cultural exchange. This communal dimension of street food resonates particularly with day laborers, offering them an opportunity to momentarily escape their occupational challenges and engage in a shared cultural practice¹⁷⁻¹⁸.

Numerous factors intertwine to shape the prevalence of street food consumption among day laborers in Dhaka. Affordability emerges as a recurring theme, with the affordability of street food being a key driver of consumption. Street food's economic accessibility aligns with the financial realities of day laborers, making it a viable option for meeting their nutritional needs. The convenience of street food, allowing for on-the-go consumption amidst their demanding work schedules, further cements its popularity. Social influences also play a substantial role in shaping dietary choices. Peer pressure and social norms are highlighted as factors that impact day laborers' decisions to consume street food. The communal act of eating together with coworkers or fellow laborers strengthens social bonds and cultivates a sense of camaraderie. In this regard, street food consumption acts as a catalyst for building social networks and collective identities within the labor community¹⁹⁻²³.

While street food consumption offers convenience and affordability, it is not without health risks. Street food vendors often operate in unregulated conditions, raising concerns about hygiene and food safety. Studies have documented instances of foodborne illnesses among street food consumers in Dhaka, attributing them to poor sanitation practices. Additionally, the nutritional content of street food is a cause for concern. The prevalence of energy-dense, nutrient-poor options may contribute to

diet-related health issues, especially among day laborers who rely heavily on street food for sustenance²⁴⁻²⁵.

Street food can be a source of foodborne illness. This is because it is often prepared and handled in unsanitary conditions, and it may contain harmful bacteria or viruses. The most common foodborne illnesses associated with street food are diarrhea, vomiting, and abdominal pain. These illnesses can be serious, especially in young children, the elderly, and people with underlying health conditions. Street food is often low in nutrients and high in calories, fat, and sodium. This can lead to nutritional deficiencies, such as iron deficiency anemia. Some people may have allergic reactions to certain foods, such as peanuts or shellfish. These reactions can be serious, and even fatal. Food poisoning is a serious illness that can cause vomiting, diarrhea, and abdominal pain. It can be caused by bacteria, viruses, or parasites²⁶⁻²⁸.

While existing literature provides valuable insights into the prevalence of street food consumption among day laborers in Dhaka, there remain gaps that warrant further exploration. Comprehensive studies investigating the nutritional profile of commonly consumed street foods and their impact on the health of day laborers are sparse. Moreover, interventions that address the dual challenge of improving street food safety while ensuring nutritional adequacy are essential to the well-being of this vulnerable population. The literature surrounding the prevalence of street food consumption among day laborers in Dhaka underscores the intricate interplay of economic, cultural, and health-related factors that shape their dietary choices. As Dhaka's street food culture continues to evolve, the importance of understanding its implications for the well-being of day laborers becomes ever more critical. This literature review serves as a foundation for the study, offering insights into the existing research landscape and highlighting the need for further investigation into this complex and multidimensional topic²⁹⁻³².

Chapter-III

Methodology

3.1 Study type

This study was a descriptive type of cross-sectional study.

3.2 Study place

The study was conducted in Dhaka city. A sample of day laborers were recruited from different areas of Dhaka, Bangladesh.

3.3 Study duration

The duration of the study was four months from July 2023 to October 2023.

3.4 Sample size

The Sample size was calculated by using the following formula- $n = z^2pq/d^2$

Here,

n = desired sample

z = standard normal deviate= 1.96, corresponding to a 95 percent confidence interval

p = 67% = 0.67 (Street food eating habits in Bangladesh: A study on Dhaka city., Int. Journal of Management and Development Studies 6(9): 49-57 (2017))

q = 1-0.67 = 0.33

d = 0.05

So, $n = z^2pq/d^2$

$$= \frac{1.96 \times 1.96 \times 0.67 \times 0.33}{0.05 \times 0.05} = 339.75 \approx 340$$

So, the total sample size was 340.

3.5 Data collection

- Data was collected through face-to-face interviews.
- The participants were interviewed about their demographic, socioeconomic, and health beliefs.
- They were also asked about a few health risk-related questions to identify the health risks of them.

3.6 Data analysis

- The data was analyzed using descriptive statistics and multivariate analyses.
- The descriptive statistics were used to summarize the prevalence of street food consumption and the factors that are associated with it.
- The multivariate analyses were used to identify the factors that are associated with street food consumption among day laborers.

3.7 Ethical considerations

- This study was conducted following the ethical guidelines of the Faculty of Allied Health Sciences of Daffodil International University.
- All participants were informed about the study and they gave their verbal consent before participating.
- The data was kept confidential and used only for this study.

Chapter IV

Results

This section of the results provides a breakdown of respondent demographics and characteristics based on their responses to specific questions. It offers insights into the distribution of various characteristics such as age, gender, religion, education level, family size, residence type, and monthly income. These demographic insights help contextualize the responses to the survey questions and provide a deeper understanding of the data collected.

Table 01: Distribution of the respondents according to their age (n=340)

Age group	No. of respondents (f)	Percentage (%)
<18 years	56	16.39
18 to 30 years	157	46.32
Above 30 years	127	37.29
Total	340	100.00
Mean $\pm$ SD	24.76 $\pm$ 5.12	

Table 01 provides a comprehensive summary of the distribution of respondents based on different age groups, accompanied by their corresponding percentages. There are 56 respondents (16.39%) who fall within the age group of less than 18 years. The majority of respondents, 157 individuals (46.32%), fall within the age range of 18 to 30 years. Another significant group of 127 respondents (37.29%) is above the age of 30. The calculated mean age of all respondents is 24.76 years, indicating the average age of the participants. The associated standard deviation (SD) is 5.12, reflecting the degree of dispersion of individual ages around the mean.

Figure 01: Distribution of the respondents according to their gender (n=340)

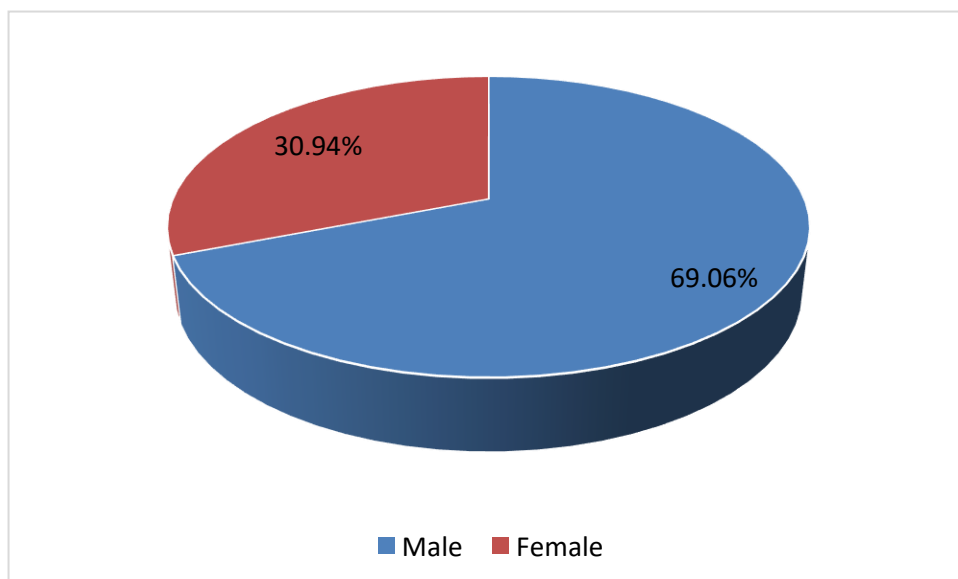


Figure 01 presents a breakdown of the distribution of respondents based on their gender. The data is organized into two categories: "Male" and "Female." Each category is accompanied by the respective count of respondents and the percentage of the total respondents that fall under that gender category. 235 respondents identify as male, constituting 69.06% of the total respondents. On the other hand, 105 respondents identify as female, making up 30.94% of the total respondents.

Table 02: Distribution of the respondents according to their religion (n=340)

Religion	No. of respondents (f)	Percentage (%)
Islam	319	93.87
Hinduism	18	5.26
Others	3	0.87
Total	340	100.00

Table 02 presents an overview of the religious affiliations of the surveyed respondents, indicating the count of respondents for each religion and their corresponding percentages. Additionally, it provides a total count of respondents and their religious preferences. The table indicates that the majority of respondents, specifically 319 individuals, identify with the religion of Islam. This constitutes a significant portion of 93.87% of the total respondents. A smaller group of respondents, 18 individuals, identify with Hinduism, accounting for 5.26% of the total respondents. A further subset

of respondents, numbering 3 individuals, were associated with religions other than Islam and Hinduism. This category represents a minor percentage of 0.87% of the total respondents.

Table 03: Distribution of the respondents according to their level of education (n=340)

Level of education	No. of respondents (f)	Percentage (%)
No formal education	93	27.38
Primary	169	49.69
Secondary	60	17.60
Higher than secondary	18	5.33
Total	340	100.00

Table 03 provides a comprehensive overview of the distribution of respondents based on their educational levels. It presents the count of respondents for each educational category and the corresponding percentages. Additionally, the table offers a total count of respondents included in the analysis. Among the respondents, 93 individuals (27.38%) have not received any formal education. A significant proportion of respondents, specifically 169 individuals (49.69%), have completed primary education. A group of 60 respondents (17.60%) have achieved secondary education. A smaller subset of respondents, numbering 18 individuals (5.33%), have pursued education beyond the secondary level.

Figure 02: Distribution of the respondents according to their HH size, residence & monthly income (n=340)

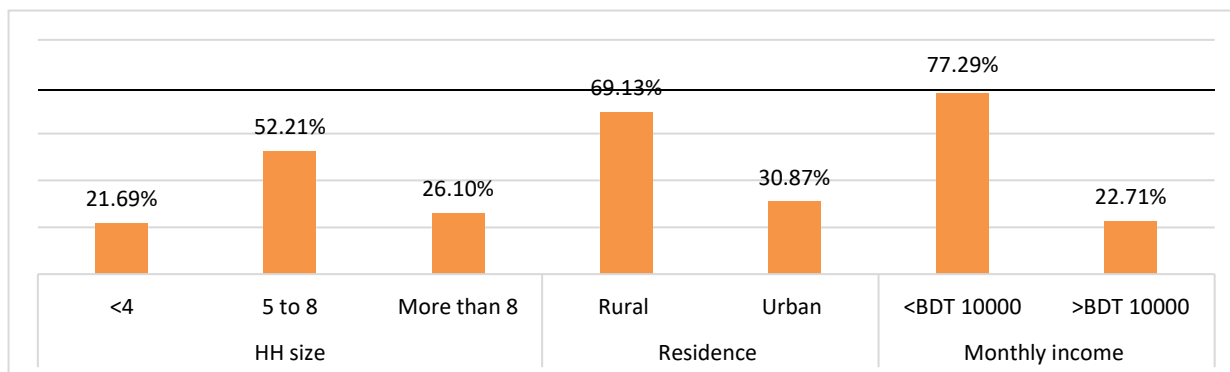


Figure 02 succinctly captures the essential demographic and socioeconomic characteristics of the surveyed respondents. It provides insights into the distribution of family sizes, indicating variations in family structures, the balance between rural and urban residency among respondents, and the income

distribution reflects the majority of respondents having a monthly income below BDT 10,000. A total of 74 respondents (21.69%) report having less than four members in their families. A larger group of 178 respondents (52.21%) have family sizes ranging from five to eight members. Another subset of respondents, numbering 89 individuals (26.10%), have families with more than eight members. A total of 235 respondents (69.13%) report residing in rural areas. The remaining 105 respondents (30.87%) indicate living in urban settings. A significant majority of respondents (77.29%) report a monthly income of less than BDT 10,000. A smaller proportion of respondents (22.71%) have a monthly income exceeding BDT 10,000.

This section provides a comprehensive overview of respondents' behaviors, preferences, and perceptions regarding the consumption of street food. It is structured according to different questions from a survey, presenting the response categories, the frequency of responses (f), and the corresponding percentages (%).

Figure 03: Distribution of the respondents according to their behavior of consuming street food (n=340)

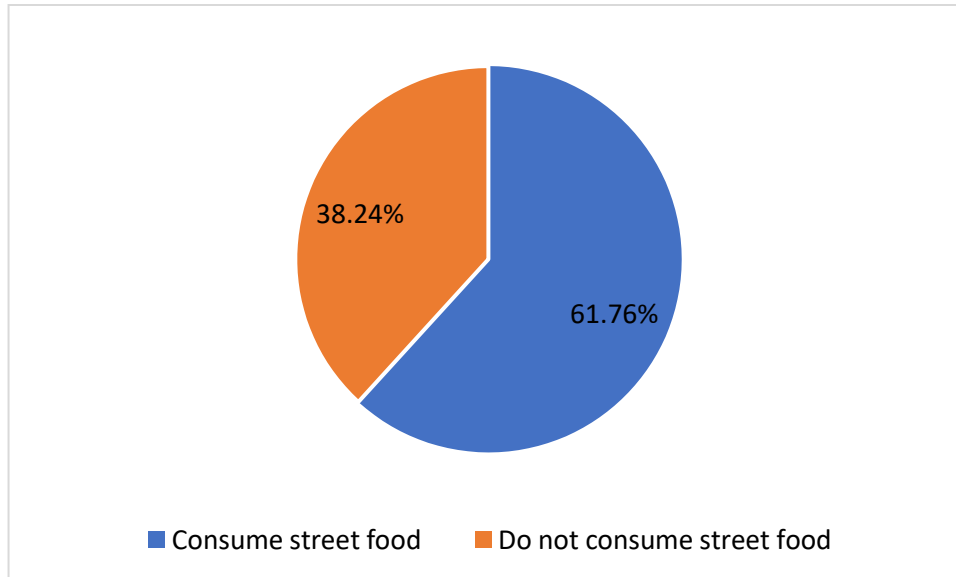


Figure 03 shows the distribution of the respondents according to their behavior of consuming street food. This probes whether respondents consume street food or not. The data reveals that 61.76% of respondents affirm that they do consume street food. 38.24% of respondents indicate that they do not partake in street food consumption. This insight immediately gives a sense of the prevalence of street food consumption within the surveyed population.

Table 04: Distribution of the respondents according to their frequency of consuming street foods (n=210)

Frequency	No. of respondents (f)	Percentage (%)
2-3 times per month	12	5.87
Once a week	13	6.04
2-3 times per week	30	14.08
Nearly every day	66	31.66
Every day	89	42.35

Total	340	100.00
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Table 04 shows the distribution of the respondents according to their frequency of consuming street foods. The result shows that a minority, 5.87%, consume street food 2-3 times per month. A similar proportion, 6.04%, consume it once a week, 14.08% enjoy street food 2-3 times per week, and a significant 31.66% indulge almost every day. An even larger 42.35% consume street food every single day. This spectrum offers a comprehensive view of the frequency at which respondents engage with street food.

Table 05: Distribution of the respondents according to their money spent on street food (n=210)

Money spent	No. of respondents (f)	Percentage (%)
<BDT 500	21	10.17
BDT 500 to 1000	109	51.84
>BDT 1000	80	37.99
Total	340	100.00

Table 05 represents the distribution of the respondents according to their money spent on street food. The result shows that 10.17% of respondents spend less than BDT 500 on street food. The majority, 51.84%, allocate between BDT 500 and 1000. 37.99% invest more than BDT 1000 on street food. These statistics shed light on the spending patterns of those who consume street food.

Table 06: Distribution of the respondents according to the types of street food they consumed (Multiple responses) (n=210)

Types of street food	No. of respondents (f)	Percentage (%)
Fruits	10	4.89
Juice	17	7.91
Cooked food	108	51.30
Sweets	35	16.43
Biscuits	11	5.18
Cake	17	7.95
Savory snacks	72	34.48

Others	139	66.21
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Table 06 shows the distribution of the respondents according to the types of street food they consumed. The results show diverse preferences. Options include fruits, juice, cooked food, sweets, biscuits, cake, savory snacks, and "Others". A substantial 66.21% of respondents fall within the "Others" category, revealing the multitude of street food varieties enjoyed. This diversity of preferences highlights the wide range of culinary choices among street food consumers. The data reveals that 10 respondents (4.89%) have a preference for consuming fruits as their street food choice. A slightly larger group of 17 respondents (7.91%) opted for juice as their street food option. A significant majority, 108 respondents (51.30%), favor cooked food as their street food preference. Among the surveyed individuals, 35 respondents (16.43%) gravitate towards sweets when consuming street food. A smaller group of 11 respondents (5.18%) chose biscuits as their street food selection. Similarly, 17 respondents (7.95%) have a preference for cake as their street food of choice. A substantial number, of 72 respondents (34.48%), opt for savory snacks when indulging in street food. The "Others" category holds the largest percentage, with 139 respondents (66.21%), indicating that they prefer street foods not explicitly mentioned in the given categories.

Table 07: Distribution of the respondents according to their motivations behind consuming street food (Multiple responses) (n=210)

Motivations	No. of respondents (f)	Percentage (%)
Affordability	136	64.71
Convenience and accessibility	46	21.78
Taste and flavor	42	20.20
Familiarity with street food	15	7.01
Others	28	13.39

Table 07 shows the distribution of the respondents according to their motivations behind consuming street food. The result shows that 64.71% are motivated by affordability, 21.78% are driven by convenience and accessibility, 20.20% are enticed by taste and flavor, 7.01% consider familiarity with street food as motivation, and 13.39% provide other motivations. This comprehensive range of

motivations illuminates the factors that influence individuals' street food consumption habits.

Table 08: Distribution of the respondents according to their perceptions about the safety of street food (n=340)

Perceptions	No. of respondents (f)	Percentage (%)
Yes, always	79	23.09
Yes, sometimes	64	18.89
No, never	80	23.61
Not sure	117	34.41
Total	340	100.00

Table 08 shows the distribution of the respondents according to their perceptions about the safety of street food. The findings reveal that 23.09% believe street food is safe to eat always, 18.89% think it is safe sometimes, 23.61% believe street food is never safe, and 34.41% are unsure about its safety. This diversity of perspectives reflects varying levels of trust and concern regarding the safety of street food.

This section presented a comprehensive insight into respondents' perceptions, experiences, and behaviors related to street food consumption and health risks in Dhaka. Each question is meticulously structured, with response categories and the corresponding frequencies (f) and percentages (%) provided.

Table 09: Distribution of the respondents according to their perceptions about challenges of eating street food in Dhaka (Multiple responses) (n=210)

Perceptions	No. of respondents (f)	Percentage (%)
Hygiene concerns	73	34.82
Lack of cleanliness	46	21.79
Foodborne illnesses	84	40.11

Limited food options	80	38.06
Other	34	16.29

Table 09 shows the distribution of the respondents according to their perceptions about the challenges of eating street food in Dhaka. Respondents were asked about the challenges they associate with eating street food in Dhaka. The data reveals that 34.82% of respondents express hygiene concerns when consuming street food, 21.79% cite lack of cleanliness as a challenge, 40.11% cite concerns about foodborne illnesses, 38.06% feel that the variety of food options is limited and 16.29% indicate other challenges not covered by the provided options. This data captures a range of challenges that respondents associate with consuming street food in Dhaka.

Table 10: Distribution of the respondents according to their perceptions about health risks associated with eating street food (Multiple responses) (n=210)

Perceptions	No. of respondents (f)	Percentage (%)
Food poisoning	82	39.08
Gastrointestinal infections	48	22.87
Contamination from unclean water	53	25.01
Poor food handling practices	38	18.16
Other	40	19.12

Table 10 shows the distribution of the respondents according to their perceptions of health risks associated with eating street food. Respondents were asked about health risks related to consuming street food. The responses indicate that 39.08% consider food poisoning a health risk, 22.87% associate gastrointestinal infections with street food consumption, 25.01% perceive contamination from unclean water as a risk, 18.16% mention poor food handling practices as a concern and 19.12% identify other health risks beyond the provided options. This information provides insights into the diverse health risks that respondents associate with consuming street food.

Figure 04: Distribution of the respondents according to their gastrointestinal discomfort (e.g., stomachache, diarrhea) after consuming street food (n=210)

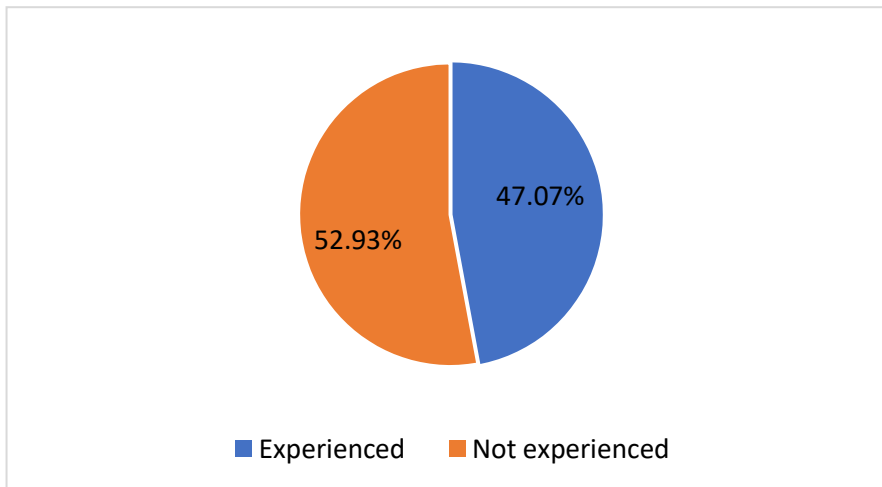


Figure 04 shows the distribution of the respondents according to their gastrointestinal discomfort (e.g., stomachache, diarrhea) after consuming street food. Respondents were asked whether they had experienced gastrointestinal discomfort after consuming street food. The data shows that 47.07% of respondents have experienced gastrointestinal discomfort and 52.93% of respondents have not experienced such discomfort. This insight reflects the prevalence of gastrointestinal discomfort experienced by a portion of the respondents.

Table 11: Distribution of the respondents according to their concern about the cleanliness and hygiene of street food vendors (n=210)

Concern	No. of respondents (f)	Percentage (%)
Extremely concerned	6	2.98
Moderately concerned	45	21.23
Slightly concerned	57	27.12
Not concerned at all	102	48.67
Extremely concerned	6	2.98
Total	210	100.00

Table 11 shows the distribution of the respondents according to their concerns about the cleanliness and hygiene of street food vendors. Respondents were questioned about their level of concern regarding the cleanliness and hygiene of street food vendors. The responses indicate that 2.98% are extremely concerned, 21.23% are moderately concerned, 27.12% are slightly concerned and 48.67% are not concerned at all. These responses convey a spectrum of attitudes towards the cleanliness and hygiene of street food vendors.

Table 12: Distribution of the respondents according to their belief about the street food vendor's precautions to prevent health risks (n=210)

Belief	No. of respondents (f)	Percentage (%)
Yes, always	44	20.75
Sometimes	67	31.87
No, never	99	47.38
Total	210	100.00

Table 12 shows the distribution of the respondents according to their belief about the street food vendor's precautions to prevent health risks. Respondents were asked whether they believe street food vendors take sufficient precautions to prevent health risks. The data reveals that 20.75% believe vendors always take sufficient precautions, 31.87% believe vendors take precautions sometimes and 47.38% do not believe vendors take sufficient precautions. This information portrays the varying perceptions regarding the precautions taken by street food vendors.

Table 13: Distribution of the respondents according to their other perceptions and behavior regarding mitigating the health risks due to street food (n=210)

Variables	Response	No. of respondents (f)	Percentage (%)
How often do you consider the cleanliness of the street food vendor's preparation area before deciding to buy food?	Always	25	11.98
	Often	44	21.18
	Rarely	56	26.48
	Never	85	40.36
Are you more likely to consume street food during peak hours when the turnover of food is higher?	Yes, because fresher food is available	28	13.42
	No, it doesn't matter to me	141	67.32
	No, because higher turnover might not ensure safer food	40	19.26
Are you more likely to consume street food from vendors located in crowded areas?	Yes, because higher footfall indicates fresher food	30	14.08
	No, it doesn't matter to me	137	65.33
	No, because crowded areas might compromise hygiene	43	20.59
Have you ever received information about the health risks associated with street food from health authorities or public campaigns?	Received	33	15.63
	Not received	177	84.37
Would you be willing to change your street food consumption habits if you were provided with more	Yes, I would consume less	41	19.70
	Yes, I would be more cautious about where I buy from	100	47.71
	No, I would continue	68	32.59

information about health risks?	consuming as before		
Would you be willing to pay slightly higher prices for street food if it came with a guarantee of better hygiene and safety?	Yes, definitely	15	7.01
	Maybe, depending on the increase in price	116	55.41
	No, I prefer cheaper options	79	37.58

Table 13 shows the distribution of the respondents according to their other perceptions and behavior regarding mitigating the health risks due to street food. Respondents were queried about how often they consider the cleanliness of the vendor's preparation area before purchasing street food. The data indicates that 11.98% always consider cleanliness, 21.18% often consider cleanliness, 26.48% rarely consider cleanliness, and 40.36% never consider cleanliness. This data provides insights into how often respondents take cleanliness into account before making a purchase. A total of 13.42% are more likely to consume street food during peak hours for fresher options, 67.32% are not influenced by peak hours, and 19.26% are less likely to consume street food during peak hours due to safety concerns. This information portrays the varying behaviors and motivations related to consuming street food during peak hours. Among all, 14.08% prefer crowded areas for fresher food, 65.33% are indifferent to vendor location, and 20.59% avoid crowded areas due to hygiene concerns. This insight provides an understanding of the factors influencing vendor location preferences. A total of 15.63% have received such information, and 84.37% have not received health risk information. This data highlights the reach of health risk information to respondents. A total of 19.70% would consume less street food, 47.71% would be more cautious about where they buy from, and 32.59% would continue consuming as before. This insight offers a glimpse into how information may impact consumption habits. When asked if they would be willing to change their street food consumption habits with more information about health risks, 19.70% of respondents would choose to consume less street food if they were provided with additional information about the health risks associated with it. A larger portion, 47.71%, would opt to be more cautious about where they purchase street food. 32.59% of respondents indicated that they would continue consuming street food as they did before, even with the additional health risk information. This data illustrates that a substantial portion of respondents are open to modifying their street food consumption habits when presented with more information

about health risks. The majority prefer to exercise caution in their choices. In terms of the willingness to pay slightly higher prices for street food if it guarantees better hygiene and safety, 7.01% of respondents express a definite willingness to pay higher prices for street food with improved hygiene and safety assurances. A significant 55.41% would consider paying higher prices, but their decision depends on the extent of the price increase. 37.58% of respondents prefer to stick with cheaper options, even if it means forgoing guarantees of better hygiene and safety. This data highlights that a notable portion of respondents are open to the idea of paying more for street food if it ensures improved hygiene and safety. The majority are willing to consider this option, with their willingness contingent on the degree of price increase. However, a substantial portion remains committed to budget-friendly choices, prioritizing affordability over enhanced safety measures.

Table 14: Association of the prevalence of consuming fast food with the respondent's socio-demographic characteristics

Socio-demographic variables	No. of respondents (f)	Prevalence of consuming street food		P value
		Consume street food (210)	Do not consume street food (130)	
Age group				
<18 years	56	34	22	0.056
18 to 30 years	157	112	45	
Above 30 years	127	64	63	
Gender				
Male	235	149	86	0.062
Female	105	61	44	
Religion				
Islam	319	196	123	0.057
Hinduism	18	12	6	
Others	3	2	1	
Level of education				
No formal education	93	74	19	0.036
Primary	169	94	75	
Secondary	60	33	27	
Higher than secondary	18	9	9	
Household size				
<4	74	34	40	0.041
5 to 8	178	112	66	
More than 8	89	64	25	
Residence				
Rural	235	146	89	0.053
Urban	105	64	41	
Monthly household income				

<BDT 10000	263	192	71	0.024
>BDT 10000	77	18	59	

Table 14 provides valuable insights into the relationship between various socio-demographic variables and the prevalence of consuming street food among respondents. The data show whether there are statistically significant associations (as indicated by the P-values) between these variables and street food consumption. In the "Age Group" category, respondents are divided into three groups: <18 years, 18 to 30 years, and above 30 years. The P-value for the age group (0.056) suggests a moderate association but does not reach the threshold of statistical significance (<0.05). This means that while there may be a trend indicating that age group could be associated with street food consumption, it's not strong enough to be considered statistically significant. Similarly, the P-value for gender (0.062) suggests a moderate association, but it does not reach statistical significance. This implies that there might be a tendency for gender to be associated with street food consumption, but it's not conclusive. The P-value for religion (0.057) indicates a moderate association, but it does not reach statistical significance. This suggests that there may be a connection between religion and street food consumption, but it's not strong enough to be considered significant. The P-value for education level (0.036) is less than 0.05, which indicates a statistically significant association between education level and street food consumption. Specifically, it suggests that respondents with different levels of education have significantly different patterns of street food consumption. The P-value for household size (0.041) is less than 0.05, indicating a statistically significant association between household size and street food consumption. This implies that the size of the household significantly influences street food consumption patterns among respondents. The P-value for residence (0.053) is close to 0.05 but does not quite reach statistical significance. This suggests a potential association between residence and street food consumption, but it's not strong enough to be considered conclusive. The P-value for monthly household income (0.024) is less than 0.05, indicating a statistically significant association between income level and street food consumption. This implies that respondents with different income levels have significantly different patterns of street food consumption.

Chapter V

Discussion

Most respondents (46.32%) fall within the age group of 18 to 30 years, suggesting that this age range is well-represented in the sample. The calculated mean age of 24.76 years gives an idea of the central tendency of the age distribution among respondents. The standard deviation of 5.12 indicates that individual ages tend to vary around the mean by approximately 5.12 years, providing insights into the degree of age diversity within the sample. Many of the respondents (69.06%) identify as male. The remaining portion of respondents (30.94%) identifies as female. This distribution highlights the gender composition of the sample and provides insights into the participation of males and females in the survey or study being conducted. Most respondents (93.87%) follow the Islamic faith, making it the predominant religious group within the sample. A smaller but notable portion of respondents (5.26%) identify with Hinduism. A very small fraction of respondents (0.87%) falls under the category of "Others," indicating that they belong to different religious groups not explicitly mentioned. Among the respondents, 93 individuals (27.38%) have not received any formal education. A significant proportion of respondents, specifically 169 individuals (49.69%), have completed primary education. A group of 60 respondents (17.60%) have achieved secondary education. A smaller subset of respondents, numbering 18 individuals (5.33%), have pursued education beyond the secondary level. The next figure succinctly captures the essential demographic and socioeconomic characteristics of the surveyed respondents. It provides insights into the distribution of family sizes, indicating variations in family structures, the balance between rural and urban residency among respondents, and the income distribution reflects most respondents having a monthly income below BDT 10,000. A total of 74 respondents (21.69%) report having less than four members in their families. A larger group of 178 respondents (52.21%) have family sizes ranging from five to eight members. Another subset of respondents, numbering 89 individuals (26.10%), have families with more than eight members. A total of 235 respondents (69.13%) report residing in rural areas. The remaining 105 respondents (30.87%) indicate living in urban settings. A significant majority of respondents (77.29%) report a monthly income of less than BDT 10,000. A smaller proportion of respondents (22.71%) have a monthly income exceeding BDT 10,000.

The distribution of the respondents according to their behavior of consuming street food probes whether respondents consume street food or not. The data reveals that 61.76% of respondents affirm that they do consume street food. 38.24% of respondents indicate that they do not partake in street food consumption. This insight immediately gives a sense of the prevalence of street food consumption within the surveyed population. The distribution of the respondents according to their frequency of consuming street foods shows that a minority, 5.87%, consume street food 2-3 times per month. A similar proportion, 6.04%, consume it once a week, 14.08% enjoy street food 2-3 times per week, and a significant 31.66% indulge almost every day. An even larger 42.35% consume street food every single day. This spectrum offers a comprehensive view of the frequency at which respondents engage with street food. The distribution of the respondents according to their money spent on street food shows that 10.17% of respondents spend less than BDT 500 on street food. The majority, 51.84%, allocate between BDT 500 and 1000. 37.99% invest more than BDT 1000 on street food. These statistics shed light on the spending patterns of those who consume street food. The distribution of the respondents according to the types of street food they consumed shows diverse preferences. Options include fruits, juice, cooked food, sweets, biscuits, cake, savory snacks, and "Others". A substantial 66.21% of respondents fall within the "Others" category, revealing the multitude of street food varieties enjoyed. This diversity of preferences highlights the wide range of culinary choices among street food consumers. The data reveals that 10 respondents (4.89%) prefer consuming fruits as their street food choice. A slightly larger group of 17 respondents (7.91%) opted for juice as their street food option. A significant majority, 108 respondents (51.30%), favor cooked food as their street food preference. Among the surveyed individuals, 35 respondents (16.43%) gravitate towards sweets when consuming street food. A smaller group of 11 respondents (5.18%) chose biscuits as their street food selection. Similarly, 17 respondents (7.95%) prefer cake as their street food of choice. A substantial number, of 72 respondents (34.48%), opt for savory snacks when indulging in street food. The "Others" category holds the largest percentage, with 139 respondents (66.21%), indicating that they prefer street foods not explicitly mentioned in the given categories. The distribution of the respondents according to their motivations behind consuming street food shows that 64.71% are motivated by affordability, 21.78% are driven by convenience and accessibility, 20.20% are enticed by taste and flavor, 7.01% consider familiarity with street food as motivation and 13.39% provide other motivations. This comprehensive range of motivations illuminates the factors that influence individuals' street food consumption habits. The distribution of the respondents according to their perceptions about the safety of street food reveals that 23.09%

believe street food is safe to eat always, 18.89% think it is safe sometimes, 23.61% believe street food is never safe, and 34.41% are unsure about its safety. This diversity of perspectives reflects varying levels of trust and concern regarding the safety of street food. This information provides a deep and detailed understanding of respondents' behaviors and attitudes towards street food. It touches upon consumption patterns, spending habits, preferences, motivations, and perceptions of safety. The presented data equips researchers and policymakers with a holistic perspective on street food consumption, making it a valuable resource for informed decision-making and further analyses. Respondents were asked about the challenges they associate with eating street food in Dhaka. The data reveals that 34.82% of respondents express hygiene concerns when consuming street food, 21.79% cite lack of cleanliness as a challenge, 40.11% cite concerns about foodborne illnesses, 38.06% feel that the variety of food options is limited and 16.29% indicate other challenges not covered by the provided options. This data captures a range of challenges that respondents associate with consuming street food in Dhaka. The distribution of the respondents according to their perceptions of health risks associated with eating street food indicated that 39.08% consider food poisoning a health risk, 22.87% associate gastrointestinal infections with street food consumption, 25.01% perceive contamination from unclean water as a risk, 18.16% mention poor food handling practices as a concern and 19.12% identify other health risks beyond the provided options. This information provides insights into the diverse health risks that respondents associate with consuming street food. The distribution of the respondents according to their gastrointestinal discomfort (e.g., stomachache, diarrhea) after consuming street food shows that 47.07% of respondents have experienced gastrointestinal discomfort and 52.93% of respondents have not experienced such discomfort. This insight reflects the prevalence of gastrointestinal discomfort experienced by a portion of the respondents. The distribution of the respondents according to their concerns about the cleanliness and hygiene of street food vendors indicates that 2.98% are extremely concerned, 21.23% are moderately concerned, 27.12% are slightly concerned and 48.67% are not concerned at all. These responses convey a spectrum of attitudes towards the cleanliness and hygiene of street food vendors. The distribution of the respondents according to their beliefs about the street food vendor's precautions to prevent health risks reveals that 20.75% believe vendors always take sufficient precautions, 31.87% believe vendors take precautions sometimes and 47.38% do not believe vendors take sufficient precautions. This information portrays the varying perceptions regarding the precautions taken by street food vendors. The distribution of the respondents according to their other perceptions and behavior regarding mitigating the health risks due to street food. The data indicates

that 11.98% always consider cleanliness, 21.18% often consider cleanliness, 26.48% rarely consider cleanliness, and 40.36% never consider cleanliness. This data provides insights into how often respondents take cleanliness into account before making a purchase. A total of 13.42% are more likely to consume street food during peak hours for fresher options, 67.32% are not influenced by peak hours, and 19.26% are less likely to consume street food during peak hours due to safety concerns. This information portrays the varying behaviors and motivations related to consuming street food during peak hours. Among all, 14.08% prefer crowded areas for fresher food, 65.33% are indifferent to vendor location, and 20.59% avoid crowded areas due to hygiene concerns. This insight provides an understanding of the factors influencing vendor location preferences. A total of 15.63% have received such information, and 84.37% have not received health risk information. This data highlights the reach of health risk information to respondents. A total of 19.70% would consume less street food, 47.71% would be more cautious about where they buy from, and 32.59% would continue consuming as before. This insight offers a glimpse into how information may impact consumption habits. When asked if they would be willing to change their street food consumption habits with more information about health risks, 19.70% of respondents would choose to consume less street food if they were provided with additional information about the health risks associated with it. A larger portion, 47.71%, would opt to be more cautious about where they purchase street food. 32.59% of respondents indicated that they would continue consuming street food as they did before, even with the additional health risk information. This data illustrates that a substantial portion of respondents are open to modifying their street food consumption habits when presented with more information about health risks. The majority prefer to exercise caution in their choices. In terms of the willingness to pay slightly higher prices for street food if it guarantees better hygiene and safety, 7.01% of respondents express a definite willingness to pay higher prices for street food with improved hygiene and safety assurances. A significant 55.41% would consider paying higher prices, but their decision depends on the extent of the price increase. 37.58% of respondents prefer to stick with cheaper options, even if it means forgoing guarantees of better hygiene and safety. This data highlights that a notable portion of respondents are open to the idea of paying more for street food if it ensures improved hygiene and safety. The majority are willing to consider this option, with their willingness contingent on the degree of price increase. However, a substantial portion remains committed to budget-friendly choices, prioritizing affordability over enhanced safety measures.

This study found a moderate association between age group and street food consumption but did not reach statistical significance (P-value = 0.056). Comparing these findings with various countries has shown mixed results regarding the influence of age on street food consumption. Some studies have found a significant association between age and street food preferences, with younger individuals being more inclined towards street food due to their busy lifestyles. In contrast, other studies have not found significant age-related patterns, suggesting that factors like income and culture might play a more prominent role³³⁻³⁵.

The study identified a moderate association between gender and street food consumption (P-value = 0.062) but did not reach statistical significance. National and international studies have reported varying associations between gender and street food choices. In some regions, gender differences in street food consumption are pronounced, with cultural norms and perceptions of food safety influencing these choices. However, in other contexts, gender may not be a significant predictor of street food preferences³⁶⁻³⁸.

This study suggested a moderate association between religion and street food consumption (P-value = 0.057) without reaching statistical significance. International studies conducted in countries with diverse religious populations have found that religious dietary restrictions can significantly impact street food choices. For example, during religious fasting periods, street food vendors often adapt their offerings to cater to specific religious dietary requirements. However, the association between religion and street food consumption can vary depending on the region and the extent to which religious practices influence daily life³⁹⁻⁴².

This study identified a statistically significant association between education level and street food consumption (P-value = 0.036). Similar findings have been reported in national and international studies. Higher levels of education are often associated with greater awareness of food safety and hygiene, leading to more cautious street food choices. Additionally, education can influence income, which, in turn, affects food preferences and the ability to afford different food options^{34,38,41}.

The study found a statistically significant association between household size and street food consumption (P-value = 0.041). National and international studies have observed that larger households may be more inclined to consume street food due to convenience and cost considerations.

In contrast, smaller households may have different dietary preferences and cooking habits^{35, 38,42}.

The study suggested a potential association between residence and street food consumption (P-value = 0.053) without reaching statistical significance. Studies from urban and rural areas have highlighted variations in street food consumption patterns. Urban dwellers often have greater access to a variety of street food vendors and may consume street food more frequently. In rural areas, street food options may be limited, and homemade meals could be more common^{37,39}.

This study found a statistically significant association between income level and street food consumption (P-value = 0.024). Numerous national and international studies have consistently shown that income is a crucial determinant of street food choices. Lower-income individuals and households often rely on street food for affordable meals, while higher-income groups may have more diverse dietary preferences^{40,42}.

Chapter VI

Conclusion

This study sheds light on an important aspect of urban life in Dhaka, the capital city of Bangladesh. Street food is an integral part of the daily routine for many day laborers in the city. The research conducted in this study provides valuable insights into the prevalence of street food consumption among this specific demographic group. The findings of the study indicate that street food consumption is a common practice among day laborers in Dhaka. This is not surprising given the convenience and affordability of street food options in the city. Street food vendors play a crucial role in providing these workers with easily accessible and inexpensive meals, which are essential for their sustenance during long and physically demanding workdays. However, the study also highlights certain concerns related to the nutritional quality and safety of street food in Dhaka. Many day laborers rely heavily on street food for their meals, and there is a need to ensure that these food options are both nutritious and safe to consume. The presence of unhygienic conditions and inadequate food safety measures at some street food stalls poses health risks to consumers.

Recommendations

1. The government of Bangladesh should enhance and enforce food safety regulations for street vendors. This includes regular inspections of food stalls, training for vendors on safe food handling practices, and stringent penalties for those who fail to comply with safety standards.
2. Public health campaigns should be initiated to educate day laborers and the general population about the importance of a balanced diet. Efforts should be made to promote healthier street food options that provide essential nutrients to consumers.
3. Authorities and non-governmental organizations should consider implementing subsidized meal programs for day laborers, offering nutritious meals at affordable prices. This would reduce their reliance on potentially unhealthy street food options.
4. The government should provide access to clean and safe sanitation facilities near labor-intensive work areas. This will encourage day laborers to maintain proper hygiene and reduce the risk of foodborne illnesses.
5. Collaboration with street food vendors can be beneficial. They can be trained in safe food handling practices and encouraged to offer healthier options. Engaging vendors in these initiatives can lead to better outcomes.
6. Continual research and monitoring of street food practices and consumption patterns among day laborers should be conducted. This will help policymakers make informed decisions and track the impact of interventions over time.

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Annexure

Annex 01: Consent form

Title of Study: Prevalence of street food consumption among the day laborers in Dhaka, Bangladesh

Principal Investigator: Jannatul Ferdush

Organization: Department of Public Health, Daffodil International University, Dhaka, Bangladesh

Dear Participant

Assalamualaikum/Adab

This letter is an invitation to consider participating in a study we are conducting on behalf of the Department of Public Health at Daffodil International University, Dhaka, Bangladesh.

Aim: The study aims to investigate the prevalence of street food consumption among the day laborers in Dhaka, Bangladesh.

Risk & Benefit: There are no known or anticipated risks to you as a participant in this study. The benefit of this research is that you will be helping us to understand the prevalence of street food consumption among the day laborers in Dhaka, Bangladesh. I hope that the results of our study will be of benefit to those organizations directly involved in the study, other voluntary recreation organizations not directly involved in the study, as well as to the broader research community.

Anonymity & Confidentiality: All information you provide will be considered completely confidential. Your name will not appear in any thesis or report resulting from this study, however, with your permission anonymous quotations may be used. Only researchers associated with this project will have access to collected data.

Time: This study will take approximately 20 to 30 minutes of your time.

Your rights as research participants: Participation in this study is voluntary. You have the right not to participate at all or to leave the study at any time. You may decline to answer any of the interview questions if you so wish.

Compensation & Payment: There are no costs to you for your participation in this study. There is no monetary compensation to you for your participation in this study.

Study query: If you have any questions regarding the questionnaire of this study or would like additional information to assist you in deciding on participation, please feel free to ask me.

Future use of Information: We are assured that the data of this study will be used only for research.

Participants' consent: All my questions and concerns about this study have been addressed. I chose, voluntarily, to participate in this research project. I willingly place my signature below as evidence of my acceptance of all the conditions contained herein.

Signature of the participant	Jannatul Ferdush
Date:	Date:

Annex 02: Questionnaire

Title of Study: Prevalence of street food consumption among the day laborers in Dhaka, Bangladesh

Respondent number:

Date:

Socio-demographic characteristics of the respondents

Sl	Question	Coding categories	Code
1	What is your age?	1. <18 years 2. 18 to 30 years 3. Above 30 years	
2	What is your gender?	1. Male 2. Female	
3	What is your religion?	1. Islam 2. Hinduism 3. Buddhist 4. Christianity 5. Others	
4	What is your level of education?	1. No formal education 2. Primary 3. Secondary 4. Higher than secondary	
5	How many members are in your family?	1. ≤ 4 2. 5 to 8 3. More than 8	
6	What is your residence type?	1. Rural 2. Urban_	
7	What is your monthly income?	1. <BDT 10000 2. $\geq$ BDT 10000	

Street food consumption-related information of the respondents

Sl	Question	Coding categories	Code
1	Do you consume street food?	1. Yes 2. No	
2	What is the frequency of consuming street food?	1. 2-3 times per month 2. Once a week 3. 2-3 times per week 4. Nearly every day 5. Every day	
3	How much money do you spend on street food in a month?	1. <BDT 500 2. BDT 500 to 1000 3. >BDT 1000	
4	What type of street food you usually consume?	1. Fruits 2. Juice 3. Cooked food 4. Sweets 5. Biscuits 6. Cake 7. Savory snacks 8. Others	
5	What motivates you to consume street food?	1. Affordability 2. Convenience and accessibility 3. Taste and flavor 4. Familiarity with street food 5. Others	
6	Do you think street food is safe to eat?	1. Yes, always 2. Yes, sometimes 3. No, never 4. Not sure	

Health risks associated with street food consumption among the respondents

Sl	Question	Coding categories	Code
1	What are the challenges of eating street food in Dhaka? (Select all that apply)	1. Hygiene concerns 2. Lack of cleanliness 3. Foodborne illnesses 4. Limited food options 5. Other	
2	What are the health risks associated with eating street food? (Select all that apply)	1. Food poisoning 2. Gastrointestinal infections 3. Contamination from unclean water 4. Poor food handling practices 5. Other	
3	Have you ever experienced any gastrointestinal discomfort (e.g., stomachache, diarrhea) after consuming street food?	1. Yes 2. No	
4	In your opinion, which of the following health risks is most concerning when consuming street food? (Select one)	1. Food poisoning 2. Contamination from unclean water 3. Poor food handling practices 4. Gastrointestinal infections 5. Allergy risks 6. Other	
5	How concerned are you about the cleanliness and hygiene of street food vendors?	1. Extremely concerned 2. Moderately concerned 3. Slightly concerned 4. Not concerned at all	
6	Do you believe that street food vendors take sufficient precautions to prevent health risks?	1. Yes, always 2. Sometimes 3. No, never	

7	How often do you consider the cleanliness of the street food vendor's preparation area before deciding to buy food?	1. Always 2. Often 3. Rarely 4. Never	
8	Are you more likely to consume street food during peak hours when the turnover of food is higher?	1. Yes, because fresher food is available 2. No, it doesn't matter to me 3. No, because higher turnover might not ensure safer food	
9	Are you more likely to consume street food from vendors located in crowded areas?	1. Yes, because higher footfall indicates fresher food 2. No, it doesn't matter to me 3. No, because crowded areas might compromise hygiene	
10	Have you ever received information about the health risks associated with street food from health authorities or public campaigns?	1. Yes 2. No	
11	Would you be willing to change your street food consumption habits if you were provided with more information about health risks?	1. Yes, I would consume less 2. Yes, I would be more cautious about where I buy from 3. No, I would continue consuming as before	
12	Would you be willing to pay slightly higher prices for street food if it came with a guarantee of better hygiene and safety?	1. Yes, definitely 2. Maybe, depending on the increase in price 3. No, I prefer cheaper options	

THANK YOU FOR YOUR PARTICIPATION

Annex 03: Time frame

Activity	July	August	September	October
Identify research area				
Literature review				
Formulate research strategy, research design				
Proposal preparation				
Data collection				
Data entry, analysis				
Report writing				
Dissemination				