National Eating Disorder Information Centre

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Exploring the Association Between Food Insecurity and Eating Disorders in Canada

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FOOD INSECURITY IN CANADA

Food insecurity refers to the lack of access to appropriate amounts or quality of food in socially acceptable ways to meet one's nutritional needs, whether it is due to financial constraints like not having enough money to purchase food, or other barriers such as not being able to go to grocery stores or obtain grown foods (Government of Canada, 2020). The most recent national food insecurity data indicate that this issue is highly prevalent in Canada, with about 13% of households (around 4.4 million Canadians) reporting having experienced some degree of food insecurity over the past 12 months (Tarasuk & Mitchell, 2020). There are many negative health consequences associated with food insecurity, including stress, poor self-rated health, and concurrent mental illnesses like depression and anxiety (Jessiman-Perreault & McIntyre, 2017; Maynard et al., 2018), which makes this high number of food-insecure households very concerning to public health professionals and clinicians. Despite the known connection between food insecurity and other mental health conditions, the potential link between food insecurity and disordered eating has remained relatively unexplored, particularly in Canada.

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HOW DOES FOOD INSECURITY INFLUENCE DISORDERED EATING AND EATING DISORDERS?

Food insecurity is influenced by external factors, such as a lack of money, that result in the material deprivation of food necessary for individuals and families to live a healthy and fulfilled lifestyle. Eating disorders are influenced by many external and internal factors, such as societal body ideals and genetic predisposition, and often results in individuals practicing some form of food restriction as a symptom. While food-insecure individuals also experience restricted dietary intake due to the inability to afford or obtain enough food, this restriction is not necessarily influenced by the same factors as those present with eating disorders. On the other hand, binge eating often follows dietary restriction, which is a pattern that is common among both people experiencing food insecurity and people with eating disorders. When food is more available again to food-insecure individuals, they may be driven to binge. The cycle of restriction and bingeing that corresponds with periods of food scarcity and food availability begins to resemble disordered eating symptoms. Previous research has detailed associations between food insecurity, restrictive behaviours, and binge eating (Hazzard, Loth, Hooper, &

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Becker, 2020). Qualitative research has highlighted that many people experiencing a consistent lack of food due to their financial situation are restricted in what they are able to access and eat. Yet, the experience of food restriction can compel people to binge eat – that is, to eat in a way that feels out of control – when food is available, to compensate for not having eaten enough previously.

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Nearly all available research on the intersection of food insecurity and eating disorders has been conducted in the United States – there was previously no research based in Canada, meaning there was a considerable gap in the knowledge of how food insecurity might influence disordered eating in a Canadian context. I was interested in seeing if a similar link between food insecurity and disordered eating exists in Canada, considering the ways that Canada is both like and different from the United States. I was also interested in examining Canadian young adults as my sample population. Many young adults are at increased risk of food insecurity and eating disorder symptoms; this period of life is one of transition for most people and as a result individuals can experience more stress, changes in financial status, less stability, and greater responsibilities and pressure (Christensen et al., 2021).

For my research, I looked at a sample of 2831 young adults aged 16 to 30 living in five major Canadian cities (Toronto, Montreal, Halifax, Edmonton, and Vancouver) who responded to a survey in 2016 about eating patterns and food policies, with the objective of identifying potential associations between food insecurity and the risk of an eating disorder and disordered eating symptoms (Minnick, 2021). Food insecurity was measured at the household level, meaning that the questions focused specifically on whether the food needs of the participants' entire household were being met instead of just those of participants as individuals. Households were determined to be in one of four food insecurity categories: secure (no food worry or compromises), marginal (food worry), moderate (compromises in food quality), or severe food insecurity (compromises in food quantity). Disordered eating symptoms were self-reported, based on three questions asking participants how often they had engaged in binge eating, vomiting to control weight, and feeling an obsession with thinness in the past three months. Additionally, participants were determined to be at risk of an eating disorder if they reported having constant thoughts about thinness and reported at least episode one of vomiting or binge eating. These methods informed how I conducted my research and interpreted my results.

Almost half of the people surveyed reported having some level of food insecurity, whether it be marginal, moderate, or severe, and over 1 in 10 were found to be at risk of an eating disorder. In addition, almost 1 in 3 individuals reported binge eating at least once the previous month, 1 in 5 reported feeling preoccupied with thinness, and 1 in 20 reported vomiting to control their weight. These findings are much higher than other available estimates of prevalence of food insecurity and disordered eating among the general Canadian population, which could point to inaccurate measurements of food insecurity and eating disorders, or possibly mean that young adults are more susceptible to both conditions than the general population.

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After considering the impact that body mass index, income, age, race/ethnicity, gender, and student status may have had on biasing the results, there was a significant association between some levels of food insecurity and all eating disorder symptoms, as well as eating disorder risk. In other words, individuals who self-reported food insecurity were more likely to report a disordered eating symptom or be deemed at-risk of having an eating disorder compared to people who did not report food insecurity. This finding has a big effect on our understanding of both food insecurity

and disordered eating, including how food insecurity affects mental and physical health, and how environmental factors including but not limited to food insecurity influence the development of eating disorders. Expanding our understanding of food insecurity and disordered eating is important as this knowledge can equip researchers, clinicians, and policymakers to develop better solutions to these problems that reach and help more people.

While this study is one of the first of its kind in Canada, these results are consistent with similar studies carried out in the United States, a country with which Canada shares a lot of culture, dietary, and lifestyle similarities. Nonetheless, Canada is different from the United States, and it is important that accurate and reliable Canadian data linking food insecurity and disordered eating are used to inform Canadian policy decisions.

WHAT CAN BE DONE TO ADDRESS THE IMPACT OF FOOD INSECURITY ON PEOPLE WITH EATING DISORDERS?

Addressing and eradicating food insecurity is a complex endeavour, and food insecurity in Canada has been a serious concern for many decades. Food banks and other resource-focused endeavours like soup kitchens were never meant to be long-term solutions for reducing food insecurity. Unfortunately, evidence-based solutions to reducing food insecurity such as poverty prevention have not received the sustained support needed to drive policy and program implementation. Although significant political momentum is needed to put broad-scale policies into place and fund long-term research into the subject areas, it does not mean nothing can be done in the short term.

> Unfortunately, evidence-based solutions to reducing food insecurity such as poverty prevention have not received the sustained support needed to drive policy and program implementation.

For example, many in-patient eating disorder programs include working with a dietitian to establish an eating plan for nutritional rehabilitation, and while it may be relatively straightforward to follow such a plan in these treatment settings where patients are provided the amounts of food that they need for recovery, some may not have the financial means to continue after they are discharged. Incorporating considerations of food affordability into the development of dietary plans is important to help ensure recovery is as sustainable as possible. From the perspective of diagnosis, clinicians should be trained in recognizing food insecurity as a possible precursor to disordered eating. People experiencing food insecurity have typically faced more barriers to engaging in eating disorder treatment; they have been found to have lower healthcare access and have less disposable income, which can impact the decision to seek treatment if there is an associated cost or if it requires taking unpaid time off from work. Further research in the area of food insecurity and disordered eating will be beneficial for developing evidence-based guidelines for food-insecure patients and help break down barriers to accessing treatment and support.

Of course, if food insecurity was eradicated through broad-scale evidence-based approaches such as a basic universal income, building more affordable and accessible housing, and tying wages to inflation increases, a decrease in disordered eating and eating disorder risk across the food-insecure population would likely follow. Both food insecurity and eating disorders are complex problems that require a network of solutions at the societal, institutional, and individual level.

COVID-19, FOOD INSECURITY, AND EATING DISORDERS

Although the survey informing my research was conducted in 2016, my work and the work of others carried out prior to the COVID-19 pandemic can help provide context for the research findings that have emerged about COVID-19 and food insecurity, and COVID-19 and eating disorders. The economic and financial conditions brought on by the global pandemic and other forms of unrest have put many households in a position where money is tight and

> The economic and financial conditions brought on by the global pandemic and other forms of unrest have put many households in a position where money is tight and adequate food is increasingly unaffordable and out of reach.

adequate food is increasingly unaffordable and out of reach. Simultaneously, higher rates of social isolation and disruption to routines with changing public health guidelines have exacerbated many mental health conditions among the population, including disordered eating symptoms (Cooper et al., 2022). It is likely that many individuals will experience more eating disorder symptoms if they are in a

> It is likely that many individuals will experience more eating disorder symptoms if they are in a position of pandemic-related food insecurity, especially if they were already susceptible to engaging in maladaptive eating behaviours, which is highly concerning.

position of pandemic-related food insecurity, especially if they were already susceptible to engaging in maladaptive eating behaviours, which is highly concerning. The unique conditions brought about by the pandemic must be taken into consideration when developing treatments and policies to address the link between food insecurity and disordered eating that is becoming more evident through research.

CONCLUDING THOUGHTS

Food insecurity and eating disorders have been considered separate social and public health challenges for a long time, but recent emerging evidence in Canada and elsewhere points toward an association between these conditions. Learning more about this link will help in creating better solutions for food insecurity and improving treatment for eating disorders. Considering the impacts of the COVID-19 pandemic and the related social disruptions on Canadians and others, these problems have only grown more pressing and require coordinated solutions. With support from researchers, clinicians, public health professionals, and policymakers, it is possible to effectively address food insecurity and disordered eating and provide evidence-based solutions for the individuals and families affected.

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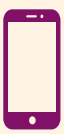

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