

# **Recipes for Food Insecurity: Women's Stories from Saskatchewan**

**Yvonne Hanson**

**JUNE 2011**

**Project #238**



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Prairie Women's Health Centre of Excellence (PWHCE) is one of the Centres of Excellence for Women's Health, funded by the Women's Health Contribution Program of Health Canada. PWHCE supports new knowledge and research on women's health issues; and provides policy advice, analysis and information to governments, health organizations and non-governmental organizations. Production of this document has been made possible through a financial contribution from Health Canada. The views expressed herein do not necessarily represent the views of PWHCE or Health Canada.

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## Preamble

“Food security exists when all people, at all times, have physical & economic access to sufficient, safe & nutritious food to meet their dietary needs & food preferences for an active & healthy life”.

-World Food Summit, 1996

The above definition of food security was developed in 1996 when Canada, along with 184 other countries, met in Rome for the World Food Summit. Considered an historic event, the World Food Summit had laudable goals, objectives, and collective energy which over time seemed to deflate. Today, global agri-food systems are in a state of near-crisis with the most vulnerable of the world’s population in either direct threat of hunger or in constant fear of being food insecure, which is the deficit of food security.

Despite its status as a wealthy country, Canada has an estimated two and a half million individuals who suffer from food insecurity (PFPP, 2011). For the individuals and households that experience food insecurity, income is the most significant contributing factor. Other variables (and sub-variables) related to food insecurity are: geography, housing (ownership type), education (level), employment (household income earner), race (Aboriginal, other), and food skills. Further, the experiences of food insecure women and men often occur inside the unique gender dimensions society ascribes. This study aimed to provide a gendered perspective of how experiences of living food insecure affect women’s physical and mental health and well-being in three distinct geographies in Saskatchewan.



## Introduction

Inside the borders of Canada rising concerns have been sparked by a number of circumstances resulting from a now globalized, commodity-based agri-food system(s). Some of the dimensions of these concerns stem from: trickle-down effects of global food markets (e.g. export-based production), food safety (e.g. *Listeriosis* outbreaks), genetic engineering in food supply chains, and epidemic-scale health consequences associated with food intake, such as obesity and diabetes. Food insecurity occurs when agri-food systems fail to secure individuals, households and communities their right to healthy and culturally-appropriate food that is grown in ecologically-sustainable ways.

Food crosses more disciplinary boundaries than almost any other topic including: agriculture, environment, health, governance, culture, religion, transportation, trade and economy, and education. Not surprisingly, food also has many intersections in a culturally defined sexual division of labor and gender assumptions. Discussions on food insecurity and the “individual’s right to food takes place *within the context of households*, [which is] often out of sight of those concerned with food policy and household food security” (Van Esterik, 1999, p.225). Women’s traditional relationships to food production, purchasing and preparation, and their socialized role in “caring” for family members aptly positions them to comment on the competence of food policy in creating and maintaining healthy communities and households.

In Canada, “unattached” women and single mothers with children are prominently represented in food insecure populations or those considered “at-risk” of food insecurity. Furthermore more than half of Aboriginal women living off-reserve, heading households with children are food insecure (Statistics Canada, 2006).

This study was designed to provide some gendered understanding of food insecurity among women in three communities in Saskatchewan, from rural, remote and urban locations. The study is significant in two ways: 1) it explored Saskatchewan-focused food security policy and initiatives through a gendered lens, which is a rare occurrence in research literature; and 2) it provides an avenue for women to share their stories and opinions on how food insecurity affects their health and well-being. This final report is a summary of those two objectives.

## **Backgrounder – Food (In)security**

Food security is a complex term that involves a range of meanings. The Canadian Dietetic Association (1991) defines food security as a “situation in which all people at all times can acquire safe, nutritionally adequate and personally acceptable foods that are accessible in a manner that maintains human dignity” (p. 139). Yet, food security for other people, such as food producers, exists when they are able to earn a living wage in the production and processes of creating food, as “well as when the quality of land, air and water are maintained and enhanced for future generations” (NSNC/AHPRC, 2004, p.11). Food security involves the assurance of healthy food through consistent availability, affordability, and physical access, while maintaining cultural preferences for individuals, households and communities. Food security is considered a fundamental determinant of health (Canadian Nurses Association, 2011; Mikonnen & Raphael, 2010).

Food insecurity enfolds different issues in the affluent western world as compared to countries where populations suffer from extreme situations induced by hunger, such as malnutrition and starvation. Food insecurity in a Canadian context is defined as “the inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so” (Davis & Tarasuk, 1994). Studies discussing food insecurity in Canada evolved during the 1980s, with the emergence of food banks and children’s feeding programs and as a result of the economic recession at the time (McIntyre, 2003). Since then, numerous studies of a quantitative and qualitative nature have documented nutritional intake (i.e. food quality and access based on social determinants such as income, geography, etc.) as contributing to food (in)security for Canadians (Che and Chen, 2001; Vozoris and Tarasuk, 2003; McIntyre, 2003; Power, 2008). As a multifaceted issue, food insecurity is considered at the level of the individual, household, community, culture (Power, 2008), or nation, and within these levels different indicators and considerations identify the perceived causes of food insecurity.

In 2004, a pan-Canadian nutrition study was conducted using an 18-question measurement model from the United States Household Food Security Survey Module (HFSSM) that described household food insecurity as a condition of resource deprivation (Willows, Veugelers, Raine & Kuhle, 2011). Most of the survey questions were “designed to assess food access in the context of limited financial resources” (CCHS, 2004, p. 27). The study, known as the *Canadian Community Health Survey on income-related food insecurity* (CCHS, 2.2), has been widely used in nutrition circles and in research related to food (in)security and related social determinants.

Results from the CCHS 2.2 (2004) determined that 9.2% of all Canadians were moderately or severely food insecure at some point in the previous year, however, this number could conceivably be greater given the at-risk populations not included in the study (Aboriginal peoples living on-reserve, people who do not speak English or French, the homeless). Saskatchewan was below the national average at 8.1%. The CCHS 2.2 also noted that 33.3% of all Aboriginal households in Canada living off-reserve were food insecure. Not surprisingly, roughly 60% of households whose main source of income is social assistance were food insecure. Households living in rented homes were related to higher rates of food insecurity -- with one in five (20.5%), as compared with only 3.9% of households where the dwelling was owned (CCHS, 2004).

A further examination of the statistics reveal that 24.9% of food insecure households with children were headed by lone, female parents; more than three times that of households led by male lone parents (8.3%, interpret with caution) or couples (7.6%) (CCHS, 2004). Among Aboriginal households with children living off-reserve, more than one in two (53.1%) households headed by lone-female parents was food insecure.

Associations between household food insecurity and several adverse health outcomes as compared to food secure households were noted in CCHS 2.2. These measures include: poor self-perceived overall health, high stress, low life satisfaction, and a weakened sense of community belonging.

A description of food insecurity as experienced at levels of individual, household, community and culture follows.

## Individual and Household Food Insecurity

Individuals and households are affected by food insufficient diets through four indicators: quantitative, qualitative, psychological and social (Radimer et al., 1992).

Table 1 describes a framework to understand how indicators are used to assess food insecurity in households and among individuals.

**Table 1. Components and levels of food insecurity & their dietary manifestations**  
(adapted from Kendall, Olson, & Frongillo, 1995)

	<b>Individual Food Insecurity</b>	<b>Household Food Insecurity</b>
<b>Quantitative</b>	Insufficient intake	Food depletion
<b>Qualitative</b>	Nutritional inadequacy (i.e. no fruits/vegetables)	Unsuitable food (i.e.: consuming food with expired dates or unavailable cultural foods)
<b>Psychological</b>	Lack of choice, feelings of deprivation	Food anxiety (i.e. worry that food will run out or where it would come from)
<b>Social</b>	Disrupted eating patterns (i.e. binge eating due to cash flow)	Food acquisition in socially unacceptable ways (i.e. food banks or soup kitchens that have social stigmas)

Of the estimated 9.2% of Canadian households experiencing some form of food insecurity, 5.2% were households with children (CCHS 2.2, 2004). However, individuals within households often experience food insecurity differently. Children are frequently fed the more nutritious food available within the home while mothers are said to eat last, and to eat food of lower quality (McIntyre, 2003).

While the experiences of individuals living within households vary, household food insecurity in Canada is ranked according to severity on a continuum that ranges from worry about having enough money to buy food (mild), to limiting food intake by skipping meals (moderate), to ultimately going hungry for entire days (severe) (Chen & Che, 2001). In the CCHS 2.2 (2004), Health Canada uses three categories to measure household food security: 1) food secure; 2) food insecure, moderate; and 3) food insecure, severe (Health Canada, 2011).

Despite how food insecurity is categorized, research studies on individual or household food insecurity associate poverty (including childhood poverty) and restructuring of welfare systems across Canada to both poor quality in, and inadequate quantity of, healthy food (McIntyre, 2003; Tarasuk & Beaton, 2009). At the individual or household level, food insecurity is affected by broad “access routes” to nutritious food. These routes are affected by: *income* at the individual or household level (through work, welfare, pensions); *skill development* (in purchasing or cooking food); or the *ability to acquire food through production* (that may include traditional hunting and gathering).

In examining access routes through a gender lens – and what populations are most affected by individual and household food insecurity - income is by far the most significant route to food insecurity for women. In Canada today, women are more likely to live in poverty than men, with a significant number of poor women being single mothers and seniors. In 2006, 32.3% of all Canadian female lone-parent families were low income (using after-tax Low Income Cut-Off, or LICO calculations); and Saskatchewan experienced greater numbers than the national average at 37.1% for the same family type (Statistics Canada, 2008; SPRU, 2006 in Holden et al, 2009). By far the majority of single-headed households in Canada with children are women, many of whom receive inadequate financial support from provincial welfare systems and suffer from inequitable opportunities to acquire higher education and/or work. In Saskatchewan, provincially-determined percentages of additional monies gained from either part-time work or the National Child Benefit Supplement (NCBS) are deducted from total amounts paid to welfare recipients. Welfare advocates argue that the 2002 ruling, which imposed what is known as the *NCBS claw back*, has had “a discriminating

impact on women and their children” (National Council on Welfare, 2008, p. 86). Given rises in inflation, rental rates, and food prices, insufficient welfare rates have made immediate and long-lasting impacts on unattached women’s health and well-being. The lack of affordable, healthy food, exercise regimes (i.e. gym fees), and the mental burden of worrying about money, has caused physical and mental health to decline.

Food insecurity in Canada is more common in households with children, households headed by lone mothers and Aboriginal households (McIntyre & Rondeau, 2009). Health Canada (2007) notes that more than one in two (53.1%) off-reserve, Aboriginal women who head households with children, suffer from food insecurity. Given the statistics, it is not surprising to consider that nutrient intake is below recommended levels in these households, and from what we know of eating patterns within households where children’s nutrition needs are met first, women suffer most significantly (McIntyre, et al, 2003).

Studies into the events leading to household food insecurity observed that hunger and the inability to acquire an adequate supply of food for the household, stemmed from an increase in family members (through birth or family melding), a change in parenting arrangements, loss of job or income, and decline in adult or child health status (McIntyre & Rondeau, 2009). In understanding those events through a gender lens, the discrepancies in income between women’s comparatively low pay to that of men’s, coupled with women’s over-representation in poverty statistics, signify that household food insecurity is a probable scenario for more women than men, particularly as it relates to single parenting.

## **Community Food (In)security**

Rather than discuss the deficit nature of “food insecurity”, community food security (CFS) points to a whole-system’s approach where equity, diversity, environmental sustainability, and social justice are addressed in strengthening a community’s ability to be food secure. In other words CFS builds towards community resilience to food insecurity. Hamm and Bellows (2003) offer this definition of CFS: “A situation in



which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes self-reliance and social justice” (p. 37). CFS incorporates the ideals of sustainable farming with economies built on valuing agriculture and food, while fulfilling the health needs for community members. Communities suffer from food insecurity when, for example, inequitable access to fresh foods or unsustainable farming practices occur.

In the community food security movement a key theme sees democracy built into the food system as it is viewed that current global agri-food systems are controlled by large, agri-food transnational corporations with intent on sustained or increased profit, seed control and industrialized forms of large-scale agriculture. Community food security movements aim to localize production and build stronger relationships between farmers and consumers while energizing the work of coalitions to bridge households to communities to national then global partners (Wekerle, 2005).

Tangibly, in some urban centres, the movement to advance community food security is bolstered by women’s involvement in roles of leadership and program participant. In Saskatchewan, for example, community-based and non-profit organizations whose general mandates follow the principles of community food security, are visibly informed and led by women managers and community leaders and emphasize women’s (especially as heads of families) program participation. Saskatchewan collective kitchen participation and school food programs involve significantly higher numbers of women than men, further indicating the gendered roles in the province’s “food discourse”. Where the chain of participation seems to close the door on women’s genuine involvement is in the arena of federal and provincial agri-food policy, as offered in a report detailing farm women’s concerns and realities (Roppel, Desmarais & Martz, 2006).

## **Cultural Food Security**

Numerous studies, including the Canadian Community Health Survey (CCHS, 2004) on Nutrition, report that food security also speaks to the availability of traditional or culturally-conditioned foods individuals choose to eat as either a part, or mainstay, of their diet. Food does not strictly adhere to dietary need in human life; it is defined by its social, cultural and spiritual meaning as well. For many women, love is tangibly expressed through their care for family through food. As Van Esterick (1999) reminds, “It is critically important that food security be approached from an interdisciplinary perspective that includes consideration of culture and gender” (p. 225).

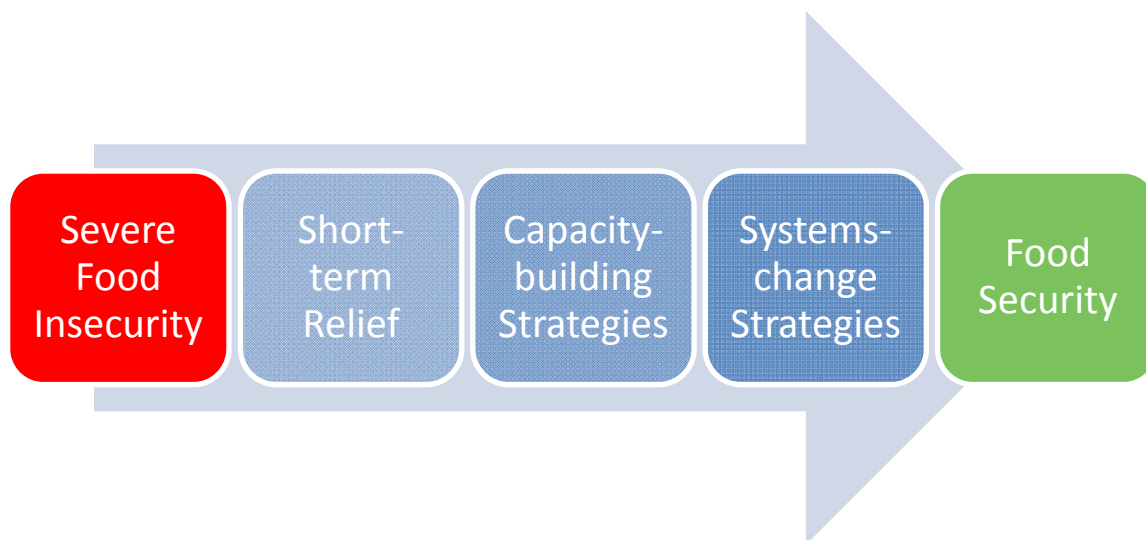
In her work with First Nations and Inuit Health Branch (FNIHB) of Canada, Powers (2008) asserts that individual, household and community food security concepts do not adequately define the issues many Aboriginal people contend with pertaining food insecurity in Canada. She notes, “For many Aboriginal people, country/traditional food retains significant symbolic and spiritual value, and is central to personal identity and the maintenance of culture . . . thus, food security is integral to cultural health and survival” (Powers, 2008, p. 96). Cultural food (in)security is based on the understanding that traditional food provisioning is vulnerable to a number of factors: environmental pollution on traditional hunting, fishing and harvesting lands; decreased access to traditional lands; changes in animal migratory patterns; insufficient traditional knowledge transfer from elders to young people; loss of taste for traditional foods due to marketed foods; not having someone in the family to harvest, hunt or fish due to employment or lack of resources (Powers, 2008).

Living off-reserve, particularly in urban areas, also poses a threat to cultural food security as traditional foods are less abundant and inaccessible except when family members, for example, bring such foods to the city. Given the diversity among Aboriginal populations and differences in diets based on traditional foods, this concept requires further attention and exploration to be fully appreciated.

## Strategies to Cope with Food Insecurity

Strategies to cope with food insecurity follow a continuum that includes:

- **Short-term relief** aimed at the most food insecure individuals (i.e. food banks, soup kitchens);
- **Capacity-building strategies** for individuals and community (i.e. skill development in cooking through collective kitchens or “buy local” campaigning);
- **Systems-change strategies** (i.e. municipal food councils for food security) (Nfld. & Labrador Food Security Network, 2011).



In Canada **short term strategies** to assist food insecure individuals – and stave off hunger – have grown in demand since the 1980s. Despite the argument that short term strategies have limited effect on correcting the root causes of food insecurity, their influences on daily existence for almost a million Canadians are real. In 2010 Canadian food banks and affiliated food programs assisted almost 900,000 individuals with dramatic increases in usage from 2009 in both Manitoba (+21%) and Saskatchewan (+20%) (Food Banks Canada, 2010). Food banks in Canada offer immediate hunger relief yet their usage is not entirely indicative of those who may be categorized as “food

insecure”. It is estimated that approximately one-third of Canada’s food insecure population access food banks (McIntyre, 2003). Short-term strategies like food banks were envisioned as a “stop-gap” measure to coincide with the elimination of child poverty in Canada by 2000, however, the reality of their growth indicates escalating income disparities and greater numbers of food insecure people in Canada.

**Capacity building strategies** stem from an alternative agri-food movement which “places greater emphasis on environmental concerns, multiple disciplines [like social wellness, health, economy, governance] and whole-systems approaches” (Allen, 2004) versus a traditional approach to agri-food production focused on harnessing nature, through science and technology, to produce food. Capacity building strategies include: community-supported agriculture (CSA), collective kitchen development, community gardens, buy-local campaigns, good food boxes and similar types of initiatives. These initiatives are largely coordinated at the local level with the support of community organizations that have combined social justice and food security goals.

In addition to their current benefit to food security initiatives, “strengthened community capacity is considered an investment in long-term success as it may increase the potential of the community to address not only a current problem, but others that may be identified in the future” (Hawe in NSNC/AHPRC, 2004, p. 5). Capacity building strategies team up with the notion of community food security as discussed earlier and the more intentional discourse of governance, democratic control and support for farmers that food sovereignty emphasizes.

The constructs of change seem agonizingly slow within **systems change strategies** where agri-food policy exist in places of federal and provincial government departments inside Canada. Change at the municipal level has seen some advances in larger cities like Toronto and Vancouver through the development of multi-stakeholder food policy councils which represent the diverse contexts of and interests in food.

At the federal level, beginning with the 1948 U.N. Declaration of Human Rights to which the right to food was a part, Canada has signed onto six international covenants

and agreements recognizing the right to food. One of the most significant and referred-to international agreements on food security is the Rome declaration of the World Food Summit in 1996, where seven commitments for international food security were agreed upon. Canada responded to the Summit by creating *Canada's action plan for food security: In response to the World Food Summit* (1998) which additionally offered six commitments to domestic food security. The last progress report on Canada's action plan, entitled *Canada's fifth progress report on food security* (2008), indicated an inventory of national and international programs aimed at food security however, the objective of including women in food security policy decisions, is limited to a one paragraph summary under the section of Canada's action plan for international food security.

Over the last few decades, the federal department of Agriculture and Agri-Food Canada (AAFC) has intensified its trade and food-as-commodity mandates and reliance on industry to guide its work. In the past two decades alone federal governments have quadrupled food exports creating policies that ship Canadian food worldwide to be traded rather than consumed closer to home which could benefit both consumers and producers (People's Food Policy Project, 2011). "Canada's newest agricultural policy (*Growing Forward*) represents a market-driven approach to ensuring globally competitive agriculture, agri-food, and agri products sectors, although there is recognition that these sectors have a role in providing healthy food for Canadians, given demand" (McIntyre, Thille & Rondeau, 2009, p. 98). Unlike countries such as Norway where agriculture, health, education and economics are blended into public food policies, Canadian agri-food policies are largely disconnected from these departments.

Health policies on food-related issues (where food security is considered a determinant) have been, generally, inside the categories of: the pan-Canadian healthy living strategy (e.g. monitoring obesity/physical activity); food safety (e.g. through the Healthy Environments and Consumer Safety branch – HECSB - of Health Canada); nutrition education (e.g. Canada's food guide); and working with community initiatives (e.g. support of the Canadian Prenatal Nutrition Program - CPNP). Three key federal players in Canada's health portfolio involved in food security work are: Public Health

Agency of Canada (PHAC), Health Canada, and the Canadian Institutes of Health Research (CIHR). First Nations and Inuit Health Branch (FNIHB) is involved in food security initiatives as they pertain to Aboriginal communities in northern and remote locations and among First Nations communities. In September 2010, federal, provincial and territorial ministers (less Quebec) signed onto an agreement that would promote healthy weights in children and the third objective is nutritional food access and availability. This six page document called *Curbing Childhood Obesity* (2010) provides a general framework for action towards healthier eating.

## **Canada's Role in International Covenants – Right to Food**

As a guiding principle in the international covenants for food security and human rights, the United Nations Food and Agricultural Organization (UNFAO) issued the *Right to Food* in November 2004, after twenty months of intensive negotiation with 187 UNFAO member states. The right to food is a binding obligation well-established under international law. Essentially, the right to food signals the right to have continuous access to the resources that will enable citizens to produce, earn or purchase enough food to not only prevent hunger, but to ensure health and well-being. The right to food only rarely means that a person has the right to free handouts, as this is considered unsustainable long-term.

As an imperative then, to which Canada signed on, the *Right to Food*, is aimed at the duty-bearer (the federal government) as they are ultimately responsible for ensuring that human rights are fulfilled.

The Right to Food is based on three pillars:

- 1) to RESPECT the right to food - making sure the government's own actions do not threaten it;
- 2) to PROTECT the right to food - prevent other actors such as companies or foreign governments from threatening it;

- 3) to FULFILL the right to food – taking action to ensure that people can get food either growing it themselves or making enough money to buy it. If people are not in position to buy it, governments must be responsible for providing it.

As important a human right as food is, the *Right to Food* pays little attention to the foundation of home as a core element in food security. As Van Esterick (1999) asserts, what the *Right to Food* ignores is the understanding that final realization of these rights occur in homes, often the site of women's efforts: "home is also a place to feed and be fed; and here the food rights, cultural rights and the rights of women intersect most clearly" (p. 230).

## **Saskatchewan Food Security – Government Policies**

"Despite being at the heart of Canada's bread basket, Saskatchewan is among the provinces with the fewest food security policies in Canada" (Epp, 2009). Shortages of policy related to food security and accompanying government initiatives is evident when scanning the official provincial government's website.

Saskatchewan's Ministry of Health (known colloquially as 'Sask Health') indicated that it does not have an up-to-date policy to address food security although it sees this as potential work in the future (personal communication, Health Promotions Branch, Nov. 2010). Rather, Sask Health staff commented that ministry funding relating to food security included, for example: provincial breastfeeding implementation committee work; support to regional health authorities for food security initiatives; and inter-departmental work with the Departments of Education and Social Services in developing policy documents such as *Nourishing Minds: Towards Comprehensive School Community Health: Nutrition Policy Development in Saskatchewan Schools* (2009). With the support of Saskatchewan's regional health authorities and the Northern Saskatchewan Population Health Unit, the Public Health Nutritionists of Saskatchewan launched two documents in 2010: "The Cost of Healthy Eating in Saskatchewan 2009" and "Cost of Healthy Eating in Northern Saskatchewan". Both of these documents include a cost analysis segregated by sex (including for pregnant/lactating women), age,

geography, and food costs over time (Abrametz & Tschigerl, 2011; Public Health Nutritionists of Saskatchewan Working Group, 2010).

Social determinants for health tend to dovetail food security or food-related policy into other departments such as education, social services and environment. In Saskatchewan policy developments such as nutrition policies for schools or daycares; welfare allowances for vitamins for pregnant women or nursing mothers; or monitoring of water sourcing, are adaptations of food security-related policies stemming from, or co-produced with, Sask Health but enacted through other government departments. Sask Health has built strong collaborations with departments of education and social services and has created initiatives and frameworks on nutrition-oriented policies.

Sask Health staff also indicated that an appropriate conduit for discussing food security may be through the inter-departmental and community capacity structured Human Resources Integration Forum (personal communication, Health Promotions branch, Nov. 2010). Sask Health participates with, and assists in funding, the Human Services Integration Forum (HSIF) which receives input from the Regional Intersectoral Committees (RIC); both of these organizations have a complimentary role (government and community) in furthering the provincial priorities of: 1) strong and healthy children and families; 2) safe, inclusive and healthy communities; and 3) high standard of public accountability, transparency and governance for the work of human service integration (Saskatchewan Ministry of Education, 2009).

While not a lengthy analysis of food security (in fact the term is rarely used), the most recent and detailed food policy work from Sask Health stems from a document entitled, *A population health promotion strategy for Saskatchewan: Healthier places to live, work and play* (2004). The document's (2004) approach is multi-sectoral and acknowledges that governments are partners in the role to "explicitly address equality and diminish disparities" (p.33). The strategy document notes three goals in improving access to nutritious food in Saskatchewan:



“To increase opportunities for people to enjoy more nutritious food in homes and community settings; to reduce the economic, geographic, social and cultural barriers that limit healthy eating habits; and to advocate for food policies that promote and protect the health of Saskatchewan residents” (p. 32).

Food security has been identified as a policy provision under the department of Social Services, however, details to the concept was found to be difficult to navigate on the department’s website. An updated document (*Saskatchewan Assistance Program: Policy manual*, May 2011) indicated welfare allotments for food and food allowances, special diets provisions (i.e. diets while on dialysis, HIV/AIDS, pregnancy) and northern food subsidies are noted in the policy manual. Three food security initiatives are discussed: food banks, Food Secure Saskatchewan and the Child Nutrition and Development Program (CNDP). In Saskatchewan, the CNDP provides grants to over 70 community groups who provide capacity building strategies such as collective kitchens and school nutrition programs.

While Saskatchewan Agriculture and Food (SAF) is not directly involved in food security initiatives, in 2007, L. Borgerson, then Legislative Secretary for Organic Farming, wrote *Going Organic: A report on the opportunities for organic agriculture in Saskatchewan*. The report promotes local food availability and the development of organic farming in the province with a goal of 10% by 2015 (Epp, 2009). As a key factor in community food security, local food is worthy of note here. Generally, however, SAF has not been instrumental in creating policy nor working groups focused on food security.

## **Canadian Non-governmental Policy Initiatives**

In Canada, a diverse collection of organizations work to influence both foreign and domestic agri-food policies and foster a climate for greater food sovereignty (e.g. National Farmers Union, Oxfam, UCS Canada, Food Secure Canada). “Food sovereignty calls for a fundamental shift in focus from food as a commodity to food as a

public good. As such it can once again assume its central role in strengthening communities, ecosystems and economies [by] emphasizing that people must have a say in how their food is produced and where it comes from” (PFP, 2011, p. 9). However, implementation for federal and/or provincial governments to create public policy that embraces food sovereignty as core values have been off-set by agri-food corporate and global trade interests and influence (McIntyre, Thille & Rondeau, 2009). Additionally, women’s voices have been lacking in agri-food policy developments. Roppel, Desmarais, and Martz (2006) note that,

“While women play a critical role in the day-to-day operation of Canadian farms and the Canadian government have committed to achieving gender equality at all levels of decision making, there has been no explicit effort to identify farm women’s policy needs or their vision of an inclusive Canadian agricultural policy . . . . Women’s vision in agricultural policy rests on four [necessary] pillars: financial stability, domestic food policy, safe, healthy food and environment, and strengthening the social and community infrastructure” (p. 76).

Women and food insecurity in Canada has been studied by a number of key authors (Hamelin, A., Habicht, J.P. & Beaudry, M. (1999); Ledrou and Gervais, 2005; McIntyre, L., Glanville, T., Raine, K., Dayle, J., Anderson, B. & Battaglia, N. (2003); McIntyre, L. & Rondeau, K. (2009); Tarasuk, V & Beaton. (2009); Van Esterik (1999); Vozoris, N. & Tarasuk, V. (2003); among others). These important studies allow for a deeper understanding of food insecurity’s role in women’s lives and a deeper connection to the multifaceted way food insecurity occurs for people. The following few paragraphs give a snapshot into some national and provincial food sovereignty/security policy documents, prepared by non-governmental organizations, where gender has been considered.

In 2008 the National Assembly of Food Secure Canada launched the People’s Food Policy Project (PFPP) where 3500 Canadians were consulted over a two year span about what a Canadian food policy might entail. The result of those consultations is

detailed in a document entitled *Resetting the table: A people's food policy for Canada* (PFPP, April 2011). *Resetting the table* charts the course for a Canadian food policy based on the work of ten policy-themed teams (Indigenous Food Sovereignty; Food Sovereignty in Rural and Remote Communities; Access to Food in Urban Communities; Agriculture, Infrastructure and Livelihoods; A Sustainable Fishery and Reasonable Livelihood for Fishers; Environment and Agriculture; Science and Technology for Food and Agriculture; Food Trade and International Aid; Healthy and Safe Food for All; Food Democracy and Governance). While the document is largely written without a gender lens, *Resetting the table* (2011) acknowledges that “food sovereignty . . . recognizes that women bear primary responsibility for food provisioning, production and preparation, as well as the disproportionate effects of poverty and other forms of marginalization” (p.9).

Provincial work in provinces such as Nova Scotia has occurred through the Policy Working Group of the N.S. Participatory Food Security Project. The document *Thought about food? Understanding the relationship between public policy and food security* (2005) details the complexity of food security and how public policy can address social inequities and environmental sustainability. In several locations within the document, gender has been considered, in particular in its analysis of which populations are most affected and at-risk in food insecurity.

The approach to discussing food security with recommendations for policy changes in Saskatchewan have tended to focus the issue more broadly without particular attention on gender (Engler-Stringer & Harder, 2010; Kouri, 2010; Woods, 2003). Rather, gender analysis research on women and poverty often includes an analysis of food insecurity as a result of low income (Saskatoon Anti-Poverty Coalition, 2004; Kerr, Frost, Bignell, Equal Justice for All, 2004; among others). And, although income and poverty are foundational issues for many discussions on food insecurity, the limitation in assessing food insecurity solely from a poverty perspective is that it disregards the geo-political, environmental and cultural dimensions which often play a determining role in the issue.

## Study Methods

Research began in June 2010 after the application was approved by Prairie Women's Health Centre of Excellence's independent ethics committee. During the months of July to September 2010, a scan of literature on articles and reports was conducted in relation to the following:

1. Government food (in) security policy and initiatives in Canada, the Canadian prairies, Saskatchewan, and Saskatoon;
2. Non-governmental organization (NGO) policy recommendations and food (in)security articles, reports in the geographies listed above in 1);
3. Food insecurity and its health impacts on women in Canada and U.S.;
4. Women in poverty (Canada-specific);
5. Canadian child poverty (especially in single-headed households with women).

Beginning September 2010, meetings with some key organizations were initiated in urban, rural, and remote communities in Saskatchewan either in person or by phone or email. The meetings' intentions were to inform groups of the broad research idea while receiving feedback and ideas on the direction for focus group meetings and interviews with women living food insecure. Groups consulted were: CHEP Good Food Box, Saskatoon Food Coalition (includes organizations devoted to the aims of the Saskatoon Food Charter), Saskatoon Health Region (nutritionists & rural service providers), Saskatoon Food Bank, Walking the Journey/Astam Oteh Iskeyak, International Women of Saskatoon, Community-University Institute of Social Research, Deschambault Lake Health Centre, Food Secure Saskatchewan, authors of "Farm women and Canadian agricultural policy", Midwest Food Resource Project Inc. and the Turtleford Food Bank. These meetings proved very useful for the overall direction of the project and in locating participants.

One phone meeting was held between staff of the Ministry of Health, Health Promotions Branch (Saskatchewan) and PWHCE in November 2010 to learn about food security policy at the provincial ministry.

Women tend to have deep roots in their relationships to food through culture and socialization, preparation and cooking, and care for their family by providing food. Through the literature review and meetings with organizations, it was stressed that food insecurity means more than simply a “lack of food” therefore the research questions were refined to explore:

1. What does food insecurity “look” like for women in Canada (Saskatchewan)? How are women affected by food insecurity and the policies/ programs set to address them?
2. What roles do geography & culture, income and education play in women’s relationships to food? How is this affected or hampered by food insecurity?
3. What are the ways in which food insecure women access food and nutrition – within their household and in the community?

Women as participants for the study were sought via posters through a purposive, snowball sampling with community organizations (i.e. CHEP, Saskatoon Food Bank, International Women of Saskatoon). Some focus group meetings were organized by the community organization itself where staff approached individuals they thought might be interested in the study and other meetings were organized by the principal researcher. At the beginning of each focus group meeting and interview, women were given a full description of the project and offered consent forms for participation. Confidentiality for group discussions was emphasized.

In total, forty (40) participants were involved in five (5) focus group meetings and one (1) participant was involved in a face-to-face interview, for a total of forty-one (41) participants who had recently experienced food insecurity. Additionally, three (3) members (all women) of an urban community service organization met for one focus

group meeting and one meeting was held with rural community service organizations with two (2) people attending (one woman and one man).

Of the 41 project participants, eleven (11) women met for a focus group meeting in a northern, remote First Nation (Cree) community; five (5) women met for a focus group meeting from two rural communities; twenty (20) women and four (4) men met for three separate, urban focus group meetings; one (1) urban woman was interviewed. Four (4) women from the rural focus group self-identified as Aboriginal; one (1) woman was French Canadian. Of the twenty-five (25) urban participants, eleven (11) self-identified as Aboriginal; ten (10) urban participants were newcomers to Canada (refugee, immigrant, new citizen); and four (4) were Euro-Canadian. All of the eleven (11) women from the remote focus group were First Nations. From the participant sampling, eighteen (18) had acquired food from a food bank or related community service (e.g. soup kitchen), at some point in the last two years; while eleven (11) others had received some food support from family or friends during “low times” (i.e. giving wild meat, sharing meals/food).

The semi-structured focus groups meetings and interview were successful in providing rich and meaningful data for the project. All of the meetings with participants and community groups were audio-taped then transcribed verbatim for accuracy.

## **Limitations**

The small sample size (n=46) may have created potential limitations for the analysis of this study in addition to the similarities in age range, where most participants were between 20 to 45 years of age, with the exception of the remote community where three elders participated. Reflections from more senior women in other geographies would have potentially complemented the study in unique ways, however no one was identified that matched this age group. Regrettably because of the short timeframe of the project and limited ability to reach non-urban areas, the findings were not taken back to the research participants for affirmation and/or additional input. Lastly, due to

technical issues, two of the focus group meetings had only partially audible recordings for transcribing: Remote focus group (RMFG) and Urban focus group 2 (UFG2).

## **Participant codes**

**UFG1** – Urban focus group 1 (participants affiliated with a girls and women-only support program)

**UFG2** – Urban focus group 2

**UI** – Urban Interview

**UNFG** – Urban newcomers to Canada focus group

**RMFG** – Remote, northern focus group

**RRFG** – Rural focus group

**CSFG1** – Community service food security organization, urban-based

**CSFG2** - Community service food security organization, rural-based

## **Acronyms**

**CHEP** – Child Hunger and Education Program, Saskatoon

**CCHS 2.2** – Canadian Community Health Survey, Cycle 2.2 (Nutrition, 2004) – Household income-related food insecurity

**LICO** – Low income cut-off (before tax)

**NCBS** – National Child Benefit Supplement

# Women in Saskatchewan: Experiencing Food Insecurity's Effects on Health

*“We are food: we eat food, we are made of food, and  
our first identity, our first wealth, our first health  
comes from the making, creating, giving of good food”*

(Shiva, 2007, pp 35-36)

## Relationship to Food

Food has long been associated with our social lives, our cultural identities, our health and well-being, and our relationship to the land. Women's dominant role in food production, preparation, purchasing and food meaning has been entrenched in virtually all societies. Although the domestic roles in Canadian families are not static, women are (still) frequently more responsible for the unpaid, domestic and invisible work of feeding the family (deVault, 1991).

The women consulted for this study were predominantly responsible for the majority of cooking, organizing food budgets (in accordance with other bills and payments) and obtaining food (grocery store purchasing or food banks) for their households. They also worried about food and placed their needs after other family members' food requirements. In some conversations – particularly with urban women who were severely food insecure – the representation of food was more about sustenance versus enjoyment or social fulfillment as might be present among food secure individuals and households. One woman noted that for her, “food is [merely] a filler” (UFG 2). Another woman noted, “Some of the fruits and vegetables that you buy, you have to make sure you have your basics before you consider buying likes grapes or plums or watermelon. For us to have those things in our family it has got to be a birthday celebration; it's not something that you can go in and buy everyday” (UFG1). The reference to “basics” in this quote was related to bread, pastas, proteins (i.e. meat or eggs) and milk.



Women living in the remote, northern community maintained a close relationship to what might be referred to as a traditional diet despite some women's acknowledgement that consumption of these foods has changed from times when they were young. "A traditional diet consist[s] of roots, plants, berries, fish, birds, eggs, and meat. The same concepts apply today as did for our ancestors. A balance of healthy foods in our diet, along with physical activity, can reduce the risk of some disease" (Abrametz & Tshigerl, 2009). "Sometimes we get food from the store and sometimes we eat fish and moose and berries and things like that . . . . A lot of people collect blueberries in the summertime and cranberries" (RMFG). It was estimated that in the community where the northern focus group was held, approximately one-third of most foods consumed were traditional foods. The women spoke about eating fish, moose, duck, berries, and bannock as typical foods in their daily diets.

The CCHS 2.2 (2004) reports that food security speaks to the availability of traditional or culturally-conditioned foods individuals choose to eat as either a part, or mainstay, of their diet. As such, the complexity of food involves more than adherence to dietary needs in human life; it is also defined by its historic, social, cultural and spiritual meaning as well, adding to an understanding of cultural food security as discussed earlier (Powers 2008).

Women in the newcomers to Canada focus group (refugees, landed immigrants and new citizens) - and the four men who were included due to culturally-appropriate reasons - noted that daily consumption of cultural food was very important to them in holding onto their identity. The comparison of fresh versus frozen and/or processed foods was disturbing in the Canadian diet they perceived. "Over there we eat lots of food and we do not become bigger and here we eat a little bit and we get bigger and bigger" (UNCFG). Some of the individuals lamented that they carry more weight than they used to, attributing this to Canadian sedentary lifestyles and high-fats and sugars in the diet.

"Here food is culturally different . . . . Since five years ago when I came to Saskatoon I feel that the food tastes different here because in my home in

[country] or [country] the food tastes better than here just because everything is frozen here but over there it is much more fresh” (UNCFG).

For some participants it was painful to see their children reject cultural foods in favour of a new, Canadian diet. For the women who were newcomers to Canada, who predominantly do all food preparation and cooking in the home, multiple meals are now being requested, adding to an already-stretched work burden and financial resource base. Women expressed that they were working double-time to fulfill both their cultural food preferences and their children’s attempts to “fit into” Canadian society through food. The cost of food and their work to prepare two diets was stressful.

“Our children they come out from their country and they are small children and they adapt to different types of foods from different countries. So [when] they come here they like what mama gives them [but later] they mostly don’t care for what their mother gives them . . . that’s why our children are completely different” (UNCFG).

“I am cooking fresh . . . but my boys sometimes they ask me, “We like spaghetti but not our style but the Canadian’s style. I don’t cook the same. Now that they have become Canadian and for school lunch they like a Canadian diet – every day I am cooking vegetables for them but they like Canadian food” (UNCFG).

“Every two days I cook rice and meat and my boys came home from school and they saw the food and they said, ‘Oh mama I’m not hungry’ and I said ‘Oh my god. You must be hungry because I’m not making a big lunch for them’ . . . . It’s because I don’t know how to cook Canadian food” (UNCFG).

In discussing food with participants in the remote northern community, similar contentions were made about the food that children ate, in drifting away from a cultural/traditional diet. Powers (2008) notes that one aspect of cultural food insecurity “fits with the general observation that younger people eat less country/traditional food than

older people [in exchange for market available foods]” (p. 96). During a discussion on intake of traditional foods, this comment came up,

“It depends on the family but sometimes they give their kids money to buy junk food. And they have some small stores [in the community] and they sell lots of junk food. The kids go ask the parents for money to buy chips and drinks. I don’t do that. They don’t want to eat nutritious food; they just want to eat junk food” (RMFG).

When asked if people in the northern community would have eaten the same foods now as when they were growing up, two younger women commented “Everything seems to be changing” (RMFG). The identity that food represents in this community, like the urban newcomers group, seems to be shifting away from traditional/cultural foods to more market-based foods. This may have consequences yet to be fully realized in both of these communities, not only for physical health, but cultural identity and belonging.

## **Choices?**

Food habits and eating preference, as a conditioned and socialized behaviour, was expressed by one participant in this way:

For myself I have been doing well, but by the time you can start affording good, healthy nutritious food, they [your kids] are at this older age like 13,14,15, 12, 11; it is already like they have started to become accustomed to bad food. So that by the time you can afford to introduce them to good healthy meals – like squash and spinach and all of that kind of stuff and the environment that you live in while they are younger is hard to grow out of when they’re older. So they have already developed a habit, they have already acquired a taste for fast food, high starchy food and then trying to re-learn a new food is really difficult” (UFG1).

As evident from this participant’s story, forming healthy relationships to food was complicated by the fact that she and her family were more severely food insecure during

her children's early ages - a time best suited to develop healthy eating habits and food preferences.

In food insecure households, "food supplies are more limited and individuals have less varied diets, less consumption of fruits, vegetables, and milk products, and lower energy and nutrients intakes in the context of . . . food insecurity" (Tarasuk, McIntyre, Li, 2007, p. 1980). Additionally, where income is the core inhibiting issue to food insecure households, "diets [tend to be] high in inexpensive, energy-dense foods but low in fruits and vegetables [and is] likely the norm" (Tarasuk, McIntyre & Li, 2007, p.1985). Other reasons expressed by women as to why fruits and vegetables were not purchased as commonly as other foods included: perishable foods do not last as long in storage (and therefore can be a waste of money if not consumed); stores didn't carry them (in urban core area and remote communities in particular); and, do not always have time or desire to cook, thus relying on cheap fast food or processed foods.

In the community services focus group, one staff commented, "the McDonald's meal is cheap and it has seduced us into thinking it is wonderful. Sometimes the smell of French fries is just heavenly right? . . . . The other day I started my car and on the radio they said that McDonalds had dropped off chicken nuggets with cranberry sauce and it was very delicious, meanwhile not really thinking that they are promoting unhealthy lifestyles!" (CSFG1)

From a slightly different angle two women from separate focus groups commented on the monotony of eating diets with limited food choices in being food insecure. One woman noted,

"I won't eat deer anymore. I ate too much of it and now I can't stand it. Or tuna fish because tuna fish was really cheap so it was part of our school lunch all the time. It's so hard to eat tuna fish today because I ate too much of it back then" (CSFG1).

“I think one of the things for me is that we had so little variety when I was a kid. I got to dislike all of those things because that’s all I ever ate. Yeah, that is a real fact” (UFG2).

Lack of choice was a common theme expressed by women living on low income, whether it related to food, housing, clothing, entertainment and other expenses and experiences. When asked what typical foods consumed might look like, most women expressed they ate large quantities of wieners, canned goods, pasta, bread (or bannock), hamburger, and soup.

Choice was limited in the remote and rural areas partly because community stores did not provide much selection. The women from the northern, remote community had dismal choices in purchasing fresh foods locally and therefore would do their major food shopping at a large centre one and a half hours away by car because “the food is fresher there” (RMFG). In the two small stores in this remote community, (one of which never opened during the two visits throughout the day and the other which closed during meal times - noon hour and between 5-6 p.m.), a quick scan of fresh foods showed availability of two dozen eggs, one bag of onions, and five 4-litre jugs of milk. The price for milk (4 L) was \$7.99. Items like pop, chips and beef jerky were comparable in price one would expect to pay in Saskatoon.

The unavailability of fresh food in this remote community also speaks to the concept of community food (in)security where communities do not provide the basic necessities for nutritious eating which contribute to optimal health outcomes. Geographic barriers in the built environment which limit access to health foods are sometimes referred to as *food deserts* (Reisig & Hobbiss, 2000). Food deserts might occur when grocery stores withdraw from a community due to many reasons, including the lack-of spending power from the residents (Woods, 2003), as in the urban core where some focus groups took place.

In the remote community, food was transported-in long distances by truck. Here, fresh food procurement was unreliable and lacking in quality when it arrived. Store owners

found it difficult to maintain foods' freshness therefore charged high prices as a great deal of fresh food tended to spoil within a few days. As a result, residents are required to spend extra money on transportation to the closest grocery store or compromise healthy food choices for what is available at local convenience stores. In the remote community where women needed to travel one and a half hours by car to obtain fresh foods, travel in winter and during times of weather extremes imposed danger and worry.

Poor health outcomes are virtually undeniable for residents living in *food deserts*, manifesting into chronic physical conditions like obesity, diabetes and hypertension. Situations can become particularly complicated for women who have dietary restrictions or needs relating to poor health or disease. Income such as welfare and disability impose added barriers on top of limited choice. "As a diabetic you're supposed to stick to the complex carbs, which are already pricier than the regular carbs. . . then I am on pills for my high blood pressure and diabetes and because I don't have a health plan I have to buy all the pills . . . my high blood pressure pills [alone] are \$60 a month . . . it is depressing" (UI).

## **The Stigma of Food Insecurity**

Food banks cover only a portion of those affected by food insecurity. Yet, in Canada for the month of March 2010, almost 900,000 people were assisted by food banks, a jump of 9.2% from the previous year's count and the highest count in recorded history (Hunger Count 2010). In the same month, Saskatchewan food banks assisted 22,662, which was a 20% increase from the previous year; the second-highest percentage rise in food bank use in Canada (Manitoba was higher at 21%). At the Saskatoon Food Bank, approximately half of the total numbers of adults using food banks were women in 2010 and almost half of all food bank users were children (Hunger Count 2010).

Although food banks attempt to provide a portion of fresh foods, they are ill-equipped to distribute large quantities of fresh foods due to storage and refrigeration issues, and the fact that a significant portion of foods are donated goods with longer shelf lives. A number of women commented on the use of food banks and related types of charitable

services (Friendship Inn, soup kitchens) regarding the stigma attached to using them, the shame they felt going there, the lack of nutrition in distributed foods, and the discomfort of going to a place where violence sometimes occur. “I don’t like to go there with my kids especially ‘cause I know that there’s going to be a fight. It’s not safe for women with kids” (URG1). Other women were reluctant to discuss negative aspects of charitable food sourcing as “they are really kind [there] even if the food is not that nutritious” (UFG2).

The food bank in the rural community – which distributed food hampers once a month out of a church basement – struggled with the community’s lack of confidentiality for users.

“There was somebody who actually followed someone from the grocery store to see if they were going to get a food hamper. Imagine that! ‘Them getting food there and I don’t think you really need it’ and this got back to me and I was just furious – what business is it of yours; that’s just an invasion of privacy” (CSFG2).

When asked how one participant, a single woman living alone on disability insurance, felt about going to the food bank she said,

“I feel ashamed. A woman, like, people look at you weird. The stigma – east side, west side – we’re a division [in Saskatoon]. You have to go to the food bank? And I say, ‘Yes, I do. Do I have any choice in the matter?’ And they say, ‘Oh’ . . . . It’s gone – my security left. I feel like I’m struggling and I’m starting over. I’m doing the best I can with what I have . . . . I want to get a steel bat and a post so I can go hit something – I really, really do. I’m used to donating to the food bank, not using it” (UI).



**“Going to the Food Bank – Shocked!!!”**

© Photovoice Saskatoon project (2006) “Looking out/Looking in: Women, Poverty and Public Policy”  
(Saskatoon Antipoverty Coalition and Prairie Women’s Health Centre of Excellence)

The frustration of living alone, on limited income, without personal supports, and/or coping with a social stigma that you are a burden to society, created a range of emotion for women. Women voiced their anger towards a society they felt persecuted them for being any combination of the following: poor, Aboriginal, single, overweight, renter, living in Saskatoon’s west side, living in Saskatoon’s east side, living on a reserve, having a car, not having a car, or speaking another language other than English. In short, many women felt they were persecuted for just living.

“Women [in this area] usually get minimum wage and men will get prime wages because Saskatchewan is built around men. I am not trying to sound sexist but you can’t help it. It ticks you off after awhile, you know?” (RRFG)

Women discussed the range of how food was obtained in different geographic regions. In urban settings food insecure women were more likely to make use of a food bank or affiliated food program than the other two geographies; partly due to the fact that the remote community did not have one and in the rural area the food bank was not well known. One woman found out about the rural food bank only during the focus group



discussion. Still, lack of anonymity in rural areas versus urban areas may be a deterrent to using local food banks or charitable food programs. Women from the remote community noted, “We still share what we have with other families so if someone is starving then we share what we have” (RMFG).

Other women talked about the loneliness of walking into a store with little money for purchasing food or the feelings associated with not being able to buy healthy food because of low income.

“There’s ‘living pay cheque to pay cheque’ but I think with women it’s hand to mouth because I know I never make it to the next pay cheque and I don’t go anywhere. I don’t eat at restaurants, I don’t treat myself to anything. I buy second hand clothes. I do all the things you have to do and I don’t know how many times a week I’m making baking powder biscuits or making bannock [just] to fill up . . . . In Ireland it’s potatoes and here it’s bread” (RRFG).

“There’s an awesome Farmer’s Market that’s on the west side, state of the art, but not affordable for anyone who lives in this community, not one person. I’m about three blocks away from the Farmer’s Market and I went there and the only thing I could afford to buy was a bag of cucumbers and that was in a zip-lock bag; like about six cucumbers. So even if we wanted to eat healthy we can’t – they’re not allowing us to” (UFG1).

Participants were sensitive to the restrictions low income and poverty placed on their lives. Women talked about the demands for tight budgeting and how experiencing food insecurity is saturated with feelings of deprivation and frustration. Indirectly and directly, women talked about the inequities in society where some people were offered food stores nearby while others had no healthy, affordable options within a 1-kilometre radius. Urban participants noted this contradiction most profoundly and questioned how governments could allow this to happen.

## Caring for Others by Providing Food

Many women who participated in focus group meetings spoke of the ways food insecurity made them feel, particularly in the way food insecurity defied how they have been socialized to care for others.

“I am happiest when I make food for my kids. But I am also sad to know it’s not always the kind of food I know they need” (UFG 2).

“I know how it feels to have an empty stomach and I don’t like seeing [other] people with an empty stomach” (CSFG1).

“I’m lucky I have a car . . . . I should have brought my neighbour here – she’s a single woman who has serious mental problems and can’t get work and she gets \$302 a month. No vehicle, no help and no community support. And people say, ‘Oh never mind that’s just Carol.’ What do you mean that’s just (name)? She’s hungry too. Look at how skinny this woman is! She’s twiggy skinny but on the other hand I can’t afford to help her and I feel awful. When I’m eating I feel guilty when she walks by my window because I can’t offer her any food because I’ve made my one potato and one chicken leg and no veggie. And it’s difficult!” (RRFG)

DeVault (1991) describes women’s involvement in the role of caring as part of the social organization where gender norms for behaviour are established. In many focus group meetings women spoke about their socialization in fulfilling the caregiver role (i.e. learning as girls to cook then feed others first, looking after children, etc) and how food insecurity compromised or added challenges to this role. For some women whose lives were enhanced by caring for others which included food provision, food insecurity affected both their psychological and social well-being (see Table 1, p. 6), through the stresses of not being able to provide adequately and the inability to live up to expected gender roles of sharing food with others.

In a study that explores a farm women’s discourse on food provisioning and healthism, McIntyre, Thille & Rondeau (2009) found that “when considered with their gendered

role, [women] assumed the position of family guardian from negative health implications such as fatness, chronic illness and early death . . . [and] their gendered role carries the consequences . . . that blames mothers/wives for the health problems of their families” (p. 92). This viewpoint is entrenched within a Canadian dominant value system that perceives women as ultimately responsible for feeding their families thereby diverting responsibility away from the state (vis-à-vis health promotion and public policy) and onto individuals (women). If examining healthism through a combined gender and food insecurity lens, when family structures are viewed in terms of individual units rather than part of a larger social cohesion, women as caregivers become targets to blame rather than the state. Women, in traditional caregiving roles may as well, assume blame for any poor health of individual family members based on the food she provides. Thus food insecurity, due to inability to provide healthy food for family members, objectifies the role of ‘women as caregiver’ in scrutinizing ways.

One staff in the community service focus group had a unique perspective on the role of caring and women. She felt that women’s gendered role to care had another side where women needed social acceptance by making people feel happy, unintentionally to the detriment of nutrition in diets.

“I think there’s an area that women - because they are often in charge of cooking - want to please the people who are eating. They themselves have their own food preferences, so when you say low cost and low price diets are often higher in salt, well salt seems to make any food taste better. It makes your taste buds burst! And I think sometimes women are guilty of wanting to please others so they prepare what they know others will [like]. Like the women who will prepare Kraft Dinner - we could say she could buy whole wheat spaghetti and canned tomatoes and serve a similar meal cheaper and healthier than Kraft Dinner . . . . We’re also busy and we have other things we would prefer to do . . . . I want to challenge myself as a woman from the ‘baby boomers’ and we opted out of the kitchens and didn’t value the [goodness] of food, we wanted Cheez Whiz and packaged

noodles. We didn't want to be like our mothers; I wanted all the conveniences. And now I see it wasn't a good decision" (CSFG).

Women ranged in responses to their attachments to food preparation from some women cooking all meals while others had little to no interest in preparing meals. For women disinterested in cooking, some women felt that it was better left to others in the household more adept or interested in filling this role. Where women had interest but lacked skill, it could be argued that skill development was impaired as an access route to food security.

Overall, management strategies women used in coping with their situation surrounding food insecurity included: cooking from scratch, careful budgeting, seeking assistance from food banks and soup kitchens, joining collective kitchens and purchasing bulk items with friends/family, obtaining wild meat and fish from relatives, buying less expensive food or sale-priced items, gardening, and eating dense foods, like the woman who said: "We have bannock because it's more filling" (RRFG).

Of the most disturbing trends discussed in focus groups was the prevalence of women eating less nutritious foods than other members of households, eating reduced portion sizes, or skipping meals when food was scarce in the home. Women tried to mask their own household's food insecurity from their children by ensuring that children had the best nutritional options available in the home.

"Look at me, I'm pregnant but I still make sure that I put my son's meal on the table before I think about what I'm going to eat . . . . If I wasn't pregnant right now I would be giving up meals entirely for him.... It's to do with the money I guess. Even with my grocery shopping I think of him, of his appetite I guess, and I get what he needs first and then if there's money leftover then I get some stuff for myself, for my nutrition and usually it's not that much" (UFG 1).

As the above quote indicates, the women who were mothers in the study frequently talked about their food intake as secondary in need to that of their children's, even if

they know this to be to their own health detriment. It seems that many of the women were socialized to view food intake this way.

“When I was growing up I lived with my grandparents and they were all together so when it was time to eat - and the girls always had to cook or clean -so always it was the guys who ate first. So if you were cooking then you were the last to eat because everybody had to eat then the guys would come in from work and eat first then the kids and then the women after everybody” (RRFG).

Another woman noted, “But how many times have you said when there’s not enough ‘Oh I’m not really hungry’ and you let it go?” (RRFG).

One young woman, eighteen (18) years old, who attended a focus group with her mother, indicated, “When I was living at home I would mostly feed other people and not me. I would concentrate on my brothers to make sure they were fed . . . I don’t have lunch. I don’t eat until supper.” Her mother indicated that her daughter was her back-up support; someone whom she could trust.

“I am trying to find the money to pay the rent, the power [bill], the energy [bill], whatever. And trying to meet those needs and because I don’t have a reliable partner the next person I could depend on was my daughter and she is very, very over-protective over her brothers. She was [my] right-hand woman” (UFG2).

Consistent with a study on food insecurity and mothers in Atlantic Canada, McIntyre et al. (2003) found that “low income lone mothers are compromising their own diets in order to preserve the healthier diets of their children . . . . The implications for the nutritional health of women living in poverty are grave and go beyond the nutritional risks associated with their reproductive role” (p. 691). A further study by Collins (2009) found that income-related food insecurity negatively affected mothers’ mental health such as: anxiety, stress, worry, guilt, irritability and shame. In this study on food

insecurity among Saskatchewan women, feelings of depression, worry, shame, guilt, anger and fatigue were similarly expressed.

Unattached women without children in the study noted a different kind of stigmatization where traditional values placed importance on heterosexual relationships and families with children versus non-children families. In particular, women in rural focus groups talked about the stigma attached to being single. They felt that their position in society was perceived as a burden to the community through the fact they were women, did not have (young) children, and were not interested in a partnership with a man. One rural woman noted,

“They [community members] frown on me and they think there’s something wrong with me because I’m single . . . . Where I live there is a little bit of a mentality that single women get pushed aside so if there are jobs they go to married women [first] because we are seen as unreliable women . . . . As a single woman it’s just decided that I must not be worth anything because there is only one of me . . . . It’s just the whole mentality and it’s really sad. I can’t wait until they catch up with the rest of Canada” (RRFG).

“If a man becomes single, for whatever reason, they become part of the [rural] culture because they go golfing together, they play cards together, they go to the bar together. There’s a lot of things they do together and as a single woman there aren’t really groups like that where you can do things together . . . . There’s not really a culture for women here at all. I had been married in the community for a long time and had a very active social life and then [when my husband died] I went to not having any friends here at all” (RCFG).

The vulnerability for “unattached” women was evident in urban areas too. One single woman without children, whose personal circumstances declined after a serious pedestrian-auto accident left her physically disabled, found herself without sufficient income to meet her basic needs. A combination of inability in working full-time due to

physical limitations and the tight restrictions on supplementing earnings above scant Employment Insurance (E.I.) left her living below the benchmark measurement of low-income cut-off, or LICO, in Canada. LICO is based on “approximate levels of income where people are forced to spend a much higher proportion of their income on the basics of food, shelter and clothing compared to other Canadians”(NCW, 2008). She finds the stigma of living alone as a low-income woman rife with judgment.

“Another stigma is that because of my age people assume that I have a husband in the wings or a partner. I have never been married and I have never lived with anyone; I have always paid my own way. And when you take a tumble like this it’s like whoa! I have nobody to rely on! I’m sorry to say when I’m looking at my list – soup kitchen – yes it’s somewhat of a fix. Everybody is hoping for a miracle and there isn’t one” (UI).

Experiencing individual food insecurity underscores the psychological impacts of living in poverty; the painful challenges women face as their socialized roles as care-provider is both exhausted and undermined by the stigma of food insecurity; and how being a single women living with food insecurity in Saskatchewan increases vulnerability and discrimination by the community at large. By upholding their children’s nutritional needs, women sacrifice their health both physically and mentally, however, as a secondary effect of doing that, mothers are less able to care for children due to decreases in energy and functioning ability unintentionally affecting children’s well-being (Collins, 2009). It is clear that the stigma of food insecurity holds grave concerns for a woman’s mental health, her place of belonging and identity, and finally, physical health and well-being.

## **Physical Impacts of Food Insecurity**

Food insecurity through lack of nutritious food is associated with adverse health outcomes. Research using CCHS 2.2 data found a positive relationship between household food insecurity and diabetes (Gucciardi et al., 2009), indicating that household food insecurity was more prevalent in individuals with diabetes (9.3%; CI=

8.2-10.4) compared to those without diabetes (6.8%; CI= 6.5-7.0). This analysis also observed that household food insecurity was associated with an increased likelihood of unhealthy behaviours and psychological distress (Guicciardi et al., 2009).

An older study from Canada, using the 1996/1997 National Population Health Survey, examined the relationship between food insecurity and physical, mental and social health (Vozoris & Tarasuk, 2003). This study noted that individuals from food insecure households had significantly higher odds of reporting poor/fair health, having poor functional health, having restricted activity, having multiple chronic conditions and/or suffering from major depression and distress than food secure individuals. In addition, food insecurity was associated with reports of heart disease, diabetes, high blood pressure and food allergies (Vozoris & Tarasuk, 2003).

Analysis of United States' Household Food Security Scale found that food-insecure children had greater odds of having fair or poor health (1.90 95% CI= 1.66 – 2.18) and of being hospitalized since birth (1.31 95% CI= 1.16 – 1.48) than food secure children (Cook et al., 2004). In addition, this study noted that as the severity of food insecurity increased, the severity of poor health or health problems increased (a dose-response relationship) (Cook et al., 2004). Additional studies from the U.S. have observed a relationship between food insecurity and obesity and noted that food insecure adults were more likely to be overweight than food secure adults (OR= 2.45, p=0.02) (Martin & Ferris, 2007). A similar result noted that food insecurity was associated with obesity in women (Townsend et al., 2001). The prevalence of overweight increased as the severity of food insecurity increased and food insecurity remained a positive predictor of overweight status after controlling for socio-demographic and lifestyle confounders (Townsend et al., 2001).

Women with obesity have a difficult time losing weight while consuming diets from food banks and low priced foods which are higher in salts and sugars. “The better quality food, the fuller you feel and sometimes it’s just not there. You could eat a dozen wieners and I don’t think you would be full . . . It’s hard to lose weight when your body is always feeling like it’s in starvation mode” (UI). The fluctuation of diet



indicative of “binge eating” is attributed to rising obesity rates particularly as they relate to women (Che & Chen, 2001). With food insecurity, periods of insufficient foods promotes a pre-occupation with food potentially resulting in food disorders causing overweight and obesity, particularly among women.



**“The Right to Food”**

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In this study, participants noted particular health issues present in their lives that may have resulted from unhealthy food intake: diabetes, low blood pressure, hypertension, allergies, fibromyalgia, underweight, anemia, and obesity. One woman believed food insecurity to be a major factor in her fair to poor health. “When I go to get my iron pills, they always say I’m anemic and underweight . . . . If my fridge was able to stay full all the time where I wouldn’t have to worry about it I could see myself probably eating more and my health would probably improve” (RRFG).

One woman noted that being HIV+ required special diet requirements and being food insecure did not help. When she had adequate nutrition and supplements, she felt her health was improved. “Without good food and vitamins I get sick . . . . And now I’m cut off [from the necessary] drugs from FNIHB [First Nations and Inuit Health Branch] so they’re putting my life in jeopardy” (UFG1).

Eating poor-quality foods exacerbates already existing health conditions. According to the community service organizations consulted, “there are more and more people that

are having allergies compared to 20 or 30 years ago . . . . Allergies come up quite often when we are having discussions with people” (CSFG1). On eating less quantity, one rural woman noted, “Not eating or eating less all the time, now the doctors are telling me that my blood pressure is too low and my heart beat is too low and they keep telling me that I’m going to fall over and go into a coronary” (RRFG).

Another woman attributes fibromyalgia to a life-long association with emotional stress and inadequate diet.

“I have fibromyalgia and it’s suspected that it’s from having childhood stress early in your life . . . . So being born in not the best of circumstances and being the last of 600 kids and being under those circumstances and there was stress and there was alcoholism and my mother wasn’t the best mother and I guess all that stress got to me. So now I am restricted in my diet. I can’t eat fruits, I can’t eat vegetables, and I can’t eat whole grains. It’s a silly thing but I’m eating potatoes every day” (RRFG).

The prevalence of diabetes in conversations was noted as well. Like studies into diabetes in food insecure households, where consumption of fruits and vegetables is less than in food secure households (Guicciardi et al., 2009), women noted that diabetes was difficult to control when nutrient dense foods were eaten only during “high” points in the month, such as when welfare, GST, pay, and disability cheques were issued.

“We are in a community where we have large health issues [like] diabetes. And we do not have the nutritional information to keep us healthy and long term to keep us healthy. Some people are on a very limited budget, okay, I know I am diabetic . . . . I can’t eat the foods that keep me healthy so I eat what my dollar gives me” (UFG1).

When asked about how women rated their health, one rural woman noted, “Poor I’d say because I have diabetes and I’m at a young age. I’m only 27 and it’s because I don’t eat right” (RRFG). The findings clearly show how food insecurity was a key indicator in women’s compromised health, whether in the development of chronic diseases

(diabetes) to substandard disease management. Additionally, women spoke of food-related conditions like obesity, underweight, allergies and lack of energy, all attributable to food insecurity and reinforced by existing literature. The 3 A's: Access to, Affordability of, and Approaches to, nutritious food.

Nutrition was understood as foods that were good for the body, safe and fresh. The main tenets of conversation surrounding nutrition was expressed by women in terms of: *access* (available foods and transportation included); *affordability* of foods (as household expense); and the *approaches* or framework of how nutrition is built and understood as a factor in women's well-being.

## **I. Access**

In urban areas where most research participants lived, severe shortages of fresh food outlets (i.e. grocery stores) were noted in the core areas. The “food desert” as discussed earlier has created dependence on foods which are processed, nutritionally insufficient and high in additives, sodium and sugars. “Access” – as used here - refers to the ability to purchase or obtain nutritious foods nearby that are easily achieved by walking or within proximate distance to where one lives (within a 1 kilometre-radius). Where transportation such as buses or cars are required for distances over 1 kilometre, then accessibility to fresh foods is limited and dependent on a number of factors: fare for transportation, child care, physical health (to carry grocery bags), and proper weather-related clothing (e.g. for extremes in winter).

In accessing fresh food, urban residents either spend money on transportation to the closest grocery store or compromise healthy food choices for what is available at local convenience stores. Some remedial steps have been made (i.e. CHEP's good food box) to procure fresh foods in core urban neighbourhoods, but they are infrequent (once every two weeks) and some included foods that are unfamiliar. In a related way, remote-located residents experience the same fate; their local food outlets stock processed foods while fresh foods are largely accessed outside of the community.

In both locations, local convenient stores charge exorbitant prices for basics like milk. “Stores that are available, the convenient stores - they’re overpriced. Like milk and stuff is ridiculous – it’s almost \$7” (UFG1). Another woman noted that, “for shopping in our community, our closest grocery store is Extra Foods or GT (Giant Tiger) and GT is all processed foods. It’s fat – that’s all they give us” (UFG1).

It has been observed that urban planning within large cities has resulted in downtown and business-core neighbourhoods supporting few grocery stores but housing many fast-food outlets, restaurants and corner stores. Supermarkets are not equally accessible across city regions, with lower access noted in lower-income areas (Smoyer-Tomic, 2006). Within Saskatoon, the west-side core neighbourhoods, including Riversdale, has been identified as Saskatoon’s primary food desert. These neighbourhoods were assessed using indicators of poorest material and social deprivation scores and poorest food access and highest food imbalance (Kershaw et al., 2010; Saskatoon Community Clinic, 2008). In addition, living in core Saskatoon neighbourhoods may involve some additional stresses such as rising rental housing costs, limited job opportunities, lack of child care facilities and elevated rates of crime and violence. Those stresses coupled with the potential inability of consuming nutritious food can lead to compromised health outcomes and increased anxiety, depression and fatigue as experienced by women through this study.

Food sourced a distance away from the urban participants’ place of residence was accessed by public transportation (bus), by walking or less often, by car. Most women took the bus for major shopping days and some women “doubled up” with other women in this task. “We go together so we can carry the groceries. That way it doesn’t seem like so much work” (UFG2).

“The majority of us don’t have access to vehicles. [Name] is the only one who has access to a vehicle. The rest of us walk and we will get our spaghetti; you don’t get a big bag of flour because we can’t carry that on our backs. Or potatoes; you can’t buy a 20 pound bag of potatoes if

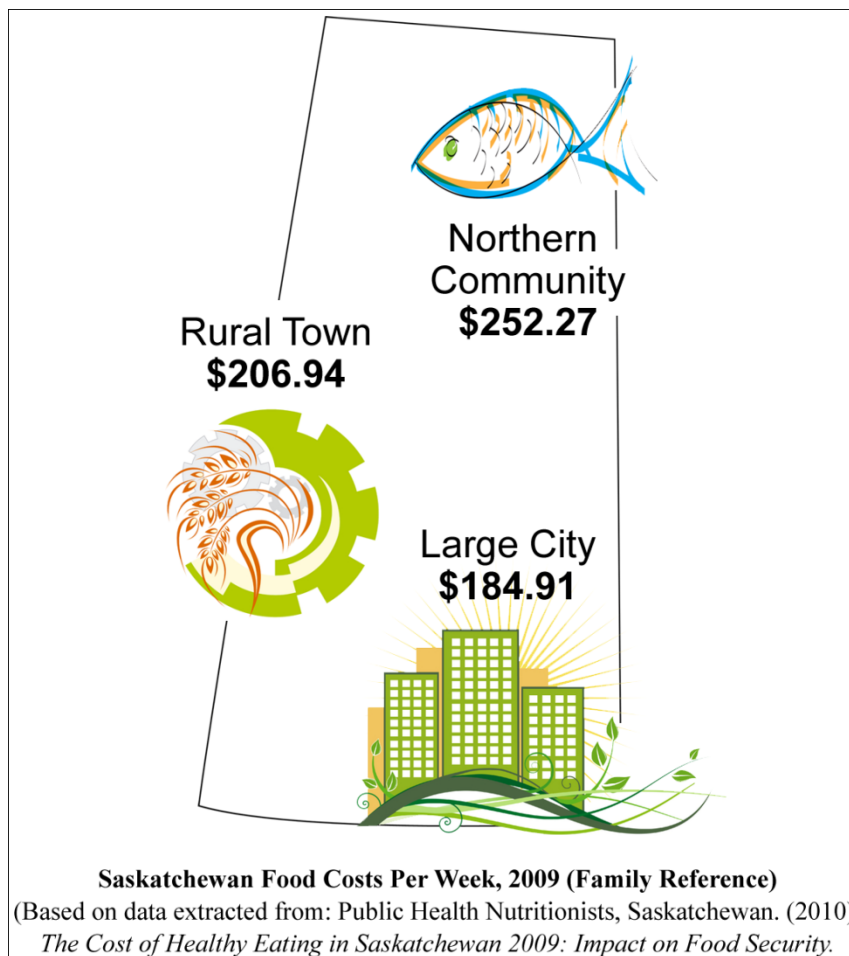
you don't have a way to carry them, so a lot of it is due to accessibility” (UFG1).

In response to the lack of available food stores in the core neighbourhood of Riversdale in Saskatoon, a group of individuals and service agencies – like CHEP and Quint Development - developed plans for a cooperative-run grocery store that will offer fresh fruit, vegetables, meats, dairy, etc. there. This venture is known as the Good Food Junction. For one of the participants with the urban community services focus group, an answer to the access issue of healthy food included more than simply available food locations.

“I think [why] I am so committed to the Good Food Junction is because I think it is the issue of access. 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 . . . Kids should not have to do without healthy foods just because their parents just happen to not have a lot of money” (CSFG1).

## 2. Affordability

According to the Public Health Nutritionists of Saskatchewan study on food costing (2009), a National Nutritious Food Basket<sup>1</sup>(NNFB) for a reference family of four would require on average \$205.02 per week or \$887.75 per month (urban family \$184.91 per week; remote family \$252.27 per week; rural family \$206.94 per week). Table 2. indicates a breakdown of geographies, sex and age as they pertain to the NNFB in Saskatchewan.



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<sup>1</sup> Health Canada first introduced the National Nutritious Food Basket (NNFB) in 1974 as a way that various levels of government could monitor the cost and affordability of eating healthy throughout different geographies in Canada. The NNFB contains approximately 60 foods items that represent a nutritious diet for individuals in various age and gender groups. The latest edition of the NNFB is based on the 2008 Eating Well with Canada's Food Guide.

**Table 2. Food Costs in Saskatchewan**

	– Age (years)	Cost per Week (Urban SK)	Cost per week (Northern SK)	Cost per week (Rural SK)	Cost per Month (All areas SK)
	14-18	\$ 58.81	\$ 78.85	\$ 61.63	\$ 279.76
<b>Males</b>	19-30	\$ 57.35	\$ 77.45	\$ 60.12	\$ 273.36
	31-50	\$ 51.96	\$ 70.47	\$ 54.64	\$ 248.46
	51-70	\$ 49.93	\$ 67.42	\$ 52.49	\$ 238.47
	Over 70 \$	\$49.41	\$ 66.59	\$ 51.92	\$ 235.80
	14-18	\$ 42.59	\$ 59.18	\$ 45.40	\$ 206.94
	19-30	\$ 44.55	\$ 61.04	\$ 46.97	\$ 213.93
<b>Females</b>	31-50	\$ 43.93	\$ 60.05	\$ 46.32	\$ 210.84
	51-70	\$ 38.56	\$ 53.11	\$ 40.97	\$ 186.46
	Over 70 \$	\$ 37.91	51.93	\$ 40.25	\$ 182.98
<b>Family Reference Family of Four**</b>		<b>\$ 184.91</b>	<b>\$ 252.27</b>	<b>\$206.94</b>	<b>\$887.75</b>

\*Not pregnant and not breastfeeding (note below)

\*\***Reference family** of four includes two adults age 31-50 and two children (female 4-8 years of age and male 14-18 years of age).

(Based on data extracted from: Public Health Nutritionists, Saskatchewan. (2010). *The Cost of Healthy Eating in Saskatchewan 2009: Impact on Food Security.*)

	– Age (years)	Cost per week (Urban SK)	Cost per week (Northern SK)	Cost per week (Southern SK)
	under 18	\$47.40	\$ 65.39	\$ 50.45
<b>Pregnancy</b>	19-30	\$48.32	\$ 66.44	\$ 51.16
	31-50	\$47.14	\$ 64.52	\$ 49.87
	Under 18	\$49.40	\$ 68.06	\$ 52.44
<b>Breastfeeding</b>	19-30	\$51.24	\$ 69.50	\$ 53.92
	31-50	\$50.06	\$ 67.58	\$ 52.63

**Costs per week: Family Reference Large city (\$184.91)**

Northern community \$252.27

Rural \$206.94

Women from the study in all three geographies found that the NNFB was prohibitive based on their current income from low-paying jobs or social assistance payments and cost of living expenses. As widely noted, food budgets are considered the most elastic within the overall household budget, therefore subject to underfunding. Items like rent, mortgage payments, and utility and energy bills are fixed and therefore paid or budgeted-for before food is purchased or even considered (PFPP, 2010; Nova Scotia Food Security Network, 2008). One community service participant commented, “Once rent goes up then there is no other place for flexibility unless [people] are going to sell their car, except food. So there isn’t just straight income; it is more complicated than that. It’s the money that’s available and what gets left for food.” (CSFG1)

Most women commented on the high costs of living and the impossibility of achieving the recommended NNFB. “For me it’s hard. Sometimes at the end of the month, before the 21<sup>st</sup> of the month, I started to cry because it is hard for me because I have to pay for my rent and after rent I have to pay for my telephone, for electricity and when I am finished I have no money in my hands until next month. It is very hard” (UNCFG).

In Saskatoon, the economic “boom” initiated by trading spikes in provincial resource stocks (i.e. potash, uranium, oil) in the mid-2000’s had a disastrous effect on many low to mid-income earners’ household economies. For example, rent for an average two-bedroom apartment increased rapidly from \$609 per month in October 2006 to \$935 per month by October 2010 - a 54 per cent increase over three years (City of Saskatoon, 2011). Vacancy rates in Saskatoon for October 2010 were modestly improved to 2.6 per cent, after years of severe housing shortages (less than one per cent) as experienced in the years 2007-2009 (City of Saskatoon, 2011). Individual income earnings from employment and social assistance did not keep pace with the sharp increases in household expenditures. Within the context of insufficient incomes, housing costs were cited as the most prohibitive expense to food security and housing was most pronounced for urban women.



“Technically, the income might have been sufficient three years ago and then with the spike in housing costs and the push to buy a house before it becomes even more astronomical. That [also] opened the door for landlords to just double the rents and make no other improvements. And the whole condo-lization thing just opened up this vile thing . . . .”(CSFG1).

“The rent has a lot to do with it . . . . Because a lot of us, well I'm lucky – I'm fortunate, but most of the people I know that live in this neighbourhood are paying more for rent and how much do they have left after rent, utilities and then grocery money left over? They are getting paid minimum wage and then they expect us to pay \$900 rent and then we have not even \$200 a month left over and it's not even enough to get groceries for the whole month” (UFG1).



**“The Empty Shopping Cart”**

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Access and affordability were combined barriers to eating healthy for urban and remote-located women but for partly unrelated reasons. Affordable food in the north is only accessible to residents far from their communities, as local stores do not provide consistent fresh food and what is available is very expensive. In urban centres affordability has to do more with individual disposable income reserved – or remaining after other fixed expenses – for food. Access – in terms of nearby availability or requiring transportation to obtain food – was rated very poor in both communities studied. Because of women’s disproportionately larger responsibilities in household food acquisition – particularly for the single mothers in the study – transportation issues were frequently stated. Women who depended on the bus were frustrated by its inconsistent service in winter or the social stigma attached to using public transportation in Saskatoon.

“In the wintertime it is too difficult to go far to go shopping. Sometimes especially in the winter the bicycle is not moving. Especially I remember last year in the middle of winter the buses did not come and all the transportation stopped so because of that it was very difficult to buy groceries” (UNFG).

“You’re standing at the bus stop, hey I could do a paper on this, how many vehicles have one person in it and then they’re complaining about the cost of parking downtown . . . Then again status – we’ve got the poor people on the bus, we’ve got people from the west side on the bus; people might have germs – it’s a stigmatism. And heaven’s forbid you have to take the bus!” (UI)

Rural women noted that the issue of affordability of healthy foods was more significant than availability. Women could purchase food at either of the two local grocery stores but complained that prices were much higher than in the city. “You spend a \$100 here you get maybe five or six bags of groceries; it’s so unbelievable. The milk is \$6.99 and you go to the city and it’s \$3.89 . . . \$25 is nothing here” (RRFG).

“I’m lucky I have a car and I go to Lloydminster once a month and the money I save fills my tank with gas. Because I don’t have a lot of food in my fridge; I’m very tight on my budget. I give myself \$150 for food and that’s for me and my cats. If it weren’t for that money that I save on gas I would not have gas; I would have to choose food over gas but I need gas if I want to go to work so it comes out of my food. My car is old but it gets me to work and back. But it’s only once a month” (RRFG).

### **3. Approaches**

According to the community service organization CHEP there are diverse approaches to food security from within its membership. “[Some] would say poverty right now, but some of them would strongly say health and then there would be a couple that would talk about the local or environmental side. And then it would be the skills and knowledge piece on food security” (CSFG2). A similar kind of diversity exists within Canada’s food movement, where approaches to nutrition, health, environment and socio-cultural factors come into play in the food discourse. Nonetheless, many of these approaches are complimentary in nature versus competing which is a reminder that food should be considered the “tie that binds”.

In approaching the concept of “nutritious food” there was consensus among food insecure participants that their current diets were insufficient to qualify as healthy. Access to and affordability of, healthy food was tantamount and women often spoke of their struggles with either or both of these issues. Nutrition was recognized as a construct best suited to “expert”; something that was obtained from post-secondary education. Women felt that the nutrition labels on jars or purchased foods were difficult to understand without this knowledge. “Good food” or “healthy food” did not have the same connotations as “nutrition” which was considered an inaccessible, scientific term for most participants.

Women seemed curious and eager to enhance skills and knowledge towards the making of good food through for example, gardening or cooking or an alternative food market to barter foods, as it was felt they needed to assert more control in their lives for their own and their children's health. However, they wondered how they might garden if they did not own land or frequently moved. Additional concerns raised were needs for tools, childcare, community and leader support (stressing interest), and in remote communities, infrastructure to keep dogs and wildlife out of gardens. Collective kitchens were expressed as an interest area for remote women; similarly rural women expressed an interest to have an ongoing women's health group to learn more about nutrition while having a chance to "get away" from the responsibilities of family for a few hours. One participant included an interest to see more local food, in particular organic foods, made affordable for low income people. In the north, one woman indicated that she was concerned about environmental contaminants in the meat (duck) people ate as part of their traditional diets.

"I think our fish are okay except sometimes you hear about the ducks from the south. I don't know where they come from, so that's one concern I have with the ducks and geese . . . . Some of the ducks are really skinny . . . [and] some have dark spots in the meat and smell [bad]" (RMFG).

Sometimes, people talked about raising livestock or producing food, considered to be superior food as it was fresh and wholesome. "My grandparents . . . they had a farm and horses, chickens, pigs, and everything was fresh. They had milking cows" (UFG1). The importance of education surrounding food was expressed a number of times too. "I think in schools it's important for the younger kids when they are starting out . . . . He's not afraid to try new foods now so that was one of the benefits of taking this cooking class [for him] and just getting to learn some familiar foods" (UFG1). One participant in the new Canadians focus group offered that Canada would be well-served by promoting people to farm: "Some of [the people trying to find a job] could be farmers like they were at their home [countries]. [Our

government] should encourage and teach them and give them land where they can cultivate and raise the food” (UNFG).

Understandably, the conversation among community service providers in the rural area – a mix of ‘farms and oil’ – brought up food production issues and agricultural policy. A few of the themes in this conversation included: knowledge on food production and land for growing; agri-food policies that advance corporate interest over small farmers’; and the lack of vision in food systems.

“We need to be realistic in our planning around food security and sustainability . . . Nobody’s working together to really look at what we can do, especially in Saskatchewan, where we still have those natural resources. We have the land base to grow an amazing amount of food and we have farmers working in the oil patch because they can’t make a living growing food. In one of the last places, like I just think, why aren’t we doing something to save the amazing wisdom and knowledge of the growers and hunters and gatherers? . . . There are no policies in place to protect farmers from those kinds of competitive agri-business kinds of things. So we can’t expect farmers to save us if we don’t have a clear plan on how they are going to benefit – why would they bother doing it? Those are some of the things I see as challenges in moving forward.”(CSFG2)

While conversation in rural areas dealt more with farm production, discussions also persisted about the context of food security in women’s lives. Women did not focus on food security within a nutritional stance pertaining vitamin intake or within a biomedical framework. Rather food security was a subject as part of a continuum in women’s health that included social determinants and life choices.

“[Sometimes] I say to myself, I should have [gone] to school; I should have stayed in school and maybe if I had stayed in school my life would have been different with my kids. Maybe if I had a job I could afford all

the things that I should have had. And now for me to go back to school – every time I did go back to school or go to work my kids would cry to me, ‘don’t leave me – why are you always leaving me?’ I quit working and I quit going to school” (RRFG).

Possibly, this woman’s life choices were shaped by her household circumstances and context, where she did not have reliable childcare support to further education or pursue work. Factors such as single parenting create vulnerability to food insecurity. As Hamelin, et al (2009) discuss, vulnerability is considered one of the major influencing factors in food security, in addition to food (in)sufficiency and characterization of food insecurity (i.e. access or lack of control over food). Within vulnerability there are three main categories which pose risk to food insecurity: structural, contextual and proximal. Structural risks include factors such as number of children in households; contextual risks include core make-up of households such as single-parenthood; and proximal factors include ones that impose stress on families (such as a health crisis).

Approach to nutritious food is a complex term as it relates to both one’s lived reality and personal choices. In other words, how a woman chooses to eat depends on her personal reality (how accessible nutritious foods are and what income she has to work with), in addition to the choices she is free to make based on her own knowledge and beliefs about nutrition, food production and eating. In this regard, a gendered food security understanding enfolds income and education, culture, history and geography as factors influencing women’s assurance that the “right to food” will be secured.

## Conclusion

In Saskatchewan, there is an evident tale of irony at play. In one part of the tale, the province has a thriving economy based on resource extraction and sales, known in some circles as “Saskaboom”. In the next chapter of the tale, food bank use in Saskatchewan saw the second-highest increase in patronage in Canada for 2010. Sadly, a growing segment of Saskatchewan’s population is affected by this disparity contributing to food insecurity and unsurprisingly, families with children are most at risk, specifically lone female-headed families. Aboriginal women who head households with children are most at-risk of food insecurity, speaking to inequitable opportunities for women in accessing higher education, employment, political leadership, and affordable housing. Some might wonder in these tales how a province which upheld agricultural interests to “feed the world” and that created medi-care as a platform for health equity, now writes its stories.

According to Roppel, Desmaris and Martz (2006), Canadian agricultural policy shifted in the 1990s to adopt a “neo-liberal development approach that emphasize[d] an unrestricted [global] market, rather than the state as regulator of the economy and society” (p.2). The disadvantaged role of family farm was quickly co-opted in this approach, forcing thousands from rural areas to ‘sink or swim’ in a new era of industrialized farming.

As food is the product of agriculture, new policies that aim to address food security need to address how food is produced, marketed and distributed. And because food and food production is so firmly planted in human and planetary health, how we orient food policies *need to incorporate an inter-disciplinary approach* that include environment, socio-cultural, and equitable economic considerations. And lastly, as Van Esterick (1999) asserts, “in order to realize . . . food security, women’s food experiences need to inform both food policy and global food regimes” (p.231).

## Implications for Public Policy

The findings presented in this report add to the understanding of food insecurity for women and families in Saskatchewan. As self-evident, “households considered to be food insecure are not homogenous” (CCHS 2.2, 2004, p. 36) and therefore a range of responses are required. Findings from study participants strongly suggest that food security in Saskatchewan has been threatened not only from inflated costs of rental housing, but the earlier NCBS claw back welfare “reforms” which severely limited women’s ability to afford household expenses including food. Women in northern communities and among new Canadians spoke emphatically about the protection of cultural/traditional foods which reinforce their cultural identities. Participants and community service organizations also indicated their concern over rising food prices even though farmers rarely receive the economic profits associated with these. Limitations on accessing healthy foods are further imposed by geographic barriers and food-barren built environments which form the basis for food deserts and unhealthy eating practices. Findings also revealed that women’s unique relationship to food – as socialized from an early age – is damaged by food insecurity, contributing to a negative sense of self-worth that manifests itself in depression, anxiety, anger and poor eating choices and habits.

In promoting food security at the individual, household, community and cultural level, public policy needs to consider three core aspects: access to, affordability of, and (inter-disciplinary/cultural) approaches to, healthy food. An interdisciplinary food policy in concert with the Human Services Integration Forum (HSIF) and its complimentary Regional Intersectoral Committees (RIC) is warranted for Saskatchewan. Because of food’s extending relationship with agriculture, environment and economic activity, it is advisable to garner the input of these ministries as well, while maintaining a vital connection to communities. Additionally, because food intersects across so many departments, governance mechanisms need to be established to address the spheres of activity required in ensuring food security at all levels (individual, household, community, culture).



Through discussions, participants identified key policy considerations which targeted individual, household, and community and food security. Five theme areas categorized the many recommendations for improved public policy on food security:

**1. Establish policies for and promotion of healthy eating for families**

- Healthy kids lunch program provision for all children, rather than individual lunch boxes. This exists in many other countries and is very helpful to parents (especially noted by new Canadians)
- Women as purveyors of household nutrition, need to be consulted when developing healthy eating policy
- Healthier food options available and subsidized, while junk foods tax considered on soft drinks, fast foods in order to promote healthier eating
- Emphasize healthy eating choices: more promotion and understanding of what that means through nutrition education in the community
- Better food labeling without scientific names that are hard for the public to understand
- Encourage more fresh foods consumption through ad campaigns and school and day care policies
- Emergency food assistance (food banks) should stop supplying low nutrient foods (i.e. wieners)

**2. Establish policies to promote the use of local foods and traditional/cultural foods, in a spirit of caring for the environment**

- Create cultural understanding and appreciation of food's social role (i.e. through community celebrations, schools, daycares)

- Develop an alternative community market that sells or trades traditional foods (i.e. suggestion to have bannock and wild meat using an alternative “barter” currency)
- Canada should promote local food consumption vs. importing so much (promotes job growth and local food - economic development, especially for new Canadians)
- Farmers need to have a decent income from their production
- Agri-food policies need to focus more on small-scale production
- Link health promotion and environmental sustainability through healthy eating and nurturing most sustainable agriculture practices (i.e. mixed farms)
- Procure local and traditional foods in hospitals, day cares, schools and universities

### **3. Establish infrastructure through municipal and rural planning and transportation policy to increase access to healthy food outlets**

- Food deserts should not exist in urban areas; there needs to be government support for food initiatives to set up grocery stores
- Healthy, affordable food outlets need to exist in all communities where transportation poses an issue for the local population
- Government needs to address how access (local availability) to healthy foods must be cost promotional, not cost prohibitive
- Low-income families and single women in rural and remote areas face immense challenges due to highly inflated food prices; there needs to be some regulations and enforcement over pricing (the current northern food agreements do not pertain to all northern communities)

- Create a subsidized transportation program for travel to/from grocery stores where accessibility is limited (northern travel subsidies to access healthier food)
- Develop public lands for more community gardens
- Create municipal food policy councils with multiple stakeholders: elected officials, farmers, nutritionists, academics, community food advocates, health regions staff

#### **4. Establish skill building and food knowledge opportunities**

- Create opportunities for skills development and learning opportunities for self-sufficiency in gardening, cooking, nutrition
- In remote communities, dogs and wildlife will pose a barrier to successful gardening, therefore strategies such as greenhouses or fenced gardens need to be thought-through with local community members
- Create more opportunities for traditional/cultural food knowledge sharing and protection (hunting, harvesting, cooking)
- Newcomers to organic farming should receive government support to develop skill and their land base
- Nutritionists working with community coalitions to strengthen the community's food knowledge
- Re-emphasize food skills as life skills in communities and schools (i.e. mandatory home economics, cooking for children, collective kitchens)

#### **5. Create a food system that addresses the unique characteristics in women's lives**

- Women need to have income supplements for healthy foods when they are pregnant and lactating
- Personal safety for women and their children needs to be secured at facilities like soup kitchens and food banks (i.e. separate dining times or locations from single men)
- Breastfeeding needs to be better understood in northern communities. A lactation consultant within the community (lay person, not just at the health centres)
- A woman's health circle with on-site childcare in First Nations communities, to share ideas about health and nutrition in culturally-appropriate ways
- Re-commit to targets for eradicating child poverty (household food insecurity and women's individual food insecurity are implicit in these targets)
- Increase minimum wage and social assistance rates – women are over-represented in both of these populations
- Emphasize the importance of food in homes (i.e. public advertising promoting eating healthy food at home)

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