



Low-income women's conceptualizations of food craving and food addiction



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ABSTRACT

Food craving and food addiction have been proposed as targets for obesity focused interventions. However, individuals' conceptualizations of these constructs are not well understood and no studies have employed a qualitative approach. Therefore, we sought to understand how women conceptualize food craving and food addiction. Low-income women with preschool-aged children (2–5 years old) participated in either a semi-structured individual interview or focus group in which they were asked about their conceptualization of eating behaviors among adults and children. All responses were audio-recorded and transcribed. Themes were identified using the constant comparative method of qualitative analysis. Identified themes revealed that the women perceived food craving to be common, less severe and to a degree more humorous than food addiction. It was not felt that food cravings were something to be guarded against or resisted. Food addiction was described in a very "matter of fact" manner and was believed to be identifiable through its behavioral features including a compulsive need to have certain foods all the time. A more detailed understanding of how the general population perceives food craving and food addiction may enable more refined measurement of these constructs with questionnaire measures in the future. In addition, interventions may be designed to use the language most consistent with participants' conceptualizations of these constructs.

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1. Introduction

Food cravings are reported by most adults as hunger-reducing, mood-improving experiences that can play an important role in eating disorders and obesity (Hill & Heaton-Brown, 1994; Van den Eynde et al., 2012; White, Whisenhunt, Williamson, Greenway, & Netemeyer, 2002). Food cravings are described as an experience contrary to normal hunger and characterized by a desire directed toward a particular food, drink or taste. Food cravings have been associated with increased snacking and higher body mass index (Delahanty, Meigs, Hayden, Williamson, & Nathan, 2002). Interventions to reduce food cravings as an obesity treatment strategy have had mixed success (Alberts, Mulken, Smeets, & Thewissen, 2010; Batra et al., 2013; Boutelle, Kuckertz, Carlson, & Amir, 2014; Forman et al., 2007; Stapleton, Sheldon, Porter, & Whitty, 2011).

Some researchers have attempted to assess craving through self-report questionnaires (Cartwright & Stritzke, 2008; Hill & Heaton-Brown, 1994; Toll, Katulak, Williams-Piehot, & O'Malley, 2008; Weingarten & Elston, 1991). To our knowledge, there is only a single

questionnaire that has been designed to assess multiple dimensions of food craving (Cepeda-Benito, Gleaves, Williams, & Erath, 2000). Since its development in 2000, the State and Trait Food Cravings Questionnaire has been used across the world (Cepeda-Benito, Gleaves, Fernández, et al., 2000; Franken & Muris, 2005; Meule & Kübler, 2012; Nijs, Franken, & Muris, 2007; Noh et al., 2008). Items in this questionnaire, however, were not generated from qualitative work but rather from drug craving questionnaires (Tiffany & Drobes, 1991; Tiffany, Singleton, Haertzen, & Henningfield, 1993) and from pre-existing concepts of food craving (Harvey, Wing, & Mullen, 1993; Macdiarmid & Hetherington, 1995; Michener & Rozin, 1994; Overduin & Jansen, 1996; Rodin, Mancuso, Granger, & Nelbach, 1991; Schlundt, Virts, Sbrocco, Pope-Cordle, & Hill, 1993; Weingarten & Elston, 1991). Weingarten and Elston (1991) administered a questionnaire to college students that investigated the prevalence of food cravings and the most craved foods. Students were able to identify specific triggers of craving and reported experiencing positive affect upon indulging a craving. A very detailed description of food craving was provided prior to answering the question items, however, which may have affected how participants responded. This questionnaire-based approach may threaten the validity of information gleaned using these questionnaires because it imposes a conceptual model developed by these researchers. The threat to validity may be a particular problem when study participants differ from the questionnaire

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developers with regard to culture, socioeconomic status, education, age, gender, or other key characteristics.

More recently, the idea that obesity might be conceptualized within an addiction framework has received increasing attention. There remains a persistent debate, however, regarding the validity of food addiction as a construct (Gearhardt, Grilo, DiLeone, Brownell, & Potenza, 2011; Rogers & Smit, 2000; Ziauddeen & Fletcher, 2013; Ziauddeen, Farooqi, & Fletcher, 2012). To begin to investigate food addiction, questionnaires have been developed that attempt to measure it (Gearhardt, Corbin, & Brownell, 2009). Perceptions of food addiction were also assessed in a study in which participants rated five statements regarding the addictive properties of food in relation to obesity (Lee et al., 2013). Results indicated support for the idea that obesity was a form of food addiction. However, the study did not probe for participants' definition of food addiction. Thus, despite the growing scientific literature in the area of food addiction, we have been unable to identify any studies that describe the general population's understanding of the constructs.

To our knowledge, there are no published qualitative studies that address how adults perceive food cravings and food addiction. Therefore we sought to understand how women conceptualize food cravings and food addiction. We also sought to determine how women conceptualize these constructs in preschool-aged children, since early childhood is a critical period for the development of food preferences and eating behaviors and may be a sensitive period for intervention (Birch & Fisher, 1998; Faith, Scanlon, Birch, Francis, & Sherry, 2004; Saunders, 2007; Skinner, Carruth, Wendy, & Ziegler, 2002).

2. Methods

2.1. Ethics statement

This study was approved by the University of Michigan Institutional Review Board. All participants provided written informed consent and were compensated for their time.

2.2. Study sample

Participants were women recruited from the community in south-central Michigan. Inclusion criteria were: 1) age ≥ 18 years, 2) English speaking, 3) mother of a child aged 2–5 years inclusive, 4) < 4 years of college, and 5) eligible for a social program for low-income United States families (Medicaid, Women, Infants, and Children Programs, or Head Start).

The mean age of the 61 participants was 29.6 years; 49.3% were single; 47.5% were non-Hispanic Black, 44.3% non-Hispanic White, and 6.6% Hispanic; and 25% had a high school diploma or less. Based on self-reported height and weight, 24.6% were normal weight ($BMI < 24.9$), 27.9% overweight ($25 \leq BMI < 30$), and 42.6% obese ($BMI \geq 30$).

2.3. Study design

Women participated in either a semi-structured individual interview or a focus group conducted by a research psychologist trained in interview administration. All sessions focused on the women's conceptualization of several eating behaviors in adults and children. There were 9 focus groups with 31 participants and 43 interviews. We conducted both interviews and focus groups as we hypothesized that different approaches could yield different themes regarding sensitive topics. In subsequent analysis, we found this not to be the case and therefore combined both methodologies for analysis.

Sessions were conducted in a private room at a local community center. An interview guide was developed by 3 of the authors. Sessions began with the interviewer explaining the main purpose as understanding women's opinions about eating behaviors. The

data described in this report are responses to the open-ended questions displayed in Table 1.

Sessions were audio-recorded, transcribed and reviewed for accuracy. Themes were generated using the constant comparative method (Glaser, 1965) by five independent readers. After generating themes independently, the readers met, and came to a consensus regarding identified themes. Supporting quotes were then identified.

3. Results

Five themes were identified and are described below.

3.1. Theme 1: food craving is a strong want or desire for food and is an acceptable behavior

Mentioned in all 9 focus groups and in all 43 interviews, the women described craving as an intense desire or longing.

You just feel like you can taste it, you feel like you can smell it and just like you [think], "Oh that'd be so good." So it's like a want, a desire.

It's just like this big want. It sounds dumb but you can almost just taste it and that makes you want it even more.

Something they haven't had in a little while and they got a taste for it and they just want it.

If I didn't have carrots at that moment, I craved it and craved it until I had it and it was like, (sighs) "It's good. It's yummy. It's satisfying."

Food craving was described as acceptable with little attempt to change it, avoid it or resist it in all 9 focus groups and in 41 of the 43 interviews.

A craving might also be your body telling you you're not getting enough of this nutrient — you need to eat this kind of food. If I'm craving steak or hamburger or just beef in general I know that I probably need the iron in my body.

Mentally I think it's something that makes you feel it's necessary to make you happy. That's why I think people crave food; 'cause it's a necessity for happiness.

When you have a craving, you have a taste for it. You're not gonna just sit here and eat it all day every day. It's a craving so it goes away.

I honestly think they crave food because at one point in their life they probably had this food and they enjoyed it so much that they remembered. I like grandma's fried chicken; I remember when she cooked it

Table 1
Open-ended focus group and interview questions.

Open-ended questions
Can you tell me why you think that some people crave foods?
What does it feel like to crave a food?
Some people have told me that they think food cravings can turn into addiction, and other people don't think so. What do you think?
Why do you say that?
Can you describe for me what it looks like when someone is addicted to food or to a food?

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