

In Kenya, 56% of the population lives in low income and are below poverty line. This is compounded with 60% of population who are afflicted by deficiencies of protein, energy and micronutrients. Vitamin A deficiency is responsible for lack of immunity to diseases that kill 23% of children and other people, worldwide. Regrettably 30% of fruits, the good sources of vitamins, go to waste in Kenya for lack of market. Enhanced consumption of fruit products could help the country meet the Millennium Development Goals on reduction of poverty, malnutrition and mortality. The objective of this research was to determine socio-economic and product characteristics that influence consumption of fruit products and recommend ways for enhancing consumption of the products. Research methods involved purposive selection of three estates in Nairobi that represent the low, middle and high income groups. Monthly income by the low income, middle income and high income households were respectively KES :\_14000, KES 14001 to 56000 and KES >56000 (Exchange rate in 2007 was KES 69 for US\$1). In each estate, 130 households were sampled and every household was interviewed using a 24 hour recall for consecutive seven days to assess food consumption and consumers' attitudes to processed fruit products. The most consumed and least consumed specified fruit products (e.g. mango juice, corresponding to brands) of each of fruit product types that are fruit juices, fruit flavored drinks, fruit based soft drink, jams, marmalade and canned fruit slices were analyzed in the laboratory for quality and safety. Ten packages of each selected product brand were sampled from the market and analysed for contents of vitamins A and C, °Brix, microorganisms TPC, coliforms, yeasts and moulds, preservative benzoic acid and sulphurous acid. Fruits were also analysed for pesticide residues. Results on food consumption showed that the low-income group did not meet FAO/WHO recommendations, and had mean per capita daily intake of 1915 kcal, vitamins A (RE) at 335 µg and C at 55 mg. Other income groups met nutrient requirements, but like low income group, consumed lower amounts of fruit products and carrots than FAO recommendations. Fresh fruits were consumed by 26% of the population and processed fruit soft drinks by 17% among whom the low income were 4.5%, middle income were 33% and the high income were 63%. Per capita mean daily consumption of fruit products was 44 g (24 g fruit plus 19.2 ml fruit soft drink and 1.4 g fruit preserve). The mean per capita annual consumption of processed fruit products by low income averaged 2.9 L fruit soft drinks, by middle income were 5.9 L fruit soft drinks and 0.5 kg preserve, by high income group were 12 L fruit soft drinks and 1 kg preserve, and by all consumers were 7 L fruit soft drinks and 0.5 kg preserve compared to world consumption of 9.5 L. Significant difference of consumption among income groups was at  $p \leq 0.05$ . Concerning consumer attitudes on processed fruit products they bought, 64% of consumers said that prices were fair and 84.8% said quality and safety were good. Laboratory analysis found contents of vitamins A and C reasonable compared to literature information. However, there are no national standards for content of vitamins in the products. Quality failures were one fruit based soft drink with low °Brix and one fruit flavour drink because it had fruit pictorial label. Safety failure was one brand of jam that had excess content of sulphurous acid. It is recommended that the public should be sensitized to enhance consumption of fruit products. Processors should apply quality standards, truthful labelling and controlled pricing. Results of this study shall be useful to processors, consumers, nutritionists, government and UN organisations in promoting production, processing and consumption of fruit products for raising incomes and health of Kenyans