

Consumption Matters:

Improving Eating Patterns through Policy in St. Vincent and the Grenadines

NCDs are the leading cause of death and disability

Unhealthy diets contribute to many major illnesses, including non-communicable diseases (NCDs), which are responsible for 81% of deaths in St. Vincent and the Grenadines [2]. To aid in policy formulation to address this issue, the HEU, Centre for Health Economics conducted research on “Improving Household Nutrition Security and Public Health in the Caribbean Community”. To this end, this policy brief presents the key findings of HEU’s component of the study. It proposes recommendations to improve dietary choices to reduce the burden of NCDs in St. Vincent and the Grenadines.

Food Choice Findings

Age group: younger respondents were more likely to consume less healthful items than older respondents.

Gender: the consumption rates of the less healthful foods were higher among males. However, males were more likely to consume the less healthy drinks.

Income: lower-income respondents tended to eat less healthily, while higher-income respondents opted for more nutrient-dense foods.

“Fruits and vegetables do not play a central role in diets and are consumed mostly once per day.”

Perception of the Healthfulness of Foods & Drinks

The data showed limited evidence of any overall misunderstandings regarding the nutritional content of

Drivers of Unhealthy Eating Habits

According to the data, 48% of respondents believe they eat healthily. The main drivers of unhealthy diets are the relatively **lower cost** of unhealthy foods, **ease of access** to unhealthy foods, **personal habits**, the **affordability** of unhealthy foods and the perceived better **taste** of unhealthy foods. The young and lower-income respondents are more likely to blame “**Cost**” and **ease of access** for their general unhealthy diet.

Drivers of Healthy Eating Habits

Healthy eating is mainly motivated by the **nutritional benefits** and **personal habits** developed over time.

Price Comparison between Healthy & Unhealthy Goods

Using an excerpt of food items from the 2020 St. Vincent and the Grenadines Consumer Price Index, the general conclusion can be made that the foods and drinks here classified as healthy cost less than their relatively healthier substitutes.

Sensitivity Analysis

Except for tomatoes, all the healthy foods examined in the study have low sensitivity to changes in price - meaning that price adjustments will result in a less than equivalent change in quantity demanded for these items. Conversely, except powdered chocolate and chicken sausages –all the unhealthy items have high sensitivity to changes in price¹.

¹ Termed “elastic”. Percentage in quantity demanded was more than proportionate to the percentage change in price.

RECOMMENDATIONS FOR POLICY INTERVENTIONS TO ADDRESS UNHEALTHY EATING

POLICY TARGETS	POSSIBLE INTERVENTIONS
<ul style="list-style-type: none"> Higher prices of unhealthy foods and lower prices of healthy foods. 	<ul style="list-style-type: none"> Subsidies that result in a direct reduction in price to achieve the desired increase in consumption of healthy foods (according to the elasticity of item). Reduce Value Added Tax (VAT,) and other sales taxes on healthy foods. Increased taxes (e.g. excise taxes) on unhealthy foods.
<ul style="list-style-type: none"> Increased consumption of fruits and vegetables and other nutrient-dense foods 	<ul style="list-style-type: none"> Incentivize the local agricultural sector to increase production and improve distribution, including different delivery methods. Build relationships with food retailers and the agribusiness sector to improve access to conveniently packaged fruits and vegetables. Conduct a nationwide healthy eating campaign, with an emphasis on the benefits of fruit and vegetable consumption.
<ul style="list-style-type: none"> Improve knowledge and skills for healthy eating and preparing nutritionally balanced meals 	<ul style="list-style-type: none"> Food preparation workshops for households (Segment according to age group). Introduce workplace health education programmes to encourage healthier eating habits on the job. Workshops targeted at mothers to build capacity on preparing healthy meals and mindful food shopping habits.
<ul style="list-style-type: none"> Address the ease of access to unhealthy foods and increase access to healthy foods. 	<ul style="list-style-type: none"> Regulation of meals at schools and workplace canteens such as limiting the sale of high fat, high sugar and high sodium food and drink options. Implement restrictions on the proximity to schools and homes that fast food and other similar establishments can operate. Provide incentives (tax or otherwise) for food establishments to increase to provision of healthy food options.
<ul style="list-style-type: none"> Increase awareness of health-related consequences of unhealthy eating and reduce NCDs 	<ul style="list-style-type: none"> Health education campaigns to increase awareness of the health impacts of unhealthy eating, specifically NCDs and obesity. Community-based events- farmers markets, health fairs, community gardens etc. Develop health promotional material for display at health centres, shops and other common areas in communities.

CONCLUSION

The data build the case for interventions to improve the residents' eating habits of St. Vincent and the Grenadines. Most of the underlying factors pointed to an inclination to consume unhealthy foods sources based on interrelated factors like cost, ease of access and habits that have been developed over time.

The impact of this has been lower consumption of traditional preparations and increased consumption of ultra-processed products.

A series of interconnected measures are encouraged to bring awareness to the consequences of choices and improve the overall food environment.

This multi-layered approach is apt, given the cycle of eating habits and their surrounding environment. It is also anticipated that the impact of these measures is likely to be seen in the long term.



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