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RESEARCH PROJECT:

THE FOOD INSECURITY-OBESITY PARADOX AS A VICIOUS CYCLE FOR WOMEN: A QUALITATIVE STUDY

This research was made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.



The Food Insecurity-Obesity Paradox as a Vicious Cycle for Women: A Qualitative Study

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What is the research project?

The Full Plate: Women, Obesity and Food Security Project was conducted in 2011-2012 by the Atlantic Centre of Excellence for Women's Health (ACEWH), Dalhousie University as part of the Women's Health Contribution Program funded by Health Canada. The project was a study of the relationship between obesity, food insecurity and chronic disease in the lives of women in Atlantic Canada. This study included six focus groups conducted from November 2011 to February 2012 in New Brunswick, Newfoundland and Labrador, Nova Scotia, and Prince Edward Island, and included Aboriginal women, Bilingual Francophone women, and those living in urban, rural and/or remote locations. A key focus of this project was to investigate the food insecurity-obesity paradox, the contradictory association between food insecurity resulting from inadequate economic resources to purchase food and obesity as a consequence of overconsumption.¹

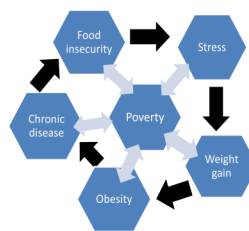
What are the key issues?

We were intrigued with the question of moderate food insecurity being linked to overweight rather than low body weight, and that this was the case only for women.

In particular, we wanted to know several things: What were participants' weight challenges – had they experienced weight issues from childhood or as a direct response to food insecurity? Was this strictly about accessing poor quality food options? What food choices were available to the women? What were the gender dynamics in the household – how was food shared, who got the best food, and who ate the most food? How did their weight affect other aspects of their health, especially around chronic diseases? What coping strategies did they use to deal with food insecurity? What changes did they see as important in order to make the situation better?

What did we find?

For participants the food



Food Insecurity-Obesity Paradox as a Vicious Cycle for Women (Papan, A.S. & Clow, B., 2012:28)

insecurity-obesity paradox was experienced as a vicious cycle. The vicious cycle described by participants included experiences of pov-

erty, often in childhood and as adults; food insecurity and nutritional deprivation caused by an inability to purchase healthy foods; weight gain in the context of food insecurity eventually becoming obesity; ongoing and increasing stress due to a myriad of factors including lone parenting and social isolation; reduction in well-being, and experiences of chronic illness.

Even though almost every participant self-reported as being in the obese range and self-identified as experiencing some form of chronic disease – the women spoke about their health obstacles in terms of poverty. Our evidence showed that rather than an absence of knowledge around how to live in healthy ways, there was an absence of choice to do so. One participant summarized it this way: “You have no control. You have to buy what is close to what you think is nutritional or do without. That’s the truth.”

Participants talked extensively about their obstacles vis-à-vis access to and the availability of healthy food, including food staples. They talked about living in “food deserts”, the difficulty of getting to grocery stores, and how this was exacerbated by mobility issues.

Many participants outlined intricate strategies for surviv-

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al. They talked about the exact use of their money and how to get the best bargains at multiple stores including buying out-of-date foods, coordinating purchases with neighbours and friends, participating in community gardens, skipping meals, and sharing meals. One participant elaborated: *"I go into my bank every month, first of the month, rent comes out, electric comes out, phone comes out, all my bills are paid.... Food comes last."* In addition, some participants outlined strategies of resilience including returning to school, joining walking groups and nutritional training programs, and engaging in community activities.

Participants spoke about lifelong challenges with weight, they remembered childhood experiences of feast and famine, and reflected on the impact this had on their relationship to food as adults. The experience of food insecurity as a child and then as a parent and trying to protect their children from the same experience was also discussed.

Women talked about their choices as mothers, and in particular eating less and last, so their children would be less affected. With one participant explaining it this way: *"I feed them and then I eat. It's just that, you know what I mean, I just make sure. I mean, they're more important than I am."*

Participants regularly talked about feeling socially isolated, stigmatized, and vulnerable. They spoke about this in the context of being poor, of being lone-mothers, of being unattached women living alone, of going to food banks, of being overweight and obese, of being disabled or immobile, of dealing with chronic diseases, of coping with mental health

issues, and when dealing with bureaucratic hoops related to government assistance programs, amongst other things.

Moreover, participants regularly referred to experiences of feelings "depressed," going through "dark times", feeling "lonely", and discussed treatment and care for sleeplessness and mental health issues. and how these experiences in turn contributed to further weight gain.

Participants discussed the right to food in Canada, and questioned the stark contrast between a country with such an abundance of food production and people not having enough healthy food to eat with one participant claiming: *"There should not be, in a country like Canada, Food Banks. There should be enough food for everybody."*

When we asked what participants would ask their Premier to change if given the chance, the recommendations essentially came down to two key elements: 1) they should be receiving more money on a monthly basis, i.e. through social assistance or other programs, and 2) there should be a better understanding of what it is like to be food insecure in Atlantic Canada. Every group said that the Premier *'should live in our shoes and see first-hand what it is like to live like this'*.

Who did we collaborate with on this project?

This research project was supported by an Advisory Committee. Partners included the Food Security Network of Newfoundland and Labrador; Nova Scotia Department of Health and Wellness; Cooper Institute, PEI; Atlantic Aboriginal Health Research Program, Dalhousie University; Health and Social Sector of Territo-

ry of NunatuKavut; North End Community Health Centre, NS; Common Front for Social Justice, NB; Mac-Morran Centre, NL; Fredericton Anti-Poverty Organization, NB; and,



Left to Right: Darlene Wall, Lynn Blackwood, Natasha Poole, and Barbara Clow in Happy Valley-Goose-Bay.

Nova Scotia Participatory Food Costing Project at Mount Saint Vincent University, NS.

The Full Plate Project included several knowledge sharing opportunities with policymakers, health professionals, community members and researchers including:

- Half Day Knowledge Sharing Session and Consultation in Happy Valley – Goose Bay, NL on 23 March 2012, co-hosted with Health & Social Sector NunatuKavut
- World Café on 15 November 2012 in Halifax, NS.
- Webinar on 7 December 2012 with the Canadian Women's Health Network
- Network Magazine article <http://www.cwhn.ca/en/networkmagazine/foodinsecurity>

¹ Dinour, LM., Bergen, D. & Yeh, M-C. (2007). The food insecurity-obesity paradox: A review of the literature and the role food stamps may play. *Journal of the American Dietetic Association*. 107: 1952-61.