

SUMMARY OF RECIPES FOR FOOD INSECURITY: WOMEN'S STORIES FROM SASKATCHEWAN

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What does food insecurity look like in Saskatchewan? PWHCE's report, *Recipes for Food Insecurity: Women's Stories from Saskatchewan*, explored how food insecurity, policies and programs affect women's health and well-being.

Low income is the most significant risk factor for food insecurity for women. Canadian women are more likely to live in poverty than men, and many poor women are single mothers or seniors. Further, Saskatchewan has more lone-parent low income families than the national average. Indeed, Aboriginal off reserve households are most likely to experience food insecurity (33% of Aboriginal households vs. 9% of non-aboriginal households).

It is critical to recognize that food insecurity is a gendered issue. Women are most likely to feed their families, but least likely to shape food policies that determine the system they must access.

Food security exists when everyone always has access to sufficient, safe and nutritious food to foster optimal health. It is about the knowledge and skills necessary for healthful eating. If all Canadians are to enjoy the international covenant of Right to Food, the Canadian government is duty bound to:

1. Respect the right to food,
2. Protect the right to food, and
3. Fulfill the right to food.

Food insecurity is a social determinant of health, and interacts with other determinants, including gender, income, culture, education and age. Additionally, geography greatly affects experiences of food insecurity.

Urban Food Insecurity

In urban areas, income related food insecurity abounds for many families living on social assistance and the working poor. Some women using food banks and soup kitchens worry about personal safety for them and their children while accessing these services.

Women often perceived food security as merely hunger relief; nutritious food is not expected. Food insecurity stories commonly feature:

- Women living alone with few supports
- Core neighborhoods where processed food predominates and breastfeeding supports are lacking
- Women feed their children first while they go hungry or eat lower quality foods
- Immigrants and refugees experience a lack-luster taste of new Canadian food while their children prefer "Canadian" food as a way of assimilating into society
- Transportation problems such as travelling long distances for fresh and affordable food
- Price gouging on welfare cheque days.

Further, health problems (such as depression, addictions or diabetes) are intensified by food insecurity.

Rural Food Insecurity

The current disadvantaged role of farm families has forced thousands from rural areas to 'sink or swim' in a new era of industrialized farming. Farmers need to have a decent income from their production. Agri-food policies need to focus more on small-scale production. Canada should promote local food consumption and nurture sustainable agriculture practices such as mixed farms. These changes would simultaneously promote job growth and economic development.

Northern/Remote Food Insecurity

Food insecurity in northern and remote communities features limited availability of nutritious food, which increases health risks such as diabetes and obesity. In one northern community studied, traditional diets of moose, fish and berries comprise one third of meals, and there are some concerns over environmental contaminants. Food shortages are deemed the community's responsibility and sharing occurs between some neighbours and among families. However, a small community may only have a few small stores, offering small amounts of expensive fresh foods. Gardening is impeded by factors ranging from roaming dogs to lack of skills. As such, few residents consume fruit and vegetables, and all rely on freezers. Cultural food insecurity where children are increasingly disinterested in traditional foods poses further challenges.

Recommendations

Despite being Canada's bread basket, Saskatchewan is among the provinces with the fewest food security policies. We need an integrated policy that incorporates food security in context, encompassing the health, physiological, cultural and gendered needs of our diverse communities. Women's representation and participation in agricultural and health policy is crucial. Similarly, community based participation is essential: the people who are the most affected should be involved in solutions. Gender analysis of policies should relieve income disparity, and provide for childcare and health insurance. We need to allocate land, capital and human resources towards building skills and education regarding food.

One service provider summarized: "It's the issue of access not just to any food but where you have a store where they know you and where you can send your kids on their own and know that

they are not going to be taken in a back room and accused of stealing and where you can get some healthy food and feel part of the community".

Short term aid is necessary but not sufficient. Long-term food security programs should build capacity leading to self-sufficiency and localized agri-food policy, through means such as gardening and collective kitchens which increase skills. We need to integrate women's knowledge and involvement in food production, purchasing, nutritional fulfilment and policy development. Beyond addressing differential access to food, we hope to eventually develop a whole system approach where food provides sustenance for healthy communities and families.