

Background: Intuitive Eating Behaviors Among a Sample of Food Secure and Food
Insecure College Students

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Intuitive Eating (IE) is a food mindset focusing on honoring hunger and fullness, while rejecting the diet mentality.¹ Research demonstrates a clear link between IE and health outcomes across many populations, including college students.² Despite a growing body of literature, there is still very little known about what complexities food insecurity may present for individuals trying to adopt IE behaviors. Intuitive Eating is a tested method of eating that improves overall wellbeing, whereas food insecurity is detrimental to all aspects of health over time.^{4,3} This study builds off prior research to compare IE behaviors in food insecure and food secure students through a Qualtrics survey utilizing the tested Intuitive Eating Scale-2 and the shortened version of the USDA Six Item Short Form.^{1,4} Looking at how they interact with one another will give a clearer picture of overall wellness and how to best serve college students.

Intuitive Eating

Intuitive Eating is based on the idea that all individuals have the natural ability to eat nutritious foods and ensure overall good health.¹ This is an “anti-diet” approach with no set rules to follow, other than listening to the body’s internal cues.¹ Intuitive eating was first established in 1995 by Tribole and Resch through their work with eating disorder recovery.⁵ They later established the 10 principles of IE which include: reject diet mentality, recognize your hunger, make peace with food, challenge the food police, honor your fullness, discover the satisfaction factor, cope with your feelings without using food, respect your body, exercise, and feel the difference, honor your health.¹ These 10 principles are still the framework for practicing Intuitive Eating today.¹

Research on IE and college students began in 2004.² Intuitive eating was still largely untested, but a pilot study of college students did show modest results in line with the hypothesis that those that scored highest on the IE scale would have better

blood lipid profiles and lower levels of cardiac risk.⁶ In 2010, research by MacDougall conducted with African American college women concluded that many constructs of the Intuitive Eating model could be applied to diverse groups.² It was also in 2010 that the Intuitive Eating Pilot Program was tested.⁷ This study found that IE improved participants' relationship with food by a "75% increase in listening to hunger/fullness signals, a 100% rejection in dieting, and a 50% reduction in emotion eating".⁷ There was a regression in the behavior change at a 6 month follow up screening, making it important for additional support systems to promote long-term changes, and further illustrating how a lifelong relationship with food was more important than the methods used to achieve short term health improvement.⁷

Intuitive Eating is currently recognized as a positive framework for overall wellness and is directly correlated with psychological and physical health benefits like improved cholesterol levels, blood pressure, weight maintenance, improved body satisfaction, decreased eating disorder behaviors, and choosing healthful nutrition options more frequently.^{6,8} Eating by following the internal body's cues is the best for overall health, but it is difficult to teach to people that do not already eat intuitively. It is difficult for people to embrace because the media portrays quick fixes and diets as being the only answer to a healthy lifestyle.⁷

Intuitive Eating as a health framework intersects with the Health at Every Size (HAES) movement.⁹ Since one of the ten principles of Intuitive Eating is "respect your body", people trying to practice Intuitive Eating must do so without goals or hopes of losing weight, only the goal of a healthier lifestyle.⁹ HAES is based on the research that "Measures of body weight/size do not accurately reflect an individual's health status and

often lead to ineffective interventions rather than efforts that enhance health and wellness.”⁹ It has goals to “promote size-acceptance, to end weight discrimination, and to lessen the cultural obsession with weight loss and thinness.”⁹ Although this is a social justice movement, the data shows that it is a necessary one. People with a BMI of 27 have the lowest all-cause mortality, yet this BMI is considered overweight by the medical community.¹⁰ Weight based discrimination is rampant in healthcare and can take a toll mentally on patients and interfere with their care.¹¹ Research indicates that “those who experience weightism, for example, report more psychological distress, lower well-being, and greater loneliness” which is possibly one of the reasons weight discrimination is linked to mortality.¹¹ Studies accounting for other health factors like smoking and diseases still found higher mortality in those that experienced discrimination at the same weight, further showing that HAES is a necessary movement to improve the health care system.¹¹ HAES and IE together are difficult for some to embrace as it goes against the picture of health represented in the media and expected from health professionals, but with more research and acceptance it can make a difference on overall wellness.^{10,11}

Food Insecurity

Food insecurity is a growing problem in the United States. In 2020, 10.5% of Americans were food insecure.¹² College students are even more at risk for food insecurity, the Hope Institute reporting that in 2020, 29% of college students were food insecure.¹³ Food security is defined as “access by all people at all times to enough food for an active, healthy life” by the USDA.¹² Anything less than this, such as not having access to food sometimes, or not being able to lead a healthy life due to the quality of

food available, would equate to a degree of food insecurity. Food insecurity can negatively affect many things and over time can cause detrimental health problems.

When looking at the social determinants of health (SDOH) especially, economic stability, education, neighborhood and built environment, and lack of nutritious food, it is easy to see why college students may experience food insecurity at higher rates.

Economic stability affects how financially stable students are coming to college, impacting their ability to find stable housing and grocery shop.^{12,14} Reflecting national trends, economics were a factor of significance: students who were unemployed, had loans and higher financial need, reported housing insecurity or an exogenous economic shock, or were financially independent had higher rates of food insecurity.¹⁴ This also has a correlation to neighborhood and built environments, as many college campuses are not equipped with all of students' food needs and may not be close enough to a grocery store for students to walk to.¹⁴

Economic factors are most strongly associated with food insecurity. Households with incomes below 185% of the federal poverty level have a food insecurity rate that is three times the national average.¹² Other populations that experience a higher prevalence of food insecurity include households with children (particularly those headed by a single parent), Black and Hispanic households, immigrant households, people living alone, and households that include a person with disabilities.¹² The Hope Project survey reported that 64% of first-generation college students experienced food insecurity, compared to 55% of students whose parents went to college.¹³ Having a race/ethnicity other than white, particularly African American, or Hispanic, was significantly associated with food insecurity.¹³ Students living off campus alone or with

roommates, or in housing that did not include food provision, experienced higher rates of food insecurity too.¹³

Food insecurity has implications on mental and physical health, including deficiencies of essential nutrients or malnutrition, chronic diseases, and depression.¹⁶ The health disparities experienced by food-insecure individuals are also intertwined with racial disparities in health outcomes and rates of food insecurity.¹⁶ In the United States, being of a minority race is associated with an increased risk for experiencing food insecurity and an increased risk for development of chronic diseases.¹⁶ African American and Hispanic headed households have greater than average rates of food insecurity and are also at a greater risk for type 2 diabetes, hypertension, and cardiovascular disease.¹⁵ In addition to physical health, food insecurity is also associated with mental health. The relationship between food insecurity and poor mental and emotional health is believed to be bidirectional, where food insecurity increases the risk of poor mental health, and poor mental health also increases the risk of food insecurity.¹⁶ In young adults, food insecurity may also be associated with suicidal ideation, substance use problems, anxiety, or panic disorder diagnoses.¹⁶ College students are already at a higher risk for mental health disorders and with the bidirectional relationship between food insecurity and mental health, it is important to spread more awareness to college students about healthy behaviors and resources available on campus.¹⁶

Rationale for the Study

Very little research has investigated food insecurity and Intuitive Eating behaviors in college students making further research necessary for encouraging better health outcomes in this population. Food can be a stressor for food insecure students making the idea of intuitive eating seem impossible. Some of the principles of Intuitive

Eating may also be difficult for anyone experiencing food insecurity to follow, like recognizing hunger and honoring fullness when these cues could be unable to be fulfilled without reliable access to food. Intuitive eating is an important wellness practice that research shows college students are willing to accept and understand.⁶ Further research will need to be done to determine why food insecure students' food beliefs and practices differ and how to improve food security. Intuitive eating is important for overall health, but food insecurity is a more significant public health problem. Because of this, focusing on mitigating food insecurity on college campuses should be of highest priority, and teaching Intuitive Eating strategies should be secondary.

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