Rainbow Health Ontario
Santé arc-en-ciel Ontario

LGBTQ PEOPLE AND EATING

This fact sheet explores the interplay between eating and LGBTQ identity. Eating is fundamental to life, and it is an important social activity at the heart of cultural practices from lesbian potluck dinners of the 1970s to the energy bar grabbed after a workout at the gym, or the fancy dessert shared on a date. Eating is more than nutrition; it can enable people to bond, but it can also be a source of great distress. People's nutritional needs vary across the life cycle; disability can impact people's nutritional requirements, and poverty can also affect people's access to food. Many people struggle with knowing how to eat, and this anxiety is exacerbated by social pressure and the media. Many people experience fear and shame in their relationship with eating and feel intense pressure to control their appearance and body size through regimented eating practices. Mainstream diet and nutritional advice seldom take people's social context into account. While this fact sheet focuses primarily on the intersection of eating and LGBTQ identity, other factors such as race/racialization, ethnicity, and disability also strongly affect people's relationship with food.

This fact sheet has been created for health and service providers who want to expand their critical awareness of how complex cultural messages about eating affect LGBTQ communities. It provides a brief but critical review of the research literature, and some resources to support LGBTQ people develop more peaceful relationships with food and eating.

LGBTQ YOUTH

- A US study of 16,400 students from grades 9-12 found that 25% of LGB youth report not eating for over 24 hours to lose weight, compared to 10% of their straight peers. In addition, LGB youth were 3-4 times more likely to report using diet pills, vomiting, or using laxatives to lose weight than their straight peers (1)
- A BC survey of approximately 30,000 young people in grades 7 – 12 found that only 49% of young bisexual men and only 36% of young gay men reported being satisfied with their body's appearance, compared to 59% of their straight male peers. While 44% of straight women were satisfied with their appearance, only 33% of young bisexual women and 29% of young lesbians were (2).
- In the same study, a quarter of young bisexual men and 27% of young gay men report having dieted to lose weight, compared with 14% of their straight peers. A third of lesbians, and 58% of bisexual women had dieted, compared with 48% of young straight women. Symptoms associated with bulimia were much more common among young sexual minority youth, with 14% of young bisexual men and 15% of young gay men reporting having vomited after meals, compared with 3% of straight males. Among young women, 26% of lesbians and 19% of bisexuals reported vomiting, compared with only 8% of their straight peers (2).

LESBIAN & BISEXUAL WOMEN

- There is conflicting evidence as to whether lesbians are at higher risk for eating disorders than straight women. A US study found that women who were out as bisexual were twice as likely to have an eating disorder as their straight counterparts. In addition, bisexual women with eating disorders were twice as likely to attempt suicide as straight women (3). Some studies have found the rate of eating disorders is the same for lesbians as it is for other women (2,4,5). Other studies of comparable size indicate that lesbians are less likely to suffer from eating disorders (6-8). Among lesbians, high levels of body shame and body surveillance have been found to predict disordered eating. Having experienced sexual objectification, which was defined by the study as society's treatment of the female body as a sexual object, was also identified a factor influencing body shame (8).
- A small study from 1996 found no difference in eating disorders among lesbians who were involved in lesbian community and those who were not. However more recent and larger studies have found that a positive lesbian identity and strong community support may act as a buffer against disordered eating (8,9)
- A 1996 study of 186 young, white and middle class lesbians in the greater Toronto area suggested that nutritional knowledge was poor. This conclusion was based on answers given to questions about fat consumption. Only 31% of women surveyed consumed less than 30% of their calories from fat, and half did not know what percentage of their diets was fat. These are findings of limited value because they are based on an assumption that a low fat diet is universally healthy and that all dietary fat is nutritionally suspect (10).
- Analysis of data from a large US study found that lesbian and bisexual women report eating fewer fruits and vegetables than straight women (11).
- A study of 648 women in California found that lesbians were more likely than straight women to report a history of weight cycling, that is, yo-yo dieting, which may significantly increase the risk of cardiovascular disease (12).

GAY & BISEXUAL MEN

- Small urban studies have found that gay men are more fearful of becoming fat, feel more pressure than straight men to develop a lean and defined body, and that they restrict their diets more often than straight men (13).
- Small US urban studies have found that the rate of eating disorders among gay and bisexual men is 6-9 times that of straight men (4,7). Among gay men, high levels of body shame and body surveillance, attendance at a gym or sports team, and the drive to increase muscle mass, have been found to contribute to the prevalence of disordered eating (4,9).
- A 2008 study of data collected during Pride Week in Toronto found that disordered eating was associated with depression, and with the drive to achieve a muscular body (14).
- Research indicates that Black and Latino gay and bisexual men are more likely than their white peers to exhibit symptoms of bulimia or binge eating, but less likely to exhibit symptoms of anorexia (4).

- A US study found that gay and bisexual men who participated in gay recreational groups had a significantly higher rate of anorexia, bulimia, and binge eating. This was not the case for other gay community involvement, including memberships with gay gyms (4).
- Several studies have found that HIV infection increases the metabolism by as much as 10%. Coupled with side-effects such as loss of appetite, pain or digestive trouble, stress, and difficulties with nutrient absorption, complications from HIV may lead to malnutrition, protein depletion, and weight loss (16-18).

TRANS PEOPLE

- A German study of 131 trans people found that trans men showed more restrained eating patterns, a greater concern with weight and shape, greater body dissatisfaction, and more body checking behaviors than cisgender men (19).
- Researchers at the University of California suggest that trans people taking testosterone be made aware of the increased metabolic demands the hormone places upon their bodies. They recommend that those having difficulty trying to gain weight or muscle mass be screened for protein, calorie and vitamin deficiencies (20).
- Trans people who smoke, use hormones inconsistently, and do not exercise regularly may be at risk of osteoporosis, and should be aware of the amount of calcium in their diet (21).
- Nothing has a greater impact on food security than poverty. We know that trans people in Ontario have extremely high rates of poverty. The Trans PULSE study reported that 34% of a sample of 433 trans people in Ontario lived in poverty, and almost half the sample's household earnings were below the Statistics Canada low-income cut-off. (22).

GAPS IN THE RESEARCH

- Most research on eating habits among LGBTQ people has concentrated on lesbians and body weight, and on gay men and eating disorders. Population based studies are needed to examine the relationship between eating and LGBTQ people's health in general.
- Longitudinal studies that examine changes in eating habits and nutritional needs over the lifespan are needed for all LGBTQ people, but especially for bisexuals and trans people, about whom there is a lack of information.
- Long-term studies that control for confounding factors are needed to determine the role of body fat, and diet in relation to specific health risks. Many of the studies referenced here use Body Mass Index (BMI) as a marker of eating distress. Studies that base their results on BMI have tended to assume a simple correlation between weight and health risks. Research studies commonly equate high or low BMI with disordered eating. But readers should bear in mind that these relationships cannot be assumed because BMI alone reveals nothing about people's habits, cultures, socio-economic status, experience of discrimination, other factors that affect how they eat, or their long-term health outcomes (23).

IMPLICATIONS FOR HEALTH CARE PROVIDERS

- Heath care providers should be aware that many factors, including sexism, gender roles, body shame, income, mental health and access to material resources, and cultural expectations may influence LGBTQ people's attitudes toward eating. Homophobia, Biphobia and Transphobia can affect people's access to food banks, especially in rural areas.
- Providers can support LGBTQ people to cultivate a balanced diet and intuitive eating rather than focusing on weight loss, as the latter can exacerbate eating disorders, result in weight cycling, and reinforce body shame. Practitioners could make use of tools to build skills around eating, for example the Satter Eating Competence Model (http://www.ellynsatterinstitute.org), or resources available via organizations and websites such as The Association for Size Diversity and Health (https://www.sizediversityandhealth.org), Health At Every Size (http://www.haescommunity.org/), and The Center for Mindful Eating (http://www.tcme.org).
- Health care providers can refer clients receiving social assistance in Ontario to resources such as the Special Diet Allowance (24).
- Most research on eating disorders has focussed on women, and used measurements designed for women. Whenever possible, men should be assessed using instruments designed for them, such as the Male Eating Behaviour and Body Image Evaluation (13).
- Service providers should be aware of the possible elevated risk of eating disorders among trans people. Services directed toward trans people should incorporate information about eating disorders into their programs.
- Health care providers should develop an awareness of the Critical Dietetics movement that is being pioneered in Ontario. A trans-disciplinary movement invested in social justice, critical dieticians recognize the multiple meanings of food, the complex and contextual nature of human bodies, and the social, cultural, historical and environmental construction of health (25-27).

REFERENCES

(1) Harris Interactive. Lesbian body image differs from that of women overall, New US survey finds. 2005; Available at: http://www.news-medical.net/news/2005/03/15/8445.aspx. Accessed March 20, 2014.

(2) Saewyc, EM., Poon, C., Wang N, Homma Y, Smith A, The McCreary Centre Society. Not yet equal: The health of lesbian, gay, & bisexual youth in BC. 2007.

(3) Koh AS, Ross LK. Mental health issues: A comparison of lesbian, bisexual and heterosexual women. In: Harcourt J, editor. Current issues in lesbian, gay, bisexual and transgender health. Volume 51. London: Routledge; 2006. p. 33-57.

(4) Feldman MB, Meyer IH. Eating disorders in diverse lesbian, gay, and bisexual populations. International Journal of Eating Disorders 2007;40(3):218-226.

(5) Heffernan K. Eating disorders and weight concern among lesbians. International Journal of Eating Disorders 1996;19:127-138.

(6) Siever M. Sexual orientation and gender as factors in socioculturally acquired vulnerability to body dissatisfaction and eating disorders. Journal of Consulting Clinical Psychology 1994;62:252-260.

(7) Strong SM, Williamson DA, Netemeyer RG, Geer JH. Eating Disorder Symptoms and Concerns About Body Differ as a Function of Gender and Sexual Orientation. Journal of Social and Clinical Psychology 2000;19(2):240-255.

(8) Kozee HB, Tylka TL. A Test of Objectification Theory With Lesbian Women. Psychology of Women Quarterly 2006;30(4):348-357.

(9) Engeln-Maddox R, Miller SA, Doyle DM. Tests of Objectification Theory in Gay, Lesbian, and Heterosexual Community Samples: Mixed Evidence for Proposed Pathways. Sex Roles 2011;65:518-532.

(10) Moran N. Lesbian health care needs. Canadian Family Physician 1996;42:879-884.

(11) Valanis BG, Bowen DJ, Bassford T, Whitlock E, Charney P, Carter RA. Sexual orientation and health: Comparisons in the Women's Health Initiative Sample. Archives of Family Medicine 2000;9(9):843-853.

(12) Roberts SA, Dibble SL, Nussey B, Casey K. Cardiovascular disease risk in lesbian women. Womens Health Issues 2003;13(4):167-174.

(13) Kaminski PL, Chapman BP, Haynes SD, Own L. Body image, eating behaviors, and attitudes toward exercise among gay and straight men. Eating Behav 2005 6;6(3):179-187.

(14) Brennan DJ, Crath R, Hart TA, Gadalla T, Gillis L. Body Dissatisfaction and Disordered Eating Among Men Who Have Sex with Men in Canada. International Journal of Men's Health 2011;10(2):253-268.

(15) Batterham MJ. Investigating heterogeneity in studies of resting energy expenditure in persons with HIV/AIDS: a meta-analysis. American Journal of Clinical Nutrition 2005;81(3):702-713.

(16) Crenn P, Rakotoanbinina B, Raynaud JJ, Thuillier F, Messing B, Melchior JC. Hyperphagia contributes to the normal body composition and protein-energy balance in HIV-infected asymptomatic men. Journal of Nutrition 2004;134(9):2301-2306.

(17) Sheehan LA, Macallan DC. Determinants of energy intake and energy expenditure in HIV and AIDS. Nutrition 2000;16(2):101-106.

(18) Vocks S, Stahn C, Loenser K, Legenbauer T. Eating and body image disturbances in male-to-female and female-to-male transsexuals. . Archives of Sexual Behavior 2009;38(3):364-377.

(19) University of California, San Francisco. Centre for Excellence for Transgender Health: General Prevention and Screening. 2011; Available at: http://transhealth.ucsf.edu/trans?page=protocol-screening.

(20) Ashbee O, Goldberg JM. Trans care: medical issues. Trans people and osteoperosis. 2006.

(21) Bauer GR, Travers R, Scanlon K, Coleman TA. High heterogeneity of HIV-related sexual risk among transgender people in Ontario, Canada: a province-wide respondent-driven sampling survey. BMC Public Health 2012 Apr 20;12:292-2458-12-292.

(22) Campos P. The Diet Myth: Why America's Obsession With Weight Is Hazardous To Your Health. New York: Gotham Books; 2005.

(23) Ministry of Community and Social Services. Special Diet Allowance. 2013; Available at: http://www.mcss.gov.on.ca/en/mcss/programs/social/special_diet_apply.aspx.

(24) Aphramor L, Asada Y, Atkins J, Berenbaum S, Brady J, Clarke S, et al. Critical dietetics: A declaration. Practice 2009;48:1-2.

(25) Gingras JR. Longing for Recognition: The Joys, Complexities, and Contradictions of Practicing Dietetics. York, UK: Raw Nerve Books; 2009.

(26) Critical Dietetics. Critical Dietetics. 2012; Available at: http://www.criticaldietetics.org.

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