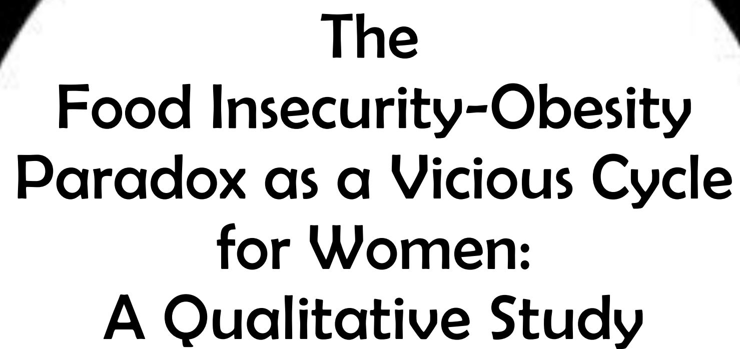

# The Food Insecurity-Obesity Paradox as a Vicious Cycle for Women: A Qualitative Study

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# EXECUTIVE SUMMARY

This paper reports on the findings from the *Full Plate Project on Women, Obesity and Food Security.* The aim 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 (Dinour, Bergen & Yeh, 2007:1952). 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 women's weight challenges – had they experienced weight issues from childhood or as a direct response to food insecurity? Was this strictly about access to 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? By focusing on qualitative analysis, this research offers first-hand accounts of the complex realities facing overweight and obese women who are food insecure in Atlantic Canada, and in doing so it provides valued-added evidence to the food insecurity-obesity discourse.

Key findings include:

For participants the food insecurity-obesity paradox was experienced as a vicious cycle. The vicious cycle described by participants included experiences of poverty, 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.

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 survival.  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.  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.

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 feeling “depressed,” going through “dark times”, and feeling “lonely”. They 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.

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’*.

Based on our findings, gaining further insights into the food insecurity-obesity paradox, both qualitatively as well as quantitatively, is imperative. The vicious cycles associated with this paradox are dynamic and encompass a myriad of challenges for women in Atlantic Canada that need to be further understood and addressed.