Can Low-Income Families Afford a Healthy Diet?: Jamaica, St. Kitts & Nevis and St. Vincent & the Grenadines

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BACKGROUND

The FaN project assessed the ability of households to buy a standard basket of healthy foods before and during the COVID-19 pandemic. The costs of 191 food items were averaged from supermarkets, municipal markets, wholesales, and community food outlets in high-and low-income areas. The analyses compared foods, by selecting high and low ranked commodities and by the proportions of those foods required to meet a low-cost nutritionally balanced diet of 2,400 Kcal.

FINDINGS

• Across all 3 countries, the cost of food baskets have increased since 2019, and an average of 40% of income is required to obtain a low-cost balanced diets in poor households.
• The higher cost of food in low-income areas is explained by the “corner shop” effect where prices are inflated compared with the bulk purchasing of supermarkets.
• Studies have shown that when food budgets are small it is possible to spend less and eat more, especially if the extra energy comes from added sugar and added fat.
• Efforts to change dietary practices to improve health are therefore unlikely to succeed if the costs of the healthy options are not considered, particularly for the low-income families.
• Obesity is the consequence of economic decisions that have much to do with social and economic resources, food prices and diet costs.
• Indication: increasing the minimum wage may allow low-income families to make better and healthier food choices if they use the additional cash for that purpose.

RECOMMENDATIONS

1. Determine why some areas of each country have consistently high prices.
2. Determine why prices in low-income areas are higher.
3. Determine whether 22-25% (SKN), 38-43% (SVG) or 43-48% (JAM) of minimum wage is “acceptable”.
4. Continue monitoring food baskets as a vulnerability index.
5. Identify and promote “best buys” for respective areas, i.e., foods that are both nutritious and affordable.