

# Stretching Food and Being Creative: Caregiver Responses to Child Food Insecurity

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## ABSTRACT

**Objective:** To examine the strategies and behaviors caregivers use to manage the household food supply when their children experience food insecurity as measured by the US Department of Agriculture's Household Food Security Survey Module.

**Design:** Cross-sectional survey with open-ended questions collected in person.

**Setting:** Urban and nonurban areas, South Carolina, US.

**Participants:** Caregivers who reported food insecurity among their children (n = 746).

**Phenomenon of Interest:** Strategies and behaviors used to manage the household food supply.

**Analysis:** Emergent and thematic qualitative coding of open-ended responses.

**Results:** The top 3 strategies and behaviors to change meals were (1) changes in foods purchased or obtained for the household, (2) monetary and shopping strategies, and (3) adaptations in home preparation. The most frequently mentioned foods that were decreased were protein foods (eg, meat, eggs, beans), fruits, and vegetables. The most frequently mentioned foods that were increased were grains and starches (eg, noodles), protein foods (eg, beans, hot dogs), and mixed foods (eg, sandwiches).

**Conclusions and Implications:** Caregivers use a wide variety of strategies and behaviors to manage the household food supply when their children are food insecure. Future work should examine how these strategies might affect dietary quality and well-being of food-insecure children.

**Key Words:** food insecurity, hunger, children, household food management (*J Nutr Educ Behav.* 2016; ■:1-8.)

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## INTRODUCTION

In 2014, the children in nearly 11% of households that had them experienced food insecurity.<sup>1</sup> Households with food insecurity among children typically report reduced dietary quality, variety, or desirability and may report disrupted

eating patterns and reduced food intake. The US Department of Agriculture (USDA) uses the Household Food Security Survey Module (HFSSM) to measure and monitor food insecurity at the household and child levels.<sup>1</sup> The HFSSM was developed using insights from qualitative interviews with

adults and caregivers who described what food shortages looked and felt like.<sup>2</sup> These interviews showed that households used a variety of strategies and behaviors to cope with food insecurity. For example, when food insecurity was at its most severe point, caregivers reported relying on low-cost foods to feed their children or reducing the food intake of their children. Since 1995 when the HFSSM was first implemented nationally, it has been an excellent tool for measuring and monitoring household food insecurity, in large part because of its grounding in research, practice, and widespread adoption.

Although the HFSSM measures broad changes in strategies and behaviors related to managing the dietary quality and quantity of household members, it does not provide information about exact changes to the household food supply. Of particular concern is how food insecurity might affect children's dietary quality and quantity. An assumption embedded in the HFSSM is that caregivers will first sacrifice their

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personal food quality and quantity before they do the same for their children.<sup>1,2</sup> Little is known, however, about specific changes to children's food quality and quantity when caregivers can no longer buffer the effects of food insecurity. Some work examined the strategies and behaviors caregivers use to obtain more food for the household or make the food that is available last longer when food insecurity occurs (ie, stretching food). For example, relying on federal nutrition programs such as the *Supplemental Nutrition Assistance Program* (SNAP), food banks, and family and friends is common.<sup>3-5</sup> No work, however, has specifically examined the behaviors and strategies used when caregivers affirm child-referenced HFSSM items. Examining these strategies and behaviors is important not only for a better understanding of the HFSSM but also for practitioners, researchers, and policy makers who work on nutrition education.

Nutrition education for low-income populations emphasizes strategies and behaviors that maintain adequate dietary quality within a limited food budget. For example, SNAP-Education (SNAP-Ed), the nutrition education component of SNAP has a goal "to improve the likelihood that persons eligible for SNAP will make healthy food choices within a limited budget."<sup>6</sup> (p 11) Implementers of SNAP-Ed have numerous well-evaluated nutrition education interventions that focus on policy, system, and environmental (PSE) changes to improve nutrition and food security such as increased awareness of federal nutrition assistance programs and social marketing campaigns that encourage healthy eating.<sup>7</sup> Other resources, typically found through university agricultural extensions, advise families on issues such as using unit pricing to find lowest-cost foods, using smaller amounts of meat, poultry, and fish, and planning for leftovers. However, the frequency with which food-insecure caregivers use these strategies and behaviors is not known, especially when dealing with food insecurity among their children.

If nutrition education policies and programming seek to reduce and eliminate food insecurity in children, it is critical first to understand the behaviors and strategies used when caregivers report reductions in dietary quality and quantity among their children. The purpose of this study was to investigate the

strategies and behaviors caregivers use to adjust the household food supply in reaction to food insecurity among their children. To serve this purpose, qualitative content analysis was used with a dataset that included responses from caregivers who reported relying on low-cost foods to feed their children or cutting foods from their children's diet because of a lack of financial resources.

## METHODS

This study was part of a larger cross-sectional study that investigated causes of low food security in children, formerly known as food insecurity with child hunger. Details of the larger study can be found elsewhere,<sup>8</sup> but essential components will be summarized here. Data were collected from March, 2012 to May, 2013. This study was approved by the University of South Carolina Institutional Review Board for the Protection of Human Subjects.

### Participant Recruitment

A recruitment-site sampling framework was used that focused on venues where families typically obtain food, with special consideration given to venues that captured households using nutrition assistance programs. These venues were conceptualized in the following manner: (1) traditional venues where families obtained food, such as grocery stores, convenience stores, farmers' markets, dollar stores, daycare centers and other locations that accept SNAP or *Special Supplemental Nutrition Program for Women, Infants, and Children* benefits; and (2) emergency food assistance venues such as food pantries, food banks, family shelters, and summer feeding sites. One notable exception to the sampling framework was schools, which were excluded because of the administrative burden of working with schools in the study area. Using databases provided by state and local agencies (eg, food banks) and based on previous research in South Carolina,<sup>9,10</sup> an initial list of 1,646 potential recruitment sites was generated, which was stratified by urban (n = 776) and nonurban (n = 870) areas. Next, the researchers used Stata statistical software version 14 (StataCorp LP, College Station, TX; 2014) to select an initial 40 urban and 40 nonurban sites randomly for participant recruitment.

These initial 80 sites were chosen to provide enough variability in types of sites. Finally, the researchers contacted each selected site to ask for permission to recruit. Sites were replaced at random when the site refused to participate, participant recruitment was not successful, or recruitment of new families was exhausted. By the end of the study, 249 urban sites and 178 nonurban sites were contacted; 135 sites yielded screened participants. In addition, some participants were recruited by word of mouth from friends or families that were originally recruited from 1 of the recruitment sites.

At each recruitment site or over the phone, individuals were invited to complete a brief screening questionnaire. Verbal consent was obtained before administering the screener survey. To complete the screener fully and be eligible for the larger study, respondents had to (1) have a child aged <18 years living in the household at least 50% of the time, (2) have a total household income <\$100,000/y, and (3) live within an 8-county region in South Carolina. The income limit of \$100,000 was used because it is about 300% of the federal poverty threshold for a family of 4 and captures families that are generally ineligible for federal assistance programs but might still struggle financially if they experienced an economic shock severe enough to cause food insecurity. Eligible participants were then administered the USDA 18-item HFSSM.

### Measures

**Demographic information.** As part of the screener, limited demographic information was collected. In addition to the eligibility criteria already mentioned, each participant reported his or her race and ethnicity and home address. Based on this information, a race and ethnicity variable (non-Hispanic white, non-Hispanic African American, or other) was constructed. The other race category was not further defined because few participants selected this category (2.3%). Using a respondent's home address, an urbanicity variable was constructed. Participants who lived in a city center were coded as urban and those who lived outside a city center were coded as nonurban.

**Household food security status.** The USDA's 18-item HFSSM was used to assess household food security status.

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