# An evaluation of fruit and vegetables consumption in selected primary school children in Trinidad and Tobago

# Marquitta C. Webb<sup>1\*</sup> and Cherrelle Lewis<sup>2</sup>

<sup>1,2</sup>Department of Agricultural Economic and Extension, The University of the West Indies - St. Augustine, Trinidad and Tobago

\*Corresponding Author

Department of Agricultural Economic and Extension The University of the West Indies - St. Augustine Trinidad and Tobago, West Indies Email: <u>marquitta.webb@sta.uwi.edu</u> Telephone: 1-868-662-2002 Ext. 82094

## ABSTRACT

**Objective:** To assess the level of nutrition knowledge, attitudes, and practices related to the consumption of fruits and vegetable of primary school children attending three north-west area government primary schools in Trinidad and Tobago.

**Methods:** A self-administered questionnaire comprising validated questions relating to knowledge, attitudes, and fruits and vegetable consumption was conducted at three government primary schools.

**Results:** Approximately 60% of the students gained a score less than 60% on nutrition knowledge questions. The students had negative attitudes toward vegetables but positive attitudes about fruits. An average of 23.5% of students indicated that they consume fruits two or more times a day; whereas, less than 25% of the students reported eating green salad, vegetable soup, or other vegetables excluding potatoes.

**Conclusion:** The consumption of fruits and vegetable are below the recommended amounts. Further studies are needed to examine fruit and vegetable consumption in larger and more diverse groups of primary school students in Trinidad and Tobago.

Key Words: Attitude, Knowledge, Fruit, Vegetable, Consumption

#### **1.0 INTRODUCTION**

Extensive documentation exists in relation to the health benefits from the consumption of fruits and vegetables. (Lock, Pomerleau, Causer, Altmann, & McKee, 2005; Bazzano, 2006; Azagba & Sharaf, 2011). Consuming a diet rich in fruits and vegetables promotes good health and protects against many chronic diseases, including cardiovascular disease (Gaziano, Manson, Branch, Colditz, Willet, & Burring, 1995; Dauchet, Amouyel, Hercberg, & Dallongeville, 2006; Chen, Maruthur, & Appel, 2010; Oude Griep, Geleijnse, Kromhout, Ocke, & Verschuren, 2010), hypertension (Alonso, de la Fuente, Martín-Arnau, de Irala, Martínez, Martínez-González, 2004; Savica, Bellinghieri, Kopple, 2010; Azagba & Sharaf, 2011), stroke (Gillman, Cupples, Gagnon, Posner, Ellison, Castelli, et al., 1995; He, Nowson, & MacGregor, 2006; Azagba & Sharaf, 2011), diabetes (Sargeant, Khaw, Khaw, Bingham, Bingham, Day, et al., 2001), and cancer (Steinmetz & Potter, 1996; American Institute for Cancer Research, 2007; Tantamango, Knutsen, Beeson, Fraser, & Sabate, 2011). Additionally, studies have reported that fruits and vegetables provide a protective effect which can be linked to a variety of antioxidants and anti carcinogenic compounds (Block, Patterson, & Subar, 1992; Steinmetz & Potter, 1996). Other potential benefits include a reduction of inflammatory symptoms associated with rheumatoid disease (Pattison, Harrison, & Symmons, 2004), a decrease in body weight (Rolls, Ello-Martin, & Tohill, 2004; Tohill, Seymour, Serdula, Kettel-Khan, & Rolls, 2004; Astrup, Dyerberg, Selleck, & Stender, 2011) and reduction in adiposity (Ledoux, Hingle, & Baranowksi, 2011). Reports have indicated that the intake of fruits and vegetables during childhood may reduce the risk of several childhood illnesses, including respiratory symptoms (Antova, Pattenden, Nikiforov, Leonardi, Boeva, Fletcher, et al., 2003; Barros, Moreira, Fonseca, Ferraz de Oliveira, Delgado, Castel-Branco, et al., 2008).

Despite the well-established benefits of fruits and vegetables, a study conducted by WHO, revealed that only 3 (Israel, Spain, and Italy) out of the 21 studied countries met the average intakes of fruits and vegetables according to the WHO/FAO recommended level of 400 grams per day (IARC, 2003). Several researchers found that children and adolescents are not eating the recommended five or more daily servings of fruit and vegetables (Krebs-Smith, Cook, Subar, Cleveland, Friday, & Hahle, 1996; Munoz, Krebs-Smith, Ballard-Barbash, Cleveland, 1997; Gregory, Lowe, Bates, Prentice, Jackson, Smithers, et al., 2000; Currie, Robert, Morgan, Smith, Settertobulte, Samdal, et al., 2004). Further, nutritional surveys consistently show that many children do not meet consumption levels identified in nutritional guidelines (Brady, Lindquist, Herd, & Goran, 2002; Antova, et al., 2003). Perry-Hunnicutt & Newman (1993) and Beech, Rice, Myers, Johnson, & Nicklas (1999) confirmed that among adolescents there are low daily intakes of fruits and vegetables. Cooke, Wardle, Gibson, Sapochnik, Sheiham, & Lawson (2003) provided further evidence of low consumption of fruits and vegetables in children, with more than one-third of children on a daily basis not consuming fruits and vegetables. McGinnis (1992) and the American Cancer Society (1995) postulated that during the period of adolescence these potentially adverse dietary practices are important. During this developmental phase negative dietary practices, such as low intakes of fruits and vegetables can be transferred to adulthood. A 2003 study conducted by Caribbean Food and Nutrition Institute which focused on obesity prevention, fruits and vegetables consumption was found to be restricted in most meals (CFNI & Ennis, 2003). Another study showed that persons in rural communities and those who are food insecure are associated with lower food expenditures, low fruit and vegetable intakes and lower quality diets (Verma, Hertela, & Precke, 2011).

Many factors can be attributed to inadequate intake of fruits and vegetables, including socioeconomic status (Smith & Baghurst, 1992); demographic factors, such as age and gender (Anderson & Hunt, 1992; Reime, Novak, Born, Hagel, & Wanek, 2000); lifestyle habits, such as smoking (Thompson, Margets, Speller, & McVey, 1999), and psychological factors (Kristal, Patterson, Glanz, Heimendinger, Hebert, Feng, et al., 1995). In relation to children and adolescents, several other factors may contribute to poor dietary intakes of fruit and vegetables. These include lack of availability and accessibility (Cooke, 2007), maternal influence of food consumption (Scaglioni, Salvioni, & Galimberti, 2008; Addessi, Galloway, Visalberghi, & Birch, 2005), child feeding habits (Birch &, Davison, 2001), and type of family environment at mealtime (Feldman, Eisenberg, Neumark-Sztainer, Story, 2007).

Besides the aforementioned factors, knowledge and attitude seem to have a negative impact on fruit and vegetables consumption. In large population groups, including children and adolescents, studies have demonstrated that children and adolescents lack adequate nutritional knowledge about fruit and vegetables (Beech et al., 1999). Many eating behaviors are initiated in childhood, track over the childhood years (Kelder, Perry, Klepp, & Lytle, 1994; Resnicow, Smith, Baranowski, Baranowski, Vaughan, & Davis, 1998; Lytle, Seifert, Greenstein, & McGovern, 2000) and continue into adulthood (Lytle et al., 2000; Lien, Lytle, & Klepp, 2001; Mikkilä, Räsänen, Raitakari, Pietinen, & Viikari, 2004). There is cause for concern fruit as a natural product is being replaced with fruit substitutes as a snack, such as nutritionally–dense fruit bars with added sugars (Sanigorski, Bell, Kremer, & Swinburn, 2005). Livingstone & Robson, (2000) cited that this trend reflects the knowledge that most children view eating as a way to satisfy hunger rather than a means to maximize health while at school.

Attitude plays a significant role in children's fruit and vegetable intakes. Studies have shown that children and adolescents are willing to learn about healthier eating practices (Murphy, Youatt, Hoerr, Sawyer, & Andrews, 1994; Havas, Heimendinger, Reynolds, Baranowski, Nicklas, Bishop, et al., 1994). Researchers indicated that the consumption of fruits and vegetables by primary school students was associated with their mother's attitude towards healthy eating (Yung, Lee, Ho, Keung, & Lee, 2010).

Limited epidemiologic studies investigating the level of nutrition knowledge, attitudes, and practices related to fruit and vegetable consumption in school-aged children have been conducted in Trinidad and Tobago. Moreover, within Trinidad and Tobago relatively little data are available for cultural minorities in relation to fruit and vegetable consumption. In that context, this study investigated the level of nutrition knowledge, attitudes, and practices related to fruit and vegetable consumption of Standard Four primary school children.

### 2.0 RESEARCH METHODOLOGY

#### 2.1 Research Design and Population

The study utilized a descriptive survey design and relied on a structured, self-administered questionnaire to solicit information from students. The study was conducted in the Post of Spain and Environs Education District (POS-EED), one of eight educational districts in Trinidad and Tobago. The POS-EED is made up of five (5) fraternities, namely, private, north, central, east, and west; which represent approximately 26 private and 76 government primary schools. Four (4) government primary schools were selected; however, one school declined to participate. Hence, only three (3) schools were included in the study. All Standard Four students were recruited for the study. Permission to conduct the study was obtained from the Ministry of Education and the school principals. Signed informed consent was obtained from participants and/or their parent/guardian.

## 2.2 Data Collection and Analysis

A 29-item self-administered fruit and vegetable questionnaire was completed by students. The questionnaire was reviewed by faculty members to establish its face validity. The questionnaire items included demographic characteristics of participants, 7 food frequency statements to assess fruit and vegetable intakes, 5 nutrition knowledge statements, and 12 statements to evaluate the attitudes toward nutrition, which participants responded using a 5-point Likert-scale with option ranging from "strongly agree" to "strongly disagree." For the assessment of nutrition knowledge, correct answers were given a score of "1" and incorrect answers were given a score of "0." For the evaluation of attitude towards nutrition a score ranging from "1-5" was assigned to each response, "5" was given to the most positive response and "1" was given to the most negative.

All data were analyzed using the SPSS version 19, (SPSS Inc, Chicago, IL, USA, 2010). Descriptive statistics were used to compile the data. The significant differences were analyzed using ANOVA. Gender differences regarding fruit and vegetables intake were examined using independent sample t-tests. All statistical analyses were evaluated at the < 0.05 level of significance.

## 3.0 **RESULTS**

## 3.1 Demographic Profile of Study Participants

Of the 111 eligible students, 102 completed the questionnaire giving a response rate of 92%. Among the 102 students surveyed, 48 (47.1%) were girls and 54 (52.9%) were boys, with a total mean age of 10.96  $\pm$  0.954. The age profile of the students ranged from 10 to 15 years, with the majority of the students being in the 10-11 age group. The study sample was made up of several

different ethnic groups, with most of the respondents (57.8%) reporting their ethnicity as Mixed<sup>1</sup> (Table 1).

## 3.2 Knowledge Scores

The nutrition knowledge scores are presented in Table 2. Findings revealed that the mean knowledge score (not shown) was  $2.72 \pm 0.924$ . Approximately 60% of the students gained a score less than 60% on nutrition knowledge questions. Additionally, 7.8% of males received the highest percentage (80%) of correct answers than their female counterparts. Further, 6.9% of students in the Mixed category obtained the highest correct knowledge items.

## 3.3 Attitude toward Fruits and Vegetables

Data regarding the students' attitude towards fruits and vegetables are presented in Table 3. The majority of the students (84.3%) strongly agree with the statement that they like fruits, 79.4% reported that they think that eating fruits make them feel healthy, and 68.6% think that fruit is a nice snack. Most of the students (61.8%) stated that they strongly disagree with the statement that they cry to eat fruits. In relation to vegetable consumption, only 30.4% of children strongly agree with the statement that they like vegetables and 6.9% strongly disagree. Twenty-eight percent (28%) of participants reported that they were not sure how they felt about vegetables; however, 42% stated that they do not cry to eat vegetables.

## 3.4 Fruit and Vegetable Consumption

Fruit and vegetable intakes were measured by selected food frequency items in which the participants were asked to indicate how many times they ate fruit and vegetable items using a 6-point scale ranging from never to 4 to 6 times a week. Table 4 illustrates the average number of times students reported fruit and vegetable consumption for the week. An average of 23.5% students indicated that they consume fruits two or more times a day. Less than 25% of the students reported eating green salad, vegetable soup, or other vegetables excluding potatoes 2 or more times

<sup>1</sup>Mixed refers to "a person, descended foreparents and ancestors of more than one "race", i.e. European/white,

African/negro, Indian, etc." Dictionary of the English/ Creole of Trinidad and Tobago - On historical principles. Edited

by Lise Winer. McGill-Queen's University Press. Canada. 2009.

a day. Males (8.7%) consumed on average higher intakes of fruit and vegetables than their female counterparts (3.2%) 2 or more times per day (not shown).

There were no significant differences observed in the consumption of fruits and vegetables among the participants of the different schools, F (2, 99) = 1.6, p > 0.001. Additionally, no significant difference was observed between male and female intakes of fruits and vegetables (t = 1.069, df = 100, p > 0.05).

#### 4.0 **DISCUSSION**

The current study examined the knowledge, attitude, and practices of primary school children regarding fruit and vegetable consumption. It is noteworthy to mention that there is a severe shortage of data on fruit and vegetable consumption in this population, as well as the adult population in Caribbean countries. The students had low nutrition knowledge of fruit and vegetables. These results were similar to those reported by other survey studies of nutrition knowledge of fruit and vegetables (Perry-Hunnicutt & Newman, 1993; Beech et al., 1999; Banwat, Lar, Daboer, Audu, & Lassa, 2012). Although these studies did not used the same nutrition knowledge questions, it is important to note; however, that the current study was conducted with primary school children, aged 10-15 years, unlike the study by Beech et al. (1999) who studied adolescent and Banwat et al. (2012) whose study was conducted in the community. Gender differences were observed in nutrition knowledge. Male students obtained the highest number of correct answers than the female students, which was inconsistent with reported by Perry-Hunnicutt & Newman (1993), where girls had higher nutrition knowledge scores.

Results from the attitudinal component of this study show that children have negative attitudes toward consumption of vegetables and positive attitudes toward consumption of fruit. This may be explained by the bright colors of fruits, which is sometimes associated with a sweet taste and the health properties of the fruit as most children agreed that fruits are healthy. This may also be the case because of differences in availability, ease, or attractiveness as reported by Perry et al. (2004). Further, Basch, Zybert, & Shea (1994) cited that fruits are generally easier to eat than vegetables because they mostly come in their own 'packages'. Kirby, Baranowski, Reynolds, Taylor, & Binkley (1995) postulated that fruits may be more appealing to children, since they are sweet and juicy. This view was opposite for vegetables as they can be looked at as having a 'bad' taste and texture that is unappealing. Cooke et al. (2003) that reported children are unwilling to try new fruits and vegetables, which is inconsistent with this study.

The children's fruit and vegetable consumption was insufficient; therefore, there was no significant difference between the three schools in the sample. These findings support that by Beech et al. (1999), which concluded that adolescents were consuming substantially fewer servings of fruit and vegetables. This study found that there are no significant changes observed in boys and girls related to fruit and vegetable consumption which supports the findings of Beech et al. (1999). However, it was noted that more males consumed slightly more fruits and vegetables per day than females which is contrary to reports by Perry, Bishop, Taylor, Murray, Warren-Mays, Dudovitz, et al. (2004) which indicated that girls appeared to be more receptive than boys to increasing their

vegetable consumption because girls have been shown to be more receptive to other health education programs concerning eating patterns and physical activity (Perry, Kelder, & Klepp, 1994).

Limitations to this study were that the participants had to recall from memory their intake of fruits and vegetables over the last week, which can lead to recall bias. Also, the schools selected were from one school district; therefore, the findings of this study may not be generalized to all primary school students in the country. Additionally, the information collected was self reported by the students; hence the information may be over- or underestimated.

#### 5.0 CONCLUSIONS

Based on the findings of this study, students are consuming fewer amounts of fruits and vegetables than what is expected, which place them at a greater risk of developing chronic noncommunicable diseases in the future. The children were not knowledgeable about fruit and vegetable related questions as evident by their responses and low knowledge scores. Nutrition education programs should be implemented in schools to educate children about the benefits of fruits and vegetables and how much should be consumed on a daily basis to provide optimal nutrition. Parents should create innovative ways and promote food environments to serve fruits and vegetables to children in order to increase their consumption. Finally, further studies are needed to examine fruit and vegetable consumption in larger and more diverse groups of primary school students in Trinidad and Tobago.

## 6.0 **REFERENCES**

- Addessi, E., Galloway, A. T., Visalberghi, E., Birch, L. L. (2005). Specific social influences on the acceptance of novel foods in 2-5-year-old children. Appetite, 45:264-71.
- Alonso, A., de la Fuente, C., Martín-Arnau, A. M., de Irala, J., Martínez, J. A., Martínez-González, M.A. (2004). Fruit and vegetable consumption is inversely associated with blood pressure in a Mediterranean population with a high vegetable-fat intake: The Seguimiento Universidad de Navarra (SUN) Study. Brit J Nutr, 92(2):311-319.
- American Cancer Society. (1995). The American Cancer Society's Approach to Youth Education. National Prevention Subcommittee on Comprehensive School Health Education, Atlanta, GA; American Cancer Society.
- American Institute for Cancer Research. (2007). American Institute for Cancer Research and World Cancer Research Fund. Food, Nutrition, Physical Activity and the Prevention of Cancer: A Global Perspective. Washington, DC.
- Anderson, A. & Hunt, K. (1992). Who are the 'healthy eaters'? Eating patterns and health promotion in the west of Scotland. Health Educ J, 51(1):3-10.

- Antova, T., Pattenden, S. Nikiforov, B., Leonardi, G. S., Boeva, B. Fletcher, T. et al. (2003). Nutrition and respiratory health in children in six Central and Eastern European countries. Thorax, 58: 231-236.
- Astrup, A., Dyerberg, J., Selleck, M., & Stender, S. (2008). Nutrition transition and its relationship to the development of obesity and related chronic diseases. Obes Rev, 9 (suppl 1):48-52.
- Azagba, S. & Sharaf M. F. (2011). Disparities in the frequency of fruit and vegetable consumption by socio-demographic and lifestyle characteristics in Canada. Nutrition Journal, 10:118.
- Banwat, M. E., Lar, L. A., Daboer, J., Audu, S., & Lassa, S. (2012). Knowledge and Intake of Fruit and Vegetables Consumption among Adults in an Urban Community in North Central Nigeria. The Nigerian Health Journal, 12(1) 12-15.
- Barros, R., Moreira, A., Fonseca, J., Ferraz de Oliveira, J., Delgado, L., Castel-Branco, M. G., et al. (2008). Adherence to the Mediterranean diet and fresh fruit intake are associated with improved asthma control. Allergy, 63(7);917–923.
- Basch, C.E., Zybert, P., & Shea, S. (1994). 5-a-day: dietary behavior and the fruit and vegetable intake of Latino children. Am J Public Health, 84: 814.
- Bazzano, L.A. (2006). The high cost of not consuming fruits and vegetables. J Am Diet Assoc, 106(9):1364-1368.
- Beech, B., Rice, R., Myers, L., Johnson, C., & Nicklas, T. (1999). Knowledge, attitudes, and practices related to fruit and vegetable consumption of high school students. J Adolescent Health, 24:244-250.
- Birch, L. L. & Davison, K. K. (2001). Family environmental factors influencing the developing behavioral controls of food intake and childhood overweight. Pediatr Clin North Am, 48:893-907.
- Block, G., Patterson, B., & Subar, A. (1992). Fruit, vegetables, and cancer prevention: a review of the epidemiologic evidence. Nutr Cancer, 18:1-29.
- Brady, L. M., Lindquist, C. H., Herd, S. L., & Goran, M. I. (2002). Comparison of children's dietary intake patterns US dietary guidelines. Br J Nutr, 84:361-367.
- Caribbean Food and Nutrition Institute (CFNI) & Ennis, M. (2003). Nutrition Country Profile -Trinidad and Tobago. Italy: Food and Agriculture Organisation of the United Nations.
- Chen, S. T., Maruthur, N. M., & Appel, L. J. (2010). The effect of dietary patterns on estimated coronary heart disease risk: Results from the Dietary Approaches to Stop Hypertension (DASH) trial. Circ Cardiovasc Qual Outcomes, 3:484-489.
- Cooke, L. J., Wardle, J., Gibson, E. L., Sapochnik, M., Sheiham, A., & Lawson, M. (2003). Demographic, familial and trait predictors of fruit and vegetable consumption by pre-school children. Public Health Nutrition, 7(2):295-302.
- Cooke, L. (2007). The importance of exposure for healthy eating in childhood: A review. J Hum Nutr Diet, 20:294-301
- Currie, C., Rober,t C., Morgan, A., Smith, R., Settertobulte, W., Samdal, O., & Rasmussen, V. B. (eds). (2004). Health Policy Series: Health Policy for Children and Adolescents Issue 4.

Copenhagen, WHO Regional Office for Europe. Young people's health in context. Health Behaviour in School-aged Children (HBSC): international report from the 2001/2002 survey.

- Dauchet, L. P., Amouyel, Hercberg, S., & Dallongeville, J. (2006). Fruit and vegetable consumption and risk of coronary heart disease: A meta-analysis of cohort studies. J Nutr, 136:2588-2593.
- Feldman, S., Eisenberg, M. E., Neumark-Sztainer, D., & Story, M. (2007). Associations between watching tv during family meals and dietary intake among adolescents. J Nutr Educ Behav, 39:257-63.
- Gaziano, J. M., Manson, J. E., Branch, L. G., Colditz, G. A., Willet, W. C., & Burring, J. B. (1995). A prospective study of consumption of carotenoids in fruit and vegetables and decreased cardiovascular mortality in the elderly. Ann Epidemiol, 5:255-260.
- Gillman, M. W., Cupples, L. A., Gagnon, D., Posner, B., Ellison, R. C., Castelli, W., & Wolf, P. (1995). Protective effects of fruits and vegetables on development of stroke in men. JAMA, 273:1113-1117.
- Gregory, J., Lowe, S., Bates, C. J., Prentice, A., Jackson, L. V., Smithers, G., Wenlock, R., & Farron, M. (2000). The National Diet and Nutrition Survey: Young people aged 4 to 18 years. London, UK: Her Majesty's Stationery Office.
- Havas, S., Heimendinger, J., Reynolds, K., Baranowski, T., Nicklas, T. A., Bishop, D., Buller, D., Sorensen, G., Beresford, S. A., Cowan, A., et al. (1994). 5-a-day for better health: A new research initiative. J Am Diet Assoc, 94:32-6.
- He, F. J., Nowson, C. A., & MacGregor, G. A. (2006) Fruit and vegetable consumption and stroke: Meta-analysis of cohort studies. Lancet, 367(9507):320-326.
- International Agency for Research on Cancer (IARC). (2003). Handbooks on Cancer Prevention. Vol 8. Fruits and Vegetables. Lyons, France: IARC Press.
- Kelder, S. H., Perry, C. L., Klepp, K. I., & Lytle, L. L. (1994). Longitudinal tracking of adolescent smoking, physical activity, and food choice behaviors. Am J Public Health, 84:1121–1126.
- Kirby, S. D., Baranowski, T., Reynolds, K. D., Taylor, G., & Binkley, D. (1995). Children's fruit and vegetable intake: socioeconomic, adult-child, regional, and urban-rural influences. J Nutr Educ, 27:261-271.
- Krebs-Smith, S. M., Cook, A., Subar, A. F., Cleveland, L., Friday, J., & Hahle, L. L. (1996). Fruit and vegetable intakes of children and adolescents in the United States. Arch Pediatr Adolescs Med. 150:81–86.
- Kristal, A. R., Patterson, R. E., Glanz, K., Heimendinger, J., Hebert. J. R, Feng, Z., et al. (1995). Psychosocial correlates of healthful diets: baseline results from the working well study. Prev Med 1995, 24(3):221-228.
- Ledoux, T. A., Hingle, M. D., & Baranowksi, T. (2011). Relationship of fruit and vegetable intake with adiposity: A systematic review. Obes Rev, 12:e143-e150.
- Lien, N., Lytle, L. A., Klepp, K. I. (2001). Stability in consumption of fruit, vegetables and sugary foods in cohort from age 14 to age 21. Prev Med, 33:217-26.
- Livingstone, M. B. & Robson, P. J. (2000). Measurement of dietary intake in children. The Proceedings of the Nutrition Society, 59 (2): 279-293.

- Lock, K., Pomerleau, J., Causer, L., Altmann, D. R., & McKee, M. (2005). The global burden of disease attributable to low consumption of fruit and vegetables: Implications for the global strategy on diet. Bull World Health Organ, 83(2):100-108.
- Lytle, L., Seifert, S., Greenstein, J., & McGovern, P. (2000). How do children's eating patterns and food choices change over time? Results from a cohort study. Am J Health Promot, 14:222– 228.
- McGinnis, J. M. (1992). The public health burden of a sedentary lifestyle. Med Sci Sports Exerc, 24:S196-201
- Mikkilä, V., Räsänen, L., Raitakari, O. T., Pietinen, P., & Viikari, J. (2004). Longitudinal changes in diet from childhood into adulthood with respect to risk for cardiovascular diseases: The Cardiovascular Risk in Young Finns Study. Eur J Clin Nutr, 2004;58:1038–1045.
- Munoz, K. A., Krebs-Smith, S. M., Ballard-Barbash, R., & Cleveland, L. E. (1997). Food intakes of US children and adolescents compared with recommendations. Pediatrics, 100:323–329.
- Murphy, A. S., Youatt, J. P., Hoerr, S. L., Sawyer, C. A., Andrews, S. L. (1994). Nutrition education needs and learning preferences of Michigan students in Grades 5, 8 and 11. J Sch Health, 64: 273-8.
- Oude Griep, L. M., Geleijnse, J. M., Kromhout, D., Ocke, M. C., & Verschuren, W. M. (2010). Raw and processed fruit and vegetable consumption and 10-year coronary heart disease incidence in a population-based cohort study in the Netherlands. PLoS One. 5:e13609.
- Pattison, D. J., Harrison, R. A., & Symmons, D. P. (2004). The role of diet in susceptibility to rheumatoid arthritis: A systematic review. J Rheumatol, 31:1310-1319.
- Perry, C. L., Kelder, S. H., & Klepp, K. I. (1994). Community wide cardiovascular disease prevention with young people: long-term outcomes of the Class of 1989 Study. Eur J Public Health, 4:188-194.
- Perry, C., Bishop, D., Taylor, G., Murray, D., Warren-Mays, R., Dudovitz, B., et al. (2004). Changing fruit and vegetable consumption among children: The 5-a-day Power Plus Program in St. Paul, Minnesota. Health Education & Behavior, 31(1):65-76
- Perry-Hunnicutt, C. & Newman, I. M. (1993). Adolescent dieting practices and nutrition knowledge. Health Values, 17:35-40.
- Reime, B., Novak, P., Born, J., Hagel, E., & Wanek, V. (2000). Eating habits, health status, and concern about health: a study among 1641 employees in the German metal industry. Prev Med, 30(4):295-301.
- Resnicow, K., Smith, M., Baranowski, T., Baranowski, J., Vaughan, R., Davis, M. (1998). 2-year tracking of children's fruit and vegetable intake. J Am Diet Assoc, 98:785–789.
- Rolls, B. J., Ello-Martin, J. A., & Tohill, B. C. (2004). What Can Intervention Studies Tell Us about the Relationship between Fruit and Vegetable Consumption and Weight Management? Nutr Rev, 62(1):1-17.
- Sanigorski, A. M., Bell, A. C., Kremer, P. J., & Swinburn, B. A. (2005). Lunchbox contents of Australian School children: room for improvement. European Journal of Clinical Nutrition, 59:1310-1316.

- Sargeant, L. A, Khaw, K. T., Khaw, K. T., Bingham, S. A., Bingham, S., Day, et al. (2001). Fruit and vegetable intake and population glycosylated haemoglobin levels: the EPIC-Norfolk Study. Eur J Clin Nutr, 55(5):342-348.
- Savica, V., Bellinghieri, G., & Kopple, J. D. (2010). The effect of nutrition on blood pressure. Annu Rev Nutr, 30:365-401.
- Scaglioni, S., Salvioni, M., & Galimberti, C. (2008). Influence of parental attitudes in the development of children eating behaviour. Br J Nutr, 99:S22-S25.
- Smith, A. M. & Baghurst, K. I. (1992). Public health implications of dietary differences between social status and occupational groups. J Epidemiol Commun H, 46(4):409-416.
- Steinmetz, K. A. & Potter, J. D. (1996). Vegetables, fruit and cancer. A review. J Am Diet Assoc, 96:1027-1039.
- Tantamango, Y. M., Knutsen, S. F., Beeson, W. L., Fraser, G., & Sabate, J. (2011). Foods and food groups associated with the incidence of colorectal polyps: the Adventist Health Study. Nutrition and Cancer, 63(4):565–572.
- Thompson, R. I., Margetts, B. M., Speller, V. M., & McVey, D. (1999). The Health Authority's health and lifestyle survey 1993: who are the low fruit and vegetable consumers? J Epidemiol Commun H, 53, 294-9.
- Tohill, B. C., Seymour, J., Serdula, M., Kettel-Khan, L., & Rolls, B. J. (2004). What epidemiologic studies tell us about the relationship between fruit and vegetable consumption and body weight. Nutr Rev, 62(10), 365-374.
- Verma, M., Hertel, T.W., & Preckel, P.V. (2011). Predicting Within Country Household Food Expenditure Variation Using International Cross-Section Estimates. Economics Letters, 113:218-220.
- Wardle, J., Steptoe, A., Bellisle, F., Davou, B., Reschke, K., Lappalainen, R., et al. (1997). Healthy dietary practices among European students. Health Psychology, 16,443-50.
- Yung, T. K., Lee, A., Ho, M. M., Keung, V. M., & Lee, J.C. (2010). Maternal influences on fruit and vegetable consumption of schoolchildren: case study in Hong Kong. Matern Child Nutr, 6(2):190-8.

Variable	<b>Frequency</b> $(N = 102)$	Percentage		
Age (Years)				
10-11	78	76.5		
12-13	23	22.5		
14-15	1	1.0		
Sex				
Females	48	47.1		
Males	54	52.9		
Ethnicity				
Black/African	20	19.6		
East Indian	10	9.8		
Chinese	3	1.0		
White/Caucasian	1	2.9		
Mixed	59	57.8		
Other	7	6.9		
Missing	2	2.0		

Table 1: Demographic Profile of Study Participants

Table 2: Frequency of Correct Answer for Knowledge Questions by Gender and Ethnicity (n =102)

Frequency (Percent) Correct Answer								
Variable	0	20	40	60	80			
Sex								
Females	2(2.0)	6(5.9) 20(19.6)		17(16.7)	3(2.9)			
Males	0(0.0)	16(15.7) 17(16.7)		16(15.6)	5(4.9			
Ethnicity								
Black/African	0	3	9	8	0			
East Indian	0	2	6	2	0			
Chinese	0	0	1	0	0			
White/Caucasian	0	0	1	1	1			
Mixed	2	10	19	21	7			
Other	0	6	1	0	0			
Missing	0	1	0	0	0			

Selected Attitude Items	Strongly Agree	Agree	Not Sure	Disagree	Strongly Disagree	No Response	
<u>Fruits</u>							
Emit is a mine analy	70	29	2	0	1	0	
Fruit is a nice snack	(68.6%)	(28.4%)	(2%)	(0%)	(1%)	(0%)	
	81	13	3	2	1	2	
Fruits are healthy	(79.4%)	(12.7%)	(2.9%)	(2%)	(1%)	(2%)	
	11	2	5	21	63	0	
Cry to eat fruits	(10.8%)	(2%)	(4.9%)	(20.6%)	(61.8%)	(0%)	
	86	9	3	2	2	0	
Like fruits	(84.3%)	(8.8%)	(2.9%)	(2%)	(2%)	(0%)	
Vegetables							
- -	7	13	29	13	7	0	
Like vegetables	(6.9%)	(12.7%)	(28.4%)	(13%)	(6.9%)	(0%)	
	16	9	11	20	43	3	
Cry to eat vegetables	(15.7%)	(8.8%)	(10.8%)	(19.6%)	(42.2%)	(3%)	
<b>T '1</b> , ',	31	34	12	11	13	1	
Like trying new vegetables	(30.4%)	(33.3%)	(11.8%)	(10.8%)	(12.7%)	(1%)	

Table 3: Attitudes towards fruits and vegetables (n = 102)

F&V intake	Never	Once a	2 to 3 times	4 to 6	Once a	2 or more	No	
question		week	a week	times a	day	times a	response	
	F(%)	F(%)	F(%)	week F(%)	F(%)	day F(%)	F(%)	
	1 ( 70 )	1 ( 70 )	1 (70)	Γ(70)	1 ( /0 )	1(/0)	1(/0)	
100% FJ	38(37.3)	20(19.60	13(12.7)	8(7.8)	14(13.7)	9(8.8)	0(0)	
Fruits	7(6.9)	19(18.6)	27(26.5)	13(12.7)	12(11.8)	24(23.5)	0(0)	
VJ	71(69.0)	16(15.7)	4(3.9)	1(1.0)	8(7.8)	1(1.0)	1(1.0)	
Green salad	16(15.7)	40(39.2)	18(17.6)	5(4.9)	11(10.8)	7(6.9)	5(4.9)	
Potatoes	8(7.8)	33(32.4)	16(15.7)	13(12.7)	18(17.6)	11(10.8)	3(2.9)	
VS	32(31.4)	36(35.3	10(9.8)	5(4.9)	10(9.8)	7(6.9)	2(2.0)	
OV	15(14.70	35(34.3)	9(8.8)	14(13.7)	17(16.7)	10(9.8)	2(2.0)	
Code: I	Code: FJ - Fruit Juice VJ – Vegetable Juice VS – Vegetable Soup OV – Other Vegetables							

Table 4: Frequency/Percent Fruit and Vegetable Consumption Profile (n = 102)