

Consumption Matters:

Improving Eating Patterns through Policy in Jamaica

NCDs are the leading cause of death and disability

Globally, non-communicable diseases (NCDs) have dominated the top ten causes-of-mortality charts. It is well documented that physical inactivity, smoking, harmful alcohol consumption and an unhealthy diet are major risk factors for NCDs[1]. These lifestyle diseases are responsible for 70% of mortality in Jamaica. The HEU, Centre for Health Economics, and a collection of regional and international research institutions researched "Improving Household Nutrition Security and Public Health in the Caribbean Community" to produce the necessary data for informed remedial policy. This policy brief highlights key findings of the HEU's research component and recommends interventions for improving eating habits in Jamaica.

Food Choices Findings

Gender: Males were more likely than females to have some of the least nutritious drinks. Females were more likely to consume vegetables.

Age group: Those in the youngest age-groups 18-24 and 25-34 were more likely to consume the less nutritious drinks and foods.

Income: Lower income is associated with an increased prevalence of unhealthy food and drinks consumption.

Single-Head of Household: Respondents living in a single-headed household were more likely to consume less nutritious foods and drinks.



The highest proportion of Jamaican respondents indicated that they ate fruit (54%) and vegetables (47%) once daily, suggesting the possibility of an insufficient intake of these items.

Perception of the Healthfulness of Foods & Drinks

There was little overall evidence of misperceptions concerning the nutritional value of commonly consumed foods and drinks. However, younger and less educated respondents viewed more favourably the less healthful items when compared to the overall average.

Drivers of Unhealthy Eating Habits

Among the persons (49%) who professed to be unhealthy eaters, females, those in the youngest age bracket and those who had completed only primary level education were more likely to eat unhealthily.

The data revealed that the top drivers of unhealthy diets include **ease of access** to unhealthy foods, **limited time** to prepare healthy meals, **personal habits**, and the relatively **lower cost** of unhealthy foods. The drivers of "access", "time" and "cost" were more common among the young. The "cost" factor was more prevalent among those with low income. Females are more than twice as likely to report "personal habits" as a reason for their dietary choices.

Drivers of Healthy Eating Habits

Over one-half (51%) of Jamaican respondents considered themselves healthy eaters and are motivated by **personal habits** and **awareness** of the nutritional superiority of healthy foods.

Price Comparison between Healthy & Unhealthy Goods

A look at the prices of food items generally shows that for the period 2018 to 2019, prices of both healthy and unhealthy foods rose. However, increases in the prices of some healthy foods (fruits and vegetables) were more dramatic than changes in the prices of less healthy foods (corned beef, bacon, canned fruits) over that same period.

Sensitivity Analysis

The analysis found that poultry (egg, chicken) and dairy products are inelastic - meaning that price adjustments will need to be relatively large to induce a meaningful change in quantity demanded for these items. Contrariwise, provisions (plantains, sweet and Irish potatoes) demonstrated an elastic demand - indicating that relatively small price adjustments can result in more

significant changes in the quantity demanded for these items.

RECOMMENDATIONS FOR POLICY INTERVENTIONS TO ADDRESS UNHEALTHY EATING

FISCAL INTERVENTIONS

- Reduce the affordability of unhealthy foods through increases in consumption taxes on these items.
- Promote the availability and accessibility of healthy local foods by providing subsidized facilities (food courts) within communities for providers of healthy foods.
- Grant tax concessions and waivers of taxes and duties for producers and importers of healthy foods to reduce the price of these foods.
- Provide transfers to farmers to facilitate the production and marketing of fruits and vegetables to increase supply and lower prices of these healthy foods.
- Impose higher taxation on locally processed foods high in the amounts of salt, saturated fat, and sugars contained therein.

NON-FISCAL INTERVENTIONS

- Improve knowledge and skills for healthy eating through education and training on food preparation for households, emphasizing quick to prepare but tasty foods.
- Include a nutrition-based component in social support programmes to encourage participation in available training on preparing healthy, tasty and easy to prepare foods.
- Provide training on sustainable best practices for agriculture and promote local agriculture through media campaigns to increase the production of vegetables and other foods.
- Increase public health and other related initiatives to improve the nutritional choices of the population by explicitly targeting the young, less educated, those in the lowest income brackets and those with NCDs.
- Promote healthy eating environments in schools, households and low-income communities through campaigns aimed at reducing the availability of unhealthy foods in schools, communities and workplace cafeterias; and by educating/training food vendors on healthy food options and preparation methods.
- Formulate education and information programmes targeting mothers and caregivers of young children to encourage and facilitate healthy dietary practices and the formation of healthy eating habits early in life.
- Impose regulatory measures to reduce the amounts of salt, saturated fat and sugars in locally processed foods to facilitate the availability of locally manufactured healthy foods.

CONCLUSION

The study showed that eating patterns, motivation for dietary choices and the perceived healthfulness of foods and drinks vary substantially across the demographic spectrum of the respondents. Furthermore, price analyses brought to the forefront the existence of price disparities between unhealthy and healthy foods. The implications of the estimated demand elasticities were also examined. Based on these research findings, several fiscal and public policy recommendations to effectively foster improved diet quality in Jamaica were outlined.

References

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