

Women and Healthy Living in Canada

Fact Sheet Number 7 Fall 2012

RETHINKING WOMEN AND HEALTHY LIVING IN CANADA

Rethinking Women and Healthy Living in Canada: Challenging the Discourse, Evidence and Practice examines the sex, gender, diversity and equity dimensions of healthy living among women in Canada by conducting sex-and gender-based analyses of the healthy living discourse, key healthy living topics and selected healthy living strategies.

Fact sheets on women and healthy living have been prepared on physical activity, sedentary behaviour, self-injury, food insecurity, sodium, tobacco, alcohol, sexual behaviour and condom use.

Learn more at www.womenshealthdata.ca



FOOD INSECURITY

In low income households, food expenditures can be constrained and healthy foods may be sacrificed for lower cost (and unhealthy) foods.

Food insecurity was originally defined as the simple lack of adequate amounts of food, but it is now understood as a broader concept that includes lack of access to high quality and quantities of food as well as worry about having enough food. Health Canada considers households to be experiencing food insecurity if “at times during the previous year, these households were uncertain of having, or unable to acquire, enough food to meet the needs of all their members because they had insufficient money for food” [1]. The Canadian Community Health Survey (CCHS) focuses on income in its definition of food insecurity, determining that households being unable to afford adequate food during the previous 12 months are food insecure.

According to the 2007-2008 CCHS, approximately 6.6% of women in Canada live in food insecure households [1]. Of these women, 4.2% experience mild food insecurity (insecurity without hunger), 2.0% experience moderate food insecurity (insecurity with moderate hunger), and 0.4% experience severe food insecurity (insecurity with severe hunger).

Sex-and gender-based analysis

Sex-and gender-based analysis (SGBA) begins with four core concepts: sex, gender, diversity and equity.

1. **Sex** refers to the biological characteristics that distinguish male from female bodies. Sex differences include different chromosomal patterns, reproductive organs, hormones and proportions of fat to muscle.



2. **Gender** refers to socially constructed roles, relationships, attitudes, behaviours, relative power, etc., that shape and describe what it means to be male or to be female in a society.

3. **Diversity** can be identified as variations in culture, ethnicity, sex, gender, age and ability that affect our values, beliefs and behaviours, influencing all aspects of our lives.

4. **Equity** is achieved when there are no unfair differences within and among populations that lead to differences in health status. Social systems and policies should ensure that everyone has access to the resources, opportunities, power and responsibilities they need to ensure their full, healthy potential [6].

Sex issues

Food insecure women are more likely to experience both poor physical health (e.g., nutrient deficiencies, heart disease, high blood pressure, cancer) [2-4] and mental health (e.g., stress, depression, anxiety) [5-6]. Food insecurity is particularly risky for women with pre-existing chronic conditions that require special diets for health management, such as diabetes [7-8].

Gender issues

In many cultures and societies, women are responsible for food, including planning, purchasing, and preparation [9]. As a result, women are often blamed when diets are inadequate and they will often cope with food insecurity by compromising their own diets in order to feed their children [3, 10, 11].

Mothers living in low-income households typically eat last and eat food of lower quality [3]. Lone parent households (most often led by women) have the highest rates of food insecurity in Canada [1]; over 20% of lone mothers experience food insecurity.

Diversity issues

Lone mothers, Aboriginal women, visible minority women, immigrant women, and senior women in Canada are at particular risk of low income and thus, food insecurity [1, 12].

Aboriginal women living off-reserve in Canada experience over twice the rate of mild food insecurity, over three times the rate of moderate food insecurity, and over four times the rate of severe food insecurity compared to non-Aboriginal women [13]. In Arctic Canada, the affordability of grocery store food and accessibility to hunting and fishing are major factors affecting Aboriginal women's food security as well as overall cultural health and survival [14-15].

Equity issues

Low income is associated with a variety of social inequities and food insecurity is one result of these inequities. Women are more likely than men to experience poverty and lone mothers, Aboriginal women, visible minority women, immigrant women, and senior women in Canada are at particular risk of low income due to marginalization and discrimination [12]. Women living on low income may have poor access to healthy food options as these are often more expensive than unhealthy food. In Canada, it has been found that women whose household income falls in the lowest income quintile experience food insecurity rates more than twice the national averages. Food budgets for low income individuals can often be the only flexible part of their budgets, therefore food expenditures can be constrained [4] and healthy foods may be sacrificed for lower cost (and unhealthy) foods [18].

Critique

Women experiencing food insecurity report that they often know what constitutes a healthy diet, but simply do not have the resources for or access to healthy foods. Healthy living strategies tend to present a healthy diet as a choice that is within the reach of anyone and everyone in Canada, but for women in food insecure households, healthy "choices" are not an option. Promotion of policy reform at local, regional, and national levels that will lessen economic constraints on low-income households has been proposed as a direction for combating food insecurity [19].

The CCHS focuses on income-related food insecurity, which is critical, but it ignores

other influences, such as rural, remote, and suburban living, distribution of income within households, and the costing and quality of foods available. This kind of data would help to provide a more nuanced understanding of food insecurity in Canada.



References

- [1] Health Canada (2011). Household Food Insecurity in Canada in 2007-2008: Key Statistics and Graphics. Available at: www.hc-sc.gc.ca/fi-an/surveill/nutrition/commun/insecurit/key-stats-cles-2007-2008-eng.php. Accessed 04/10, 2012.
- [2] Tarasuk, V., & Reynolds, R. (1999). A qualitative study of community kitchens as a response to income-related food insecurity. *Canadian Journal of Dietetic Practice and Research*, 60, 11-16.
- [3] McIntyre, L., Glanville, N., Raine, K., Dayle, J., Anderson, B., & Battaglia, N. (2003). Do low-income lone mothers compromise their nutrition to feed their children? *Canadian Medical Association Journal*, 168, 686-691.
- [4] Olson, C.M. (2005). Food insecurity in women: A recipe for unhealthy trade-offs. *Topics in Clinical Nutrition*, 20, 321-328.
- [5] Vozoris, N., & Tarasuk, V. (2003). Household food insufficiency is associated with poorer health. *Journal of Nutrition*, 133, 120-126.
- [6] Siefert, K., Heflin, C., Corcoran, M., & Williams, D. (2001). Food insufficiency and the physical and mental health of low-income women. *Women & Health*, 32, 159-177.
- [7] Terell, A., Drew, C., & Vargas, R. (2009). Is food insecurity associated with chronic disease and chronic disease control? *Ethnicity & Disease*, 19, S3-3-S3-6.
- [8] Gucciardi, E., Vogt, J.A., DeMelo, M., & Stewart, D.E. (2009). Exploration of the relationship between household food insecurity and diabetes in Canada. *Diabetes Care*, 32, 2218-2224.
- [9] DeVault, M.L. (1991). *Feeding the family: The social organization of caring as gendered work*. Chicago: University of Chicago Press.
- [10] Hanson, K.L., Sobal, J., & Frongillo, E.A. (2007). Gender and marital status clarify associations between food insecurity and body weight. *Journal of Nutrition*, 137, 1460-1465.
- [11] McIntyre, L., Glanville, N., Officer, S., Anderson, B., Raine, K., & Dayle, J. (2002). Food insecurity of low-income lone mothers and their children in Atlantic Canada. *Canadian Journal of Public Health-Revue canadienne de sante publique*, 93, 411-415.
- [12] Ferrao, V., & Williams, C. (2011). *Women in Canada: A gender-based statistical report (6th Edition)*; Statistics Canada.
- [13] Willows, N.D., Veugelers, P., Raine, K., & Kuhle, S. (2009). Prevalence and sociodemographic risk factors related to household food security in Aboriginal peoples in Canada. *Public Health Nutrition*, 12, 1150-1156.
- [14] Lambden, J., Receveur, O., Marshall, J., & Kuhnlein, H.V. (2006). Traditional and market food access in Arctic Canada is affected by economic factors. *International Journal of Circumpolar Health*, 65, 331-340.
- [15] Hanson, Y. (2011). *Recipes for food insecurity: Women's stories from Saskatchewan*. Prairie Women's Health Centre of Excellence, Project #238.
- [16] Sharkey, J.R., & Horel, S. (2008). Neighborhood socioeconomic deprivation and minority composition are associated with better potential spatial access to the ground-truthed food environment in a large rural area. *Journal of Nutrition*, 138, 620-627.
- [17] Ledrou, I., & Gervais, J. (2005). *Food Insecurity*. Health reports / Statistics Canada, Canadian Centre for Health Information, 16/3, 47-52.
- [18] Kirkpatrick, S., & Tarasuk, V. (2003). The relationship between low income and household food expenditure patterns in Canada. *Public Health Nutrition*, 6, 589-597.
- [19] McLaughlin, C., Tarasuk, V., & Kreiger, N. (2003). An examination of at-home food preparation activity among low-income, food-insecure women. *Journal of American Dietetic Association*, 103, 1506-1512.

FOR MORE INFORMATION

BC Centre of Excellence for Women's Health:
www.bccewh.bc.ca

Atlantic Centre of Excellence for Women's Health:
www.acewh.dal.ca

Prairie Women's Health Centre of Excellence:
www.pwhce.ca

The Source:
www.womenshealthdata.ca

La Source:
www.lasourcesantedesfemmes.ca

SGBA e-learning resource:
www.sgba-resource.ca