



Military experience can influence Women's eating habits



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ABSTRACT

Background: Disordered eating, ranging from occasional binge eating or restriction to behaviors associated with eating disorder diagnoses, is common among military personnel and veterans. However, there is little information on how military service affects eating habits.

Objective: To describe possible pathways between military service and disordered eating among women veterans, a high risk group.

Materials and methods: Twenty women veterans who reported changing eating habits in response to stress participated in audio-recorded focus groups or dyadic interviews between April 2013 and October 2014. We used thematic analysis of transcripts to identify and understand women's self-reported eating habits before, during, and after military service.

Results: Participants reported entering the military with varied eating habits, but little disordered eating. Participants described several ways military environments affected eating habits, for example, by promoting fast, irregular, binge-like eating and disrupting the reward value of food. Participants believed military-related stressors, which were often related to gender, also affected eating habits. Such stressors included military sexual trauma and the need to meet military weight requirements in general and after giving birth. Participants also reported that poor eating habits continued after military service, often because they remained under stress.

Conclusions: For some women, military service can result in socialization to poor eating habits, which when combined with exposure to stressors can lead to disordered eating. Additional research is needed, including work to understand possible benefits associated with providing support in relation to military weight requirements and the transition out of military service. Given the unique experiences of women in the military, future work could also focus on health services surrounding pregnancy-related weight change and the stress associated with being a woman in predominantly male military environments.

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1. Introduction

Obesity is a major public health concern, particularly among

veterans using the Veterans Health Administration (VHA) (Breland, Phibbs, et al., 2017). Complicating matters is the fact that nearly 75% of the thousands of veterans using VHA's behavioral weight loss program report binge eating (Higgins et al., 2013). Indeed, a recent review suggests that disordered eating, which ranges from occasional binge eating or restriction to behaviors associated with eating disorder diagnoses, may be more prevalent among military personnel and veterans than the general US population (Bartlett & Mitchell, 2015). These high rates suggest that factors associated with military service may affect eating habits. Given poor weight loss outcomes among veterans who engage in binge eating (Masheb et al., 2015), a better understanding of how military service shapes eating habits could provide scientists, clinicians, and

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policymakers with important information on how to explain and ameliorate a pressing public health issue.

One way US military service may affect eating habits is by exposing individuals to military-specific forms of general eating disorder risk factors. In the general population, traumatic event exposure is associated with disordered eating (Brewerton, 2007; Forman-Hoffman, Mengeling, Booth, Torner, & Sadler, 2012; Harrington, Crowther, Henrickson, & Mickelson, 2006; Hirth, Rahman, & Berenson, 2011; Lucea, Francis, Sabri, Campbell, & Campbell, 2012; Mitchell, Mazzeo, Schlesinger, Brewerton, & Smith, 2012; Mitchell, Rasmusson, Bartlett, & Gerber, 2014). Among veterans, military-specific traumatic events – combat exposure and military sexual trauma – are associated with disordered eating (Bartlett & Mitchell, 2015; Jacobson et al., 2009; Maguen et al., 2012; Tanofsky-Kraff et al., 2013). Another way military service may affect eating habits is by exposing individuals to military-specific risk factors that lack a corollary in the general population. For example, disordered eating is more common during the fitness testing periods used by the military to determine whether personnel meet strict weight requirements (Bartlett & Mitchell, 2015; Bodell, Forney, Keel, Gutierrez, & Joiner, 2014).

To date, most work on disordered eating among military personnel and veterans has been quantitative (e.g., based on surveys or administrative data) and focused on investigating the relationship between traumatic events and disordered eating. However, these studies only explain a portion of the variance in outcomes, suggesting other, possibly unidentified pathways between military service and disordered eating. One way to identify such pathways is through qualitative work capturing veterans' own descriptions about how military service affects eating habits. Qualitative work is particularly suited to this task given its utility in providing insight into potential causal mechanisms and generating hypotheses that can be tested in future research (Curry, Nembhard, & Bradley, 2009). Findings from the largest qualitative study on military service and eating habits, which was conducted among an almost entirely male sample, generally supported the relationship between stress, trauma, and disordered eating (Smith, Klosterbuer, & Levine, 2009). It also suggested additional pathways, including positive associations among binge eating, limited access to food, and learning to eat fast during boot camp.

The present work represents a qualitative investigation of the relationship between US military service and eating habits among women veterans. We focused on women because they report higher rates of disordered eating than men (Bartlett & Mitchell, 2015) and therefore represent a high risk population overlooked in past qualitative work. Our goal was to extend and triangulate quantitative findings regarding military service and disordered eating in this high-risk population in order to develop new ways to understand, identify, and help women who engage in disordered eating.

2. Methods

2.1. Recruitment and screening

We recruited participants using a combination of flyers and referrals from mental health clinicians at an urban VHA medical center, with most women coming through clinician referrals. Study staff contacted women who expressed interest and verbally consented to a phone screen to determine eligibility. Participants gave consent either by making contact through the flyer or by providing consent for contact to their clinician. We used homogenous sampling (Palinkas et al., 2015), an approach that allowed us to recruit participants from a specific group (i.e., women veterans). Women were eligible to participate if they were veterans, age 18–70, who

said they changed their eating habits in response to stress or trauma and/or used food as a way to cope with stress or trauma. Women who reported diagnoses of schizophrenia or another psychotic disorder were not eligible due to their unique needs. Study staff completed the phone screen with 26 women, excluding one due to a diagnosis of schizophrenia. Five women who were eligible after the phone screen did not participate because they were not able to or were not interested in participating in focus groups. A final sample of 20 women (one who identified as a transgender woman) signed consent forms and participated in the focus groups/interviews. Participants also completed a self-report form with demographic information.

2.2. Focus groups and interviews

Between the Spring of 2013 and Fall 2014, two researchers led five focus groups and two dyadic interviews using a semi-structured guide that asked about eating habits over time (see Supplementary Material). The two dyadic interviews were the result of only two participants attending scheduled focus groups. Group size ranged from three to five participants and groups lasted roughly two hours. All groups/interviews were audio recorded, transcribed verbatim, and imported into ATLAS.ti software. Three to four focus groups are usually sufficient to achieve thematic saturation (Morgan, 1996); therefore we planned for at least four groups. Study staff met after each focus group to discuss preliminary themes, deciding that saturation of themes was reached when no new themes were discussed after the last focus group.

2.3. Qualitative analyses

A thematic analysis approach adopted from Braun and Clarke (2006) was used to answer two research questions: 1) How do participants describe their eating habits before, during, and after military service?; and 2) To what extent do military environments shape participants' eating habits? The research team developed a preliminary codebook using deductive codes based on the interview guide and research questions, which included codes such as timing of military service (e.g., before military service), general discussions of eating habits (e.g., eating habits, disordered eating), and women's specific experiences (e.g., trauma, stress). The research team applied the codebook to portions of two transcripts to refine the code list and definitions. Two researchers then used a coding by committee approach adapted from Saldaña (2015) where the researchers worked together to apply codes and consulted with a third researcher in cases of disagreement (this happened on two occasions). Lastly, the two researchers reviewed all quotes under all codes separately and together to identify and synthesize themes based on frequency and salience. The same authors also reviewed transcripts looking for differences between groups and interviews, which were minimal. All procedures were approved by the University of California, San Francisco Institutional Review Board and the Human Research Protection Program at the San Francisco VA Medical Center.

3. Results

The women veterans who participated in this study came from a variety of racial/ethnic backgrounds (less than half were white). Socioeconomic status was less heterogeneous, with most women reporting incomes below the national median (~\$53,000; United States Census Bureau, 2015). Mean age was 48 years (SD = 15). Additional information on participant characteristics is provided in Table 1.

We identified five themes related to women's views of their

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