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## Street food vendors in Ghana: Fruit and vegetable knowledge and influences on vending practice

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According to the World Health Organisation (2013) non-communicable diseases (NCD) account for 65% of global deaths. Disproportionally 80% of NCD related mortality occurs in low to middle income countries, including Ghana, and is projected to increase<sup>(1)</sup>. Adequate consumption of fruit and vegetables (FV) is a key modifiable risk factor for NCDs however, World Health Survey data<sup>(2)</sup> indicates Ghana's prevalence of low FV consumption, based on <400 g a day,<sup>(3)</sup> is 37% for women and 38% for men. On average Ghanaians consume FV between 2–6 days per week and of these the majority consume 0–2 servings<sup>(4)</sup>. Street food traders/vendors, (SFVs) contribute to employment and the Ghanaian economy, providing a range of food and non-food items to the masses using “push” strategies for selling. The present study examined the feasibility of SFVs as a possible vehicle for optimising FV consumption by raising awareness of the value of FV in relation to health and supplying products to meet the needs of the population.

A cross sectional survey administered by trained thirteen student environment health officers was used to seek SFV views ( $n = 699$ ). Data were analysed after inputting into SPSS (version 19). Focus groups ( $n = 12$ ) were undertaken with SFVs to explore the issues in depth and analysed using thematic analysis.

The majority of SFV were female, (87.3%) aged between 20–50 years and had a low level of education reflecting other data<sup>(5)</sup>. Sixty-nine percent (69%) of the participants responded that increased consumption of FV results in a lower risk of CHD and 52.4% acknowledged reduced cancer risk. Notably less than 3% of SFV were aware of the recommended daily amount of FV to be consumed (i.e. 5 servings). Fifty-eight percent didn't know, followed by 17% who suggested 3. Thirty-two percent ( $n = 225$ ) of SFVs sold FV (solely 23%; combined 9%), 68% of those questioned did not sell FV; the main reason for selling FV was due to high demand for these foods (80.4%,  $n = 563$ ). FV was sold significantly by SFV that are mobile ( $p = < 0.001$ ), self-employed ( $p = < 0.001$ ) and male ( $p = < 0.001$ ). Thirty percent were willing to develop and sell more FV, 68% of the ‘willing to change’ group did not currently sell FV. Focus group findings revealed employment, better wage and income as key themes for why SFV sold their current goods. SFV were positive about increasing supply (and thus sales) of FV to promote health improvement should the market demand more availability and access.

Knowledge and consumption data supports earlier research findings<sup>(2,4)</sup>. SFVs are an important platform to supply FV to the masses. Using them as a vehicle to promote FV consumption in Ghana has possibilities and they are a proven trainable group, having been trained on food hygiene courses in the past. A pilot intervention would be a useful way forward.

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