

AN INVESTIGATION INTO THE SOCIO ECONOMIC AND ENVIRONMENTAL IMPACT OF STREET FOOD CONSUMPTION- A CASE STUDY OF THE UNIVERSITY OF UYO CAMPUSES

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ABSTRACT

The socioeconomic, health and environmental impact of street food consumption in the University of Uyo campuses (Town and annex) was investigated in this study. A well-constructed questionnaire was administered to 140 respondents to assess and determine the perception and attitude of respondents to street food consumption, the socio-economic and environmental factors affecting street food consumption, the health impact of street food consumption and to examine the Institutional regulations and control of street food consumption in the University of Uyo campuses. Percentages and Chi-square statistical analysis was used to test the Hypotheses. The results obtained revealed that 62.1% confirmed the presence of street food hawkers in the University of Uyo campuses. Also, the Street food vending activities are mostly outside the regulation and protection of the government and school authorities. 66.4% of the respondents eat street food and confirmed that the ingredients of which the street foods are made are diverse. 25% of the respondents eat street food daily, an indication that the frequency of street food consumption is high, 76% have suffered health related diseases from street food consumption. Conclusion therefore is that the rate of street food consumption is high in the University of Uyo campuses. The potential for the contamination has been identified due to the diverse ingredients used in the preparation. In addition, the outbreak of diseases traced to consumption of street food is an indication of its adverse environmental and health impact.

Keywords: University, Street-food, socioeconomic impact, health, environmental impact

INTRODUCTION

Food is any substance, whether in liquid, solid, concentrated, frozen, dried, or dehydrated form, consumed by humans primarily for its nutritional value and nourishment.¹ Food and Agriculture Organization (FAO) defined street food as ready-to-eat foods and beverages prepared and sold by itinerant or stationary vendors, especially on streets and other public places.

² Food expenditure remains a significant portion of household budgets, especially in low- and middle-income countries, where it can account for more than half of total household income.^{3,4} Studies have shown that although many high-income earners dine in restaurants, street food is consumed across all socio-economic groups due to its accessibility, convenience, and cultural relevance.⁵⁻⁷

Several factors have influenced the expansion of the street food sector, including rapid urbanization, population growth, increased female employment, and demand for convenient meals.^{2,8} Changes in lifestyles and increased economic activity, particularly in urban areas, have contributed significantly to the patronage of street food.^{9,10} Street foods remain important for providing affordable meals for urban populations, including middle-income households, while also supporting informal employment and local agricultural supply chains.^{2,11} The street food trade also plays a vital role in

agricultural marketing and agro-processing. For small-scale farmers, street food vendors provide a reliable outlet for their produce and contribute to local economies.¹² However, increased urbanization, rising incomes, and changing consumption patterns have also raised concerns about food safety and nutrition.⁴ Poor food handling practices, inadequate storage facilities, and limited sanitation remain major risks associated with street foods, often leading to contamination and foodborne illnesses.¹³⁻¹⁵ Despite these risks, street foods remain diverse and culturally embedded. They include meals, snacks, and drinks prepared using local ingredients and methods, which vary significantly across countries and regions.^{1,11} In Nigeria, street food consumption has increased with rapid urbanization, long commuting hours, and busy work schedules, making them an essential part of daily diets, particularly among students and workers.^{16,7} In many developing countries, the street food sector operates largely outside government regulation, leading to inadequate enforcement of hygiene and safety standards.¹⁴ This creates public health risks and highlights the need for stronger institutional frameworks to regulate the trade while recognizing its economic significance.^{4,11} In spite of the increase in street food consumption and its health-related problems in Nigeria, there is paucity of literature to support empirical studies. The environmental

health dimension in particular, of street food is yet to receive sufficient attention of scholars in the country. This study therefore investigates the street food consumption in a tertiary educational environment, University of Uyo, Akwa Ibom state, Nigeria and establishes implications for environmental health management. In addition this study assessed the socio-economic and environmental conditions of respondents in

the University of Uyo (Town and Annex) campuses, perception and attitude of respondents to street food consumption, determine socio-economic and environmental factors affecting street food consumption, the socio-economic and health impact of street food consumption and examine the institutional regulations and control of street food consumption in the University of Uyo.

METHODOLOGY

Study Area

The study area is the University of Uyo (Town and Annex) Campuses. The population of this study were men and women working in the University of Uyo (Town and Annex) Campuses. They include the University staff/workers and others having their private businesses / work places in the University of Uyo (Town and Annex) Campus.

Study design

A descriptive cross-sectional design was employed.

Study population

The study population consists of academic staff, non-academic staff, students and other campus community members. Inclusion criteria: Individuals aged ≥ 18 years present during the study period; Exclusion criteria: Visitors and those unwilling to consent.

Sample size calculation

Sample size was calculated using Cochran's formula for cross-sectional studies, yielding 140 participants.

Sampling technique

Stratified sampling followed by simple random selection within strata (academic, non-academic, students, others).

Study instrument

The study employed the use of structured, pre-tested questionnaire covering demographics, consumption patterns, health outcomes and awareness of regulations.

Validity and reliability

Content validity was ensured by expert review; reliability assessed via Cronbach's alpha ($\alpha=0.78$).

Data collection and management

Questionnaires were administered in person; data entered into Excel and cleaned.

Data analysis

Data were analysed using SPSS v21. Descriptive statistics (frequencies, percentages) and Chi-square tests were performed, with $p < 0.05$ indicating significance.

Ethical considerations

Ethical approval was obtained from the University of Uyo Research Ethics Committee. Informed consent was secured from all participants.

RESULTS

Table 1 Socio-economic and Environmental Characteristics of the Respondent

Items	Frequency	percentage
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Age (in years)	≤20	20	14.2
	21 -30	34	24.3
	31 – 40	36	25.7
	41 – 50	39	27.9
	≥ 50	11	7.9
Sex	Male	70	50
	Female	70	50
Marital Status	Married	61	43.7
	Single	66	47.1
	Divorced/Separated	10	7.1
	Widow	2	1.4
Academic Qualification	NIL	10	7.1
	NECO/WAEC	38	27.2
	OND	18	12.9
	HND	3	2.1
	DEGREE	26	18.6
	PGD	13	9.3
	PHD	32	22.8

Source: Field data, 2017.

Table 1 represents the distribution of the respondents by their age. The result shows that the modal age of the respondents is 41-50 years. The make up 27% of the respondent, only 7.9% of the respondents are above 50years. In general, this shows that majority of the respondents (77.9%) are in their active year's (20-50years). Students were found more in the age bracket of 20-30years while academic staffs were more in the 31-50 years age class. The non-academic staffs were more in the 21-40years age bracket. In the study, 50% of the respondents were found to be male while the remaining 50% were female. A total of 16.4% of the male respondents were academic staff of the university. The population of non-academic

staff and students seems to be equally distributed between the male and female population. Each consisted of approximately 12% in each category. The result showed that married population was 61 (43.7%), single population of respondent were 66 (47.1%) while divorced/separated were 10 (7.1%) and widow were 2 (1.4%). From the result, the modal status was single 6 (47.1%), while the least was widow 2 (1.4%). A total of 38 (27.2%) were NECO/WAEC holders, OND were 18(12.9%), HND were 3(2.1). However, 26(18.6%) of the respondent were degree holders, 13(9.3%) had PGD and 32(22.8%) were PHD holders among the respondents in the study area while 10(7.1%) of the respondents did not have qualification.

Perception/Attitude

Table 2: Distribution of Respondents on Perception/Attitude of Street Food Consumption

Items		Academic	Non-Academic	Students	Others	
Observe food vendors on campus	Yes	30	29	33	21.4	χ^2 cal (df 3) = 4.21 χ^2 tab = 3.8
	(%)	(21.4)	(20.7)	(23.6)	(9)	
	No	5	6	2	3.6	
	(%)	(3.63)	(4.3)	(1.4)	(35)	
Knowledge of existing restaurant on campus	Yes	22	27	21	17	χ^2 cal (df 3) = 6.951 χ^2 tab = 7.815
	(%)	(15.7)	(19.3)	(15)	(12.1)	
	No	13	8	14	18	
	(%)	(9.3)	(5.7)	(10)	(12.9)	
Consume food away from home	Yes	22	23	23	25	χ^2 cal (df 3) = 0.064 χ^2 tab = 7.815
	(%)	(15.7)	(16.4)	(16.4)	(17.9)	
	No	13	12	12	10	
	(%)	(9.3)	(8.5)	(8.5)	(7.1)	

Source: Field data, 2017.

Table 2 represent the Distribution of respondents by their knowledge of presence of food vendors/hawkers on campus. From the table, it shows that 118(84.3%) of the respondents observed the presence of food vendors on campus while 22(15.7%) of the response showed negative response. The calculated value of χ^2 was 4.21 while the tabulated value was 3.8. The relationship of the presence of food vendor was significant. Also, a total of 87(62.1%) of the respondents said yes while 53(37.9%) said No to the knowledge of existing restaurants on campus. There was no significant difference between population of the respondent that acknowledge the existence of restaurants on campus and those that did not acknowledged it. In the study there were 13 restaurants within the University of Uyo campuses.

15.7% of the respondents eat at the NASU canteen, 3.6% eat at the open space food stand, Coca cola stand was patronized by 21.4%, Uniuyo cooperative was patronized by 10.7%, Shops was patronized by 10.7%, Mummy Ruth was patronized by 3.6%, Mama Uduak was patronized by 1.4%, Senior staff club was patronized by 3.6%, Mama Gee restaurant was patronized by 3.6%, Home economics banquet hall was patronized by 3.6%, Santa villa was patronized by 3.6%, Uniuyo consult was patronized by 7.1%, Stella restaurant was patronized by 2.1%. The results revealed that majority of the respondents 66.4% eat street food while 33.6% does not eat. χ^2 cal (df 3) = 0.064, χ^2 tab = 7.815. Therefore, the Null Hypothesis is accepted.

Table 3: Distribution of respondents by Consumption of Food away from Home

Respondents , Category	Consume Food Away from Home				Total	
	Yes		No			
	Frequency	Percentage	Frequency	Percentage	Frequency	Percentage
Academic	22	15.7	13	9.3	35	25
Non-Academic	23	16.4	12	8.5	35	25
Students	23	16.4	12	8.5	35	25
Others	25	17.9	10	7.1	35	25
Total	93	66.4	47	33.6	140	100

χ^2 cal (df 3) = 0.064, χ^2 tab = 7.815

Source: Field data, 2017.

Table 3 represent distribution of respondents based on consumption of food away from home. A total of 93(66.4%) of the respondents responded to have consume food away from home while 47(33.6%) of the sample respondents mentioned they do not eat away from home. Null hypothesis was

accepted and alternative hypothesis was rejected. This further showed that there was no significant difference between respondents that consumed food away from home and the population of respondents that does not consumed food away from home or consumed food at home.

Table 4: Respondents' Reasons for Eating Food Away from Home

Item		Frequency	Percentage	
Reason for eating away from home	Tasty	4	4.3	χ^2 cal (df 3) = 0.814 χ^2 tab = 8.615
	Readily Available	50	53.7	
	Cheap	12	12.9	
	Nutritious	2	2.2	
	No Time	9	9.7	
	Colleagues/Friends	16	17.2	
Reasons for not eating street food	Not well prepared	16	34.1	χ^2 cal (df 9) = 6.666 χ^2 tab = 12.952
	It Is Prepared In Unhygienic Condition	14	29.8	
	Am Afraid I Might Contract Infection	17	36.1	
	Restaurants	36	38.8	

Frequency of preferred eating venue	Fast Food Joint	22	23.6	χ^2 cal (df 9) = 37.69, χ^2 tab =16.919
	Shops	22	23.6	
	Hawkers	13	14.0	
Check of nutritional information/value	Never	27	19.3	χ^2 cal (df 9) = 20.873 χ^2 tab =16.919
	On Certain Product	50	35.7	
	Rarely	51	36.4	
	Always	12	8.6	
Frequency of street food consumption	Daily	20	14.2	χ^2 cal (df 12) = 23.313 χ^2 tab =21.026
	1-3 Times/Week	34	24.3	
	4-7 Times/week	36	25.7	
	Few Time/Month	39	27.9	
	Never	11	7.9	
Individual ethnic view on street food consumption	Nuisance	6	4.3	χ^2 cal (df 6) = 7.593 χ^2 tab = 12.592
	Irresponsible	40	28.6	
	Lazy	94	67.1	

Source: Field data, 2017

Table 4 shows the distribution of respondents by reasons for eating away from home. From the table, a total of 50(53.7%) of the respondents said because the food is readily available, 4(4.5%) said they eat because they are tasty while 12 (12.9%) said they eat because the food is cheap, 9(9.7%) maintained that they eat out because they don't have time at home to prepare theirs and 2(2.2%) said they eat based on its nutrition value. However, the value of calculated χ^2 calculated was 0.814 while the tabulated value of χ^2 was 8.615. There was no significant difference for the respondent's reason for eating food away from home. Concerning reasons of not eating street food, a total of 16 (34.1%) respondents said because the food was not well prepared, 14 (29.8%) said because the food was prepared in an unhygienic condition; 17 (36.1%) said they eat street food because they were afraid they might contact infection. However, there

is no significant difference on the reasons of the respondents not eating street food. For preferred venue of street foods, a total of 36 (38.8%) of the respondents said they prefer restaurants; 22(23.6%) prefer fast food joint; 23(23.6%) preferred shops and 13(14%) preferred hawkers. There was significant difference between the preferred venues of the respondents. The table also shows the distribution of respondents by checking the nutritional information/value before purchasing food. From the table, 27 (19.3%) of the respondents never checked the nutritional value of the foods before purchasing food, 50 (35.7%) of the respondents were uncertain about the nutritional value of these food they want to purchase, 5 (36.4%) rarely checked the nutritional value, 12 (8.6%) of the respondents were the only population that checked. There was significant difference between the respondents checking the

nutritional value of the products they want to buy. The distribution of respondents by frequency of street food consumption shows that 20 (14.2%) of the respondents consumes the street food daily, 34(24.3%) 1-3 times per week, 36(25.7%) 4-7 times per week,

39(29.9%) few times per month while 11(7.9%) of the respondents showed that they never patronize street food vendors. There was significant difference between the frequency of consumption of street food by the respondents in the study area.

Table 5: Distribution of Respondents on the impact of Street Food Consumption

Items	Yes (%)	No (%)	
I feel healthy while eating street food	93 (66.4)	47 (33.6)	χ^2 cal (df 2) = 0.604 χ^2 tab = 7.815
Street food against belief	23 (16.4)	117 (83.6)	χ^2 cal (df 3) = 17.352 χ^2 tab = 7.815
Does street food consumption affect economic status	89 (63.6)	51 (36.4)	χ^2 cal (df 3) = 8.481 χ^2 tab = 7.815
How does street food consumption affect economic status	73 (52.2)	67 (47.8)	χ^2 cal (df 3) = 10.126 χ^2 tab = 7.815
I know health implications of street food consumption	78 (55.7)	62 (44.3)	χ^2 cal. (df 3) = 24.509 χ^2 tab = 7.815
Know people affected	100 (71.5)	40 (28.5)	χ^2 cal. (df 3) = 24.509 χ^2 tab = 7.815
If they have suffered any street food related sickness	106 (76)	34 (24)	χ^2 cal (df 3) = 3.532 χ^2 tab = 7.815
Know existing food safety law	0 (0)	140 (100)	χ^2 cal (df 9) = 66.765 χ^2 tab = 12.592

Source: Field data, 2017

The distribution of respondents by their view on the feeling healthy while eating street food shows that 93(66.4%) of the respondents in the study area said they feel healthy consuming street food while 47(33.6%) showed a negative response. However, there is no significant difference between those that feed well on street food and those that does not feed well. It was shown that 23 respondents confirmed that they have problem consuming street food while 117(83.6%) of the respondents said they do not have anything against their belief

consuming street food. The calculated value of χ^2 is 17.352 while the tabulated value of χ^2 is 7.815. Null hypothesis was accepted since χ^2 calculated is greater than the χ^2 tabulated. The odd of the probability that a respondent will consume street food is a function of Prob(SF) = F(Age, Sex, Marital Status, Occupation, Class, Educational Level, Income). The table also shows a total of 84(60.0%) of the respondents opined that the consumption of street food does not affect their economic status while 56(40.0%) of the respondents said that consumption of street

food affects their economic status. There was significant difference between the consumption of street food and individual's economic status. The distribution of respondents by how consumption of street food affects their economic status shows that 89 (63.6%) of the respondents indicated that consumption of street food makes them spend much money, 51 (36.4%) of the respondents said that consumption of street food makes them save money. There was significant difference on how consumption of street food affects their economic status. A total of 73(52.2%) showed that they are aware of the health implication of consuming street food while 67(47.8%) of the respondents showed that they are not aware of the health implication of consumption of street food. And there was a significant difference between the respondents in the study area on the knowledge of health implication of street food consumption. A total of 100(71.5%) of the respondents

showed that they are aware of the people affected by the consumption of street food while 40(28.5%) of the respondents showed that they do not have knowledge of people affected by street food consumption. There is a significant difference between the respondents in their knowledge of people affected by consumption of street food. A total of 106(76.0%) of the respondents showed that they have suffered from food related sickness while 34(24.0%) maintained that they have not suffered from food related sickness before. There was no significant difference between respondents that have suffered from food related sickness among the sampled population in the study area. A total of 140(100%) of the respondents showed that they do not have any idea or knowledge about any existing food safety laws in the state. There was significant difference between the respondents on the knowledge of existing food safety laws.

Table 6: Respondents Perception of the Health Implication of Street Food Consumption

Items		Frequency	Percentage	
Knowledge of sicknesses suffered by people through street food consumption	Dysentery	37	42.0	χ^2 cal. (df 15) = 108.152 χ^2 tab = 24.996
	Obesity	2	2.2	
	Cholera	22	24.7	
	Hepatitis	5	5.6	
	Worm Infestation	16	18	
	Others	7	7.8	
Distribution of respondents by sickness	Constipation	5	4.7	χ^2 cal (df 18) = 88.279 χ^2 tab = 28.869
	Dysentery	29	27.4	
	Gastro	15	14.2	

they personally suffered by existing street food	Enteritis		
	Diarrhoea	26	24.5
	Typhoid	17	16.0
	Cholera	5	4.7
	Food poisoning	9	8.5

Source: Field data, 2017

Table 6 represent the distribution of respondents by their knowledge of sickness suffered by people through street food consumption. A total of 48(42.0%) of the respondents showed that dysentery has been the sickness suffered by the people affected through street food consumption. In the study, 2(2.2%) showed affected sickness to be obesity, 22(22%) showed cholera, 5 (5%) showed hepatitis, worm infection was shown by 16(16.5%) of the respondents, while 7 (7%) of the respondents said the affected people suffered from other sicknesses. There was significant difference between the knowledge of sickness by the people through street food consumption in the respondents.

DISCUSSION

The study on street food consumption in the University of Uyo community was conducted using 140 structured questionnaires which were specifically distributed to a class of people that included academic staff, non-academic staff, students, computer operators, traders, and other people that are not students and not staff of University of Uyo. Each group had 35 respondents of the 140 structured questionnaires shared. The results obtained showed that of the total of 140

The table also represents the distribution of respondents based on sickness they personally suffered by eating street food. However, a total of 5 (4.7%) of the respondents showed that they have constipation, 29 (27.4%) showed they have suffered from dysentery, 15(4.2%) showed gastro intestinal infection, 26(24.5%) showed diarrhoea, typhoid was shown by 17(16.0%) respondents, cholera is also shown by 5(4.7%) of the respondents while 9(8.5%) of the respondents showed that they have suffered from food poisoning. There was a significant difference between the respondents by the sickness they suffered personally by eating street food.

respondents, 70 were women, 70 were men, 66 were single, 61 were married, 11 were divorced and 2 were widowed, 32 were PhD holders, 26 were BSc holders which made up the staff (academic and non-academic), 38 were WAEC/NECO holders which mostly constitute the students and 10 were NCE holders. The study revealed that 118 (84.4%) of the respondents confirmed the presence of hawkers and fast food on campus. This relates to the submission of the FAO that

street foods are ready to eat foods and beverages prepared and/sold by vendors and hawkers especially in streets and other similar public places.²Also, street food vendors do not form a homogenous group but differ according to various socioeconomic and demographic criteria and in some locations fall into identifiable groupings. The findings also showed that 66.4% of the respondents eat away from home and 36.2% do not eat away from home. This corresponds with findings that street food has increasing patronage due to industrialization and urbanization, forcing many city dwellers to eat their major daily meals out of their homes.¹⁷

In this study, a higher percentage of respondents eat street food and this is not dependent on the academic qualification or age. 4.3% of the respondents gave their reasons for eating street food because the food is delicious, 53.7% eat because the food is readily available, 12.9% eat because the food is cheap, 9.7% eat because of inadequate time to eat at home. These findings agree with Adjrah et al. that whatever the reason—sheer necessity, lifestyle, convenience, pleasure—urban dwellers spend a substantial amount of their food budget on street food.¹¹ This suggests that people eat street food irrespective of their class as observed in this University community comprising of multi-class population and culture. The findings also showed that 38.8% eat at the restaurants, 23.6% eat at fast food joints, 23.6% eat at the shops and 14.0% eat from the hawkers. This agrees with Osei-Kwasi et al. that the attitude of consumers to street food consumption varies and is dependent on the urgency to satisfy their culinary drive and gustatory

attributes attached to the street foods.⁷ Also, 19.3% of the respondents do not check the nutritional value of food before consumption, 35.7% check on certain products, 36.4% rarely check and 8.6% always check the nutritional content of food. These findings agree with Muyanja et al. that people do not always check the content of food before consumption.¹³ Furthermore, 25% of the respondents consume street food daily, 26.3% eat 1–3 times per week, 13.7% eat 4–7 times per week, 1.4% eat a few times per month. This implies that the frequency with which the respondents consume street food is high and they eat more outside than at home. The findings agreed with Abrahale et al. that budget for street food is quite high among urban dwellers and not only among high-income households but across various income groups.¹⁰ The findings of this study revealed that 66.4% of the respondents considered themselves eating healthy with street food while 33.6% do not. 82.1% of the respondents have knowledge of the health implications of street food consumption and 17.9% do not. This agrees with Osei-Kwasi et al., who observed that perception of hazards in street food is often driven by level of education⁷. It was also observed from the findings of this study that 4.3% of the respondents ethnically classify those who eat street food as being a nuisance, 28.6% classify it as irresponsible, 67.1% see them as lazy people. The study also showed that 16.4% of the respondents consider street food consumption against their belief and 83.6% do not consider it against their belief. This indicates that people's belief and ethnicity may not have any effect on their consideration or preference towards street

food consumption. Furthermore, 63.6% of the respondents agreed that street food consumption affects their economic status while 31.4% disagreed. Among them 63.6% indicated that it makes them spend more than their planned food budget and 36.4% indicated that it makes them save their income. This indicates that economic status and personal finances of individuals may determine how much they spend on the consumption of street food. Also, the findings from this study showed that 17.2% of the respondents eat away from home because of the influence of colleagues/friends who do so and 53.7% eat food away from home because of the nearness of the vending station to them. This study agrees with Osei-Kwasi et al. which stated that nearness of the vendors to customers increases the rate of street food consumption.⁷ The findings from this study showed that 76% have suffered health-related ailments from eating street food- 4.7% of the respondents have suffered from constipation, 27.4% dysentery, 14.2% gastroenteritis, 24.5% diarrhoea, 16% typhoid, 4.7% cholera, 8.5% food poisoning and 24.3% have not. Also, 42% know people who have suffered dysentery, 22% obesity, 24.7% cholera, 5.6% hepatitis, 18% worm infestation and 7.8% gastroenteritis from eating street food. The result from the study also indicated that 63.5% of the respondents have seen others suffer from the diseases and 36.5% have not seen. These findings agree with Akabanda et al. that the main health hazard associated with street food is microbial contamination, with pathogenic microorganisms and several outbreaks of diseases including cholera traced to consumption of contaminated street foods.¹⁵

This is an indication of the negative socioeconomic and health impact of street food consumption and should be considered a public health concern. This study also revealed that 41% of those that have suffered from associated diseases are University workers and this may have adversely affected the economic activities of the University and reduced the financial capacity of the workers, due to absenteeism and hospitalization in the course of sickness. The finding correlates with Osei-Kwasi et al., who reported that treatment of diseases from street food-borne illnesses can result in heavy financial drain on individuals and governments.⁷ The results showed that 100% of the respondents have no knowledge of any laws governing food vending and food safety in the University community. 20% of the respondents indicated that the vendors are authorised before selling food and are controlled because they are restricted to sell in some areas, and the security officers confiscate their food wares when caught selling in those areas, while 80% disagreed because there is no circular or notice from the university authority on food vending, safety and hygiene within the University community. As such the hawkers sell in the classrooms; the security officers are not strict and do not confiscate their food wares when they are caught. These findings agree with Alimi and Workneh that street food activities in most developing countries are mostly outside regulation and protection by the governments¹⁶. The informal nature of the enterprise, lack of official data and volume of trade involved reduce the economic importance of street food vending. The findings also agree with Adjrah et al. that street food vending

practices are encouraged by weak regulatory and inspection facilities in most developing countries.¹¹ The Chief Security Officer (CSO) University of Uyo, in a personal interview confirmed that there is the presence of street food hawkers in the university campuses and they are controlled by the security unit of the University. He also

CONCLUSION

In conclusion, this study has shown that both students and workers (Academic and non-Academic staff) consume street food, but the Students tends to consume more than the workers. This is not affected by the low-income status of the students as they manage their allowances and expenditure or the higher socio-economic status of the workers (Academic and non-Academic staff). The different types of street foods on sale within the university community are: fruits (unprocessed and semi processed), foods, drinks (traditional and industrial processed juices and fizzy drinks), meal/related products (Rice, beans, yams, plantains, Sauce/stews), snacks and nuts.

Most of the respondents find nothing wrong with eating street food, considering the many restaurants, vending sites and hawkers

RECOMMENDATIONS:

From the findings of this study, recommendations were made which include the need for mass literacy campaign on health implications of street food consumption to the public especially in the university community. Enlightenment will result in change of attitude towards street food consumption. There should be food safety laws and food safety policies formulated by

agreed that different kinds of food and beverages are on sale. However, he confirmed the inadequate and non-effective control of the vendors, due to shortage in the number of security personnel for the work. As a result, the vendors take advantage of this to make sales in classrooms and other restricted areas of the university community.

identified within the campus, which in turn had exposed many to the hazards associated with consumption of contaminated street food. This may be due to their lack of knowledge of health implication of street food consumption, length of hours spent outside their homes and the availability and convenience of street food. This study has shown that there is no food safety law or enforcement in place in the university community. Thus, street food vending in University of Uyo campuses are not effectively regulated or controlled. This has invariably promoted the access to consumption of unsafe and unhygienic food within the campus community, the proliferation of unregulated food vending outlets and possible spread of food borne diseases among the university community.

the university administration, which should be made public and proper awareness created for the university community and prospective food vendors. There should be effective control and regulation of food vendors by University authority through the security personnel by providing adequate staff for the work. The Food safety laws and food safety policies formulated should consider

economic and socio-cultural background of the people to ensure effective implementation. A quality control check should be put in place, so that Food sold to

CONFLICT OF INTEREST

The authors declare no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

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