

## BACKGROUND

To help develop policy to address unhealthy diets and related chronic illness in the Caribbean, a study was conducted in Jamaica (JAM), St. Kitts and Nevis (SKN), and St. Vincent & the Grenadines (SVG) to gain an understanding of eating habits. The study (1) examined the foods typically consumed at mealtimes, along with the reported drivers and correlations with various demographic variables; and (2) documented the self-perceptions of eating habits, determinants attributed to these assessments and perceptions of the healthfulness of selected foods and drinks.

## METHODS

A mixed-method sampling approach was used, with input from local authorities. Questionnaires were administered to employees and patrons ( $\geq 18$  years) of selected establishments in each country. A broad cross-section of businesses was targeted to ensure the inclusion of individuals from different age groups, socioeconomic and educational backgrounds, health statuses and genders. There were 374 respondents in JAM; 255 in SKN; and 266 in SVG.

## GENERAL FINDINGS

- **Age:** Younger persons were more likely to consume less healthy food/drinks.
- **Gender:** Males consumed more less healthy food/drinks.
- **Income:** Persons with lower income tended to eat less healthily, while higher-income respondents opted for more nutrient-dense foods.
- **Single-headed household:** Persons living in a single-headed household were more likely to consume less healthy foods/drinks.

## Revealed Determinants of Eating **Unhealthily**

### Biological Determinants

Taste, Appetite

### Social Determinants

Culture, Family, Peers and Habit

### Economic Determinants

Cost, Income and Availability

### Physical Determinants

Access and Time



## POLICY PRESCRIPTIONS TO ADDRESS UNHEALTHY EATING

- **PRICES:** Raise the prices of unhealthy foods using taxation and lower prices of healthy foods through subsidisation.
- **EDUCATION & INCENTIVES:** Increase consumption of fruits and vegetables and other nutrient-dense foods through (1) education (national healthy eating campaigns), and (2) incentives to boost their production, distribution and convenience.
- **KNOWLEDGE & SKILLS:** Improve knowledge and skills for healthy eating and preparing nutritionally balanced meals through food preparation workshops, and health education programmes.
- **ACCESS:** Increase access to healthy foods using price and convenience strategies, and restrict the ease of access to unhealthy foods by regulating sale in schools and workplaces.