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The importance of a controlled distribution chain in the quality of Extra Virgin Olive Oil

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Extra Virgin Olive oil (EVOO) plays a fundamental role in the Mediterranean diet. It is well known as a functional food due to its exceptional sensory and nutritional properties. It is also beneficial for health, as it has positive effects regarding cardiovascular diseases and breast cancer prevention. The composition of EVOO is commonly divided into two main fractions: the saponifiable fraction and the non-saponifiable fraction. The first one consists of monoglycerides, diglycerides, triglycerides and free fatty acids, whereas the second one is formed by volatile compounds, polyphenols, tocopherols, sterols and pigments such as chlorophylls and carotenoids. All of these compounds give EVOO its wonderful traits which is why their well preservation in the oil is key to maintaining the properties of this product.

Analytical techniques like chromatography and spectroscopy have been used to determine EVOO's composition and it has been proven that inadequate temperature and light conditions lead to the degradation of some of its components such as chlorophylls and carotenoids, causing a severe decrease of the quality of the oil. Knowing this, makes the importance of controlling the whole distribution chain evident, as the bottles of EVOO can suffer temperature changes and light exposures during its transportation. This means that there is a possibility of a loss of quality before the EVOO even gets to customer hands, and therefore a good controlled distribution chain is of vital importance for the preservation of this beneficial food.

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Knowledge, attitude and practice (KAP) of exclusive breastfeeding in the out patient clinic in the Emirates Hospital – Dubai, UAE

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Background: Breastfeeding is considered as the ultimate method of infant feeding for at least in the first six months of life. Exclusive breastfeeding stands out as the single most effective intervention for child survival.

Objective: This study aims to assess exclusive breastfeeding knowledge, attitude and practice (KAP) and its determinants in Dubai.

Method: A cross-sectional design was used to collect data from female visitors of the out patient clinics in the Emirates Hospital-Dubai (approximately 100 participants). A self- administered questionnaire was used to collect data about participants' current infant feeding practices, demographic, psychological, and maternal health findings. The data was entered and analyzed using the Statistical Package for Social Science (SPSS) software version 22.

Result: A total of 66 mothers participated in this study, their age ranged from (22-45) years with a mean age of 32.03 years and most of them were living in Dubai. The majority of the mothers were primiparous (n=25, 37.9%), working fulltime (n=52, 78.8%), practiced rooming in (n=56, 84.5%), and delivered normally (n=38, 57.6%). From all the participants only 31.8% (n=21) were exclusively breastfeeding. 30.3% (n=20) of the mothers reported that the main reason behind not breastfeeding was the milk production insufficiency. Most of the mothers were giving the infants water, herbs, and formula milk as soon as one month of infant's age.

Conclusion: This study revealed that participant's knowledge, attitude, and practice (KAP) of exclusive breastfeeding in the Emirates Hospital in Dubai was suboptimal. The prevalence of exclusive breastfeeding was very low (n=21, 32%). The main reason for a low rate of exclusive breastfeeding was breast milk insufficiency. The most noteworthy determinants influencing the outcome of exclusive breastfeeding can be modified by health education.

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