Stretching It

Exploring food security status, food insecurity coping strategies, and mental health among single female caregivers

Feb 2024

Data collected April 2022 to April 2023

Stretching It Project

Goal: to learn about the ways that single female caregivers get and manage food for themselves and their families. We were also interested in how the food strategies that women use may affect their mental health.

Food insecurity: limited or uncertain availability of nutritionally adequate and safe foods or difficulty getting acceptable foods in socially acceptable ways. (Anderson, 1990)

Food insecurity coping strategies: behaviors to avoid food insecurity, manage the impact of food insecurity, or prevent some or all household members from experiencing hunger. These strategies are used to 1) get more food, and 2) stretch existing food resources.

Key Takeaways

Findings suggest that a strong relationship exists between food insecurity and depression.

The food insecurity coping strategies that women use may play an important role in understanding the link between food insecurity and depression.

Among the women in this study, rates of depression and food insecurity were exceptionally high. This highlights the need for programs, policies, and organizations that focus on this at risk population.

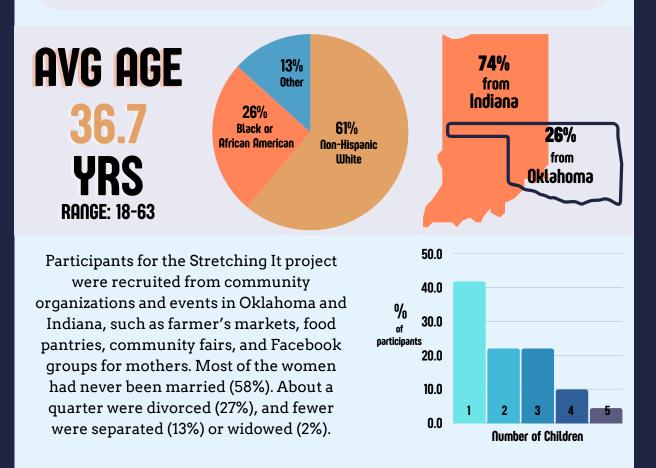
Programs designed to address food insecurity such as food pantries, soup kitchens, etc., may better serve their clients if they are able to integrate mental health screening and care (or referrals) into their services.

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Anderson. J Nutr, 1990. <u>https://doi.org/10.1093/jn/120.suppl 11.1555</u>

Participant Characteristics

94 females who were single (unmarried, divorced, separated, or widowed) and the primary caregivers for one or more children under age 18



Over half of the women reported working full or part time (41% and 17% respectively). The remaining 43% were not working at the time of the survey. The most common education level was "some college but no degree or associates degree"(45%). Approximately 35% of caregivers had a high school diploma (or equivalent) or less. Just under 20% reported having a bachelors degree or more education.

41% had an annual income of less than \$10,000



50%

said that they would not be able to get \$200 in an emergency

Food Insecurity and Depression

Food Security Status In the Past 12 Months

For this project, we used questions from the US Adult Food Security Survey Module to categorize the food security levels of single female caregivers. A majority fell into the most severe category

of food insecurity, while just under a quarter were highly or marginally food secure.

Sample Questions: "I worried whether our food would run out before I got money to buy more" Often true, Sometimes true, Never true

"Did you lose weight because there wasn't enough money for food? " Yes, No

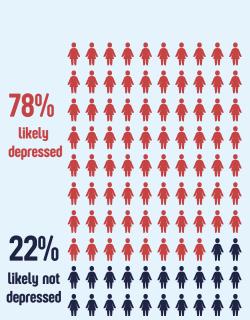
Depressive Symptoms

We assessed how many days in the last week women reported symptoms of depression using the CESD-10 scale. Among the caregivers in this study, nearly 4 out of 5 had scores higher than 10, indicating likely depression.

Sample Questions: "I felt that everything I did was an effort."

"I felt lonely."

"I had trouble keeping my mind on what I was doing."





7% Food Secure

14% Low Food Secure

62% Very Low Food Secure

Food Insecurity Coping Strategies

Policy

Use of 4 federal programs in the past 12 months



- SNAP (Supplemental Nutrition Assistance Program)
- WIC (Special Supplemental Program for Women, Infants, and Children)
- National School Lunch Program
- Advance Child Tax Credit

Most frequently used was the National School Lunch Program (73%)

Interpersonal



Use of 4 interpersonal resources in the past 12 months

- Getting food from friends or family
- Borrowed money for food from friends or family
- Sent or took children to home of friend or family for meal
- Received information about where to get free or reduced-price food from friends or family

Most frequently used was getting food from friends or family (80%)

Community

Use of 4 community resources in the past 12 months



- Food pantry or similar
- Community garden
- Soup kitchen
- Attended event just to eat

Most frequently used was receiving food from a pantry, church, or other place providing free food (64%)

Intrapersonal



Use of behaviors to manage or maximize household resources in the last 30 days

- Rationing Scale
- Tradeoffs Scale
- Shopping Scale

78% of women ate meals or snacks after their children to ensure they had enough

60% had to chose between paying for food or paying for transportation or gas

95% bought lower cost food to save money

Study Findings

Women who were food insecure had higher depression scores than women who were not. Those with the most severe food insecurity had the highest average depression scores. Higher levels of food insecurity were associated with greater use of community, interpersonal, and intrapersonal coping strategies but not policy coping strategies.

Greater use of community, interpersonal, and some intrapersonal strategies were associated with more depressive symptoms.

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