

Running head: ABORIGINAL FOOD INSECURITY

Food Insecurity in Aboriginal Urban Households

Emily Lecompte, James McKinnon, & Elizabeth Kristjansson, Ph. D

University of Ottawa

Policy relevance

Many factors threaten the fight against household food insecurity, hunger, and poverty; this is particularly true for Aboriginal Canadians. Stakeholders, decision-makers, evaluators, and academics need to know about the unique experiences, challenges, traditions, knowledge, and beliefs of Aboriginal people when making strategic decisions or recommendations or when implementing new policies and programs. While much funding is currently directed at the health needs and concerns of First Nations people in on- and off-reserve areas, lack of government support for Inuit and Métis people is a serious problem. Federal and provincial governments need to collaborate on and implement a more strategic plan that addresses affordable housing, social and disability assistance and minimum wage.. A continuous assessment of community needs is required to bring meaningful and adequate services, programs, and initiatives in disadvantaged areas. By strengthening partnerships between researchers, policy-makers, evaluators, and representatives of the Aboriginal community, we can strengthen and empower communities, households, and families. By building upon existing projects and initiatives and including Aboriginal knowledge and values in policies, research, and community initiatives, it is possible to bring appropriate modifications that address gaps in social and community assistance while restoring human dignity and health to the most vulnerable and most neglected.

Abstract

Rates of poverty, ill health, and social exclusion are higher among Aboriginal Canadians than their non-Aboriginal counterparts. Understanding social determinants of health in an Aboriginal framework helps explain their unique challenges. This report comprises two studies and examines food insecurity in marginalized, off-reserve Aboriginal households. Study 1 included 10 self-identified food insecure Aboriginal women and study 2 included 15 Aboriginal families from Ottawa, Canada. Participants shared their experiences in a semi-structured interview. Qualitative responses are discussed using a phenomenological approach while quantitative results are analysed with descriptive statistics. Participants reported difficulties in sustaining a diet conducive to Aboriginal health and accounted geographic, economic and cultural barriers to food security. Participants placed no particular importance on the presence of Aboriginal staff at community food organizations. Emotional and physical consequences are discussed and recommendations are provided.

Keywords: Aboriginal, Food insecurity, Community Health, Barriers, Strategies

Food Insecurity in Aboriginal Urban Households

Aboriginal Canadians

Statistics Canada reported that the number of Aboriginal Canadians has surpassed one million (Statistics Canada, 2008); this number has grown by 45% since 2006. The 2006 Census indicates that Aboriginal Canadians represent nearly 4% of the nation's total population. Of this percentage, approximately 62% identified as North American Indian, 33% as Métis, 4.3% as Inuit, and the remaining proportion identified with multiple Aboriginal groups (Statistics Canada, 2008). While Aboriginal status determines access to certain social and community services, programs, and initiatives, consensus has not been reached among Canadian Federal or private sector organizations as to a definition of Aboriginality. This reflects the controversial political nature of this historical notion (Kuper, 2005).

Approximately 800 000 (or nearly 80%) Aboriginal Canadians live off-reserve, yet there is a dearth of research on the health of this population (Sibbald, 2002). One report by Tjepkema (2002) found that low socio-economic status, smoking, and obesity were strong influences on ill health in off-reserve Aboriginal populations. However, after controlling for socio-economic and behavioural risk factors, inequalities in health still prevailed between Aboriginal and non-Aboriginal Canadians. Another study on Aboriginal people found significant differences in housing, education, employment and food security compared to non-Aboriginal people (Guarriguet, 2008). However, distinction between the three Aboriginal sub-groups and area of residence were not accounted for. One particular concern for Aboriginal people living off-reserve is the lack of affordable housing (Canadian Mental Health Association, n.d.). Costs related to housing in turn affect the food budget since this expense becomes more expendable when financial shortages are experienced (Williams, 2004). Using the 1996 National

Longitudinal Survey on Children and Youth (NLSCY), a recent study by McIntyre (2003) focusing on off-reserve Aboriginal people found that “the only ethnic group that was significantly associated with hunger was those of Aboriginal descent, who were four times more likely to report hunger than other participants,” (p.48).

Aboriginal Canadians: history, politics, and health

The health of Aboriginal Canadians is poor in comparison to that of non-Aboriginal Canadians (Durie, 2004; Kuhnlein et al., 2006; Stephens, Porter, Nettleton, & Willis, 2006; Tookenay, 1996). Importantly, health also varies widely across distinct Aboriginal groups and sub-groups (Newbold, 1998). Throughout the history of colonization, the effects of systematic marginalization, discrimination, (Durie, 2004; Eades, 2000; Kuhnlein et al., 2006; Shah, 2004; Stephens et al., 2006) oppression, and poverty have caused devastation in Aboriginal households and communities. From this, Durie (2004) explains: “A common pattern emerged: loss of culture, loss of land, loss of voice, loss of population, loss of dignity, loss of health, and well-being,” (p.1138).

The implementation of the Indian Act by the Federal government in 1876 dramatically reduced the status and rights held by Aboriginal women, the effects of which continue to be felt today. Men no longer married into their Aboriginal wife’s tribe. Instead, women married-out to either an Aboriginal husband’s tribe or to a European man (Van Kirk, 2002). In the first instance she would forever relinquish her status rights to her original tribe; in the latter, she and her children would forever relinquish their status rights as Aboriginals. During the pre-contact era, women formed tribal councils and were often the ones responsible for appointing the Chiefs. After contact they were no longer even included in the vote (Hampton, Bourassa, McKay-

McNab, 2004). Women had become the property rather than the partners of their husbands. Aboriginal children were also victims of the Indian Act. From the early 1900s to the mid 1980s, Aboriginal children were forced to spend much of their childhood in Residential schools where they were not permitted to practice any part of their cultural heritage. This meant not being able to speak their language, or dress in Aboriginal attire, or keep their hair long, and in many cases not being able to have any contact with their parents. Parents were obligated by law to send their children to residential school and those who did not comply could face incarceration. Assimilation of the children meant the assimilation of future generations.

Surviving generations are still recovering from historical repercussions of social injustices. They experience resistance to having their voices heard and cultural needs met in programs, services, and initiatives. All too often, scientific studies and government initiatives designed to improve their quality of life, health, and social conditions are conducted in a manner that excludes Aboriginal people from true participation, thus failing to account their right to be heard. This experience is all too familiar for the Métis who, for political reasons dating back to treaties, are relatively invisible and overlooked by Federal and provincial policies and investments (The *Other* Métis, n.d.).

Food security

While scientific definitions of food security (NSW Centre for Public Health Nutrition, 2003; Tarasuk, 2005) and food insecurity (Radimer, Olson, & Campbell, 1990) vary, Anderson (1990) defines food security as:

access by all people at all times to enough food for an active, healthy life and includes at a minimum: a) the ready availability of nutritionally adequate and safe foods, and b) the assured ability to acquire acceptable foods in socially acceptable ways (e.g., without

resorting to emergency food supplies, scavenging, stealing, and other coping strategies).
(p. 1560)

Houghton and Riches (as cited in Riches, 1999) expanded on this definition by including the ability to acquire foods that are nutritious and culturally appropriate through socially acceptable means. However, as observed by the Toronto Public Health (2006), all existing and current definitions of food security exclude children even though they are among the most vulnerable populations due to their dependency on guardians, caregivers, or parent(s). Their growth, development and eating patterns are greatly affected by what is available and given to them. Still, despite omitting children in its operational understanding, science relies on reporting of food insecurity by adults and children to better comprehend its' frequency and duration during a given period (Tarasuk & Beaton, 1999).

Many people in Ottawa, Canada face barriers to food security, including low wages, unemployment, increased living expenses (e.g. rent), high cost of nutritious food that is culturally acceptable, lack of transportation, uneven food distribution, and insufficient food selection (City of Ottawa, 2001; Hargrove, Dewolfe, & Thompson, 1994; Hora & Tick, 2001). It can be quite frustrating, emotionally draining, and even insulting to an individual when a basic right such as food security is not met in a culture of supposed abundance.

Eisinger (1998) states, though “not all poor people suffer from food insecurity...almost all people classified as food insecure are poor” (p.131). The people classified as highest risk for being food-insecure are those receiving social assistance, low-income households, lone-mothers, high-risk pregnant women, the disabled, children, and urban Aboriginal Peoples (Che & Chen, 2001, City of Ottawa, 2001).

Urban Aboriginal People stand out as being over-represented among Canadians who are food insecure. Women, compared to men, are five times more likely to head a single parent household (Statistics Canada, 2001); they are also more likely to experience longer, more acute bouts of poverty which in turn makes them more likely to be receiving social assistance (Townson, 2005). The Royal Commission on Aboriginal Peoples (Department of Indian and Northern Development, 1996) concluded that “the needs of urban Aboriginal women are virtually invisible, and the reality of their lives often remains unrecognized and invalidated.” Aboriginal women living in urban areas are most vulnerable when they first arrive. Often escaping poverty, abuse or both on the reserve (Hamilton & Sinclair, 1992), they find themselves isolated with no social support system and re-experiencing poverty as before, but in a different place.

Food insecurity and Aboriginal people

Aboriginal Canadians face unique challenges to the acquisition and purchase of foods appropriate to their culture. This can be explained in part as a result of multiple complex changes over time. As Beverly Hungry Wolf (1996) states:

The government decided that our lives should become “more efficient.” They arranged for non-Native farmers to work most of our land, producing considerable more than we ever had...Each family was given one big cheque a year, and this money did not last nearly a whole year. Our people no longer went outdoors to work. We didn’t grow our own food anymore; instead we went to the store...It seemed that the government wanted to make Native people dependent on them. We ended up with institutionalized poverty...Life in harmony with nature has become harder than ever to locate (p. 79).

For centuries Aboriginals ate a relatively stable diet until they were forced onto reserves. The reserves were often insufficient in size for hunting and gathering and often unsuitable to sustain much life. This meant that Aboriginals were forced to rely on commodity foods provided by the government the likes of which included white flour and white sugar. As La Duke (2005) describes, this only “changed the starvation from quick and obvious to hidden and slow.” (p.191). Today, with Aboriginals migrating to cities in larger numbers, they are now relying even less on their country foods and more on inexpensive processed foods which are high in refined sugars and saturated fats (Center for Studies in Food Security, 1996a). Country foods are low in calories and saturated fats, are higher in minerals such as iron and zinc, and are an important source of protein compared to store bought foods (Center for Indigenous Peoples’ Nutrition and Environment, 2006; Lawn, Langner, Brule, Thompson, Lawn, et al, 1998). Furthermore, disadvantaged consumers cannot always adequately procure the proper dietary requirements that ensure a balanced, healthy lifestyle. As a result, their ability to purchase a variety of goods (Riches, 1999) and to participate in traditional food acquisition by fishing, hunting, trapping, and gathering is restricted due to limited income and the high cost related to the organization and preparation of these activities (Kuhnlein & Receveur, 1996).

We know that compromised nutrition negatively affects one’s physical and psychological health and quality of life (Che & Chen, 2001). Under and improper nutrition unbalance the harmonization between one or more of the four quadrants of the health and wellness of First Nations, Inuit, or Métis people. People living in conditions of food insecurity tend to have poorer health than those who are food secure (Chilton, Chyatte, & Breaux, 2007; Tarasuk, 2004). Adverse health consequences commonly reported by Aboriginal persons have been extensively documented in literature. More serious illnesses related to inadequate nutrition in Aboriginal

populations include respiratory disorders, digestive disorders (Aboriginal and Torres Strait Commissioner, as cited in Marmot, 2005), obesity (Dieticians of Canada Aboriginal Nutrition Network, 2005), diabetes (Smith & Smith, 1999; Sugarman, 1989), cardiovascular disease, and certain forms of cancer (Smith, as cited in Raphael, 2006). Migration to cities is also often accompanied by a more sedentary lifestyle. Both phenomena together have led to an increased prevalence of diabetes and obesity among Aboriginal people, which progresses into heart disease, amputations, blindness, and other unpleasant complications (Byers & Hubbard, 1997).

As recognized in Canada's Action Plan for Food Security (1998) food is also an important aspect of one's culture. Eating culturally relevant food is a tangible way in which an individual can reconnect with his/her culture. Food equals culture and reconnecting to culture helps fight oppression.

Food insecurity and children

Research has well-established that nutritional vulnerability predominantly affects various subgroups such as women, children, and Aboriginal persons (Toronto Public Health, 2006) and the elderly.

Reports indicate that not only are food insecure households likelier to be headed by a lone female, someone of Aboriginal status, of low education, or from a distinct minority group (Toronto Public Health, 2006), they are also more likely to have children. Research on Aboriginal adults living in food insecure households indicates they tend to have a history of substance abuse and live unstable housing conditions (Normén et al., 2005). Further, while food security is associated to the healthy development of children (Hamelin, Habicht, & Beaudry, 1999), food insecurity in its slightest form can have devastating developmental effects and reduce a child's learning capacity (Chilton et al., 2007). The frequency and the duration of food

insecurity have important implications for short and long term health. Depending on the developmental stage at which this is experienced, its effects may be irreversible.

In 1989, the year the Federal government pledged to eradicate child poverty by the year 2000 (Child Poverty Background, 2003). Yet, in March 2006, 268 774 Canadian children required emergency food assistance and 157 917 still live in poverty (Canadian Association of Food Banks, 2006). The Canadian Institute for Advanced Research (as cited in Glouberman & Millar, 2003) recommends that policy efforts act on initiatives to promote healthy childhood development. Shillington (as cited in Davis & Tarasuk, 1994) reports that Canadian Aboriginal children have twice the risk of living in poverty than their non-Aboriginal counterparts.

Challenges and barriers to food security and the use of community food initiatives

Barriers to food security experienced by Aboriginal people differ only slightly from those experienced by non-Aboriginal food insecure populations. Barriers found in one study examining Northern Aboriginal communities included low income, high cost of food, high unemployment, and inadequate social assistance payment. Barriers unique to Aboriginal people included reduced access to country food and concerns over the safety of country food as a result of pollution. (Lawn & Langner, 1994). In another study examining Aboriginal women in an urban area (Sinclair, 1997), barriers were found were related to being a new arrival in a city, including lack of economic and family support as well as limited knowledge of cultural norms and practices.

Barriers to the use of community food initiatives such as food banks by Aboriginal persons are insensitivity, discrimination, and general unfriendliness by the staff (Palafox as cited in Stephens, et al., 2006). Furthermore, the stigma associated with food bank use can also severely deter individuals and families from seeking assistance from charitable centres. As mentioned by McIntyre and colleagues (2000), those with fewer support networks have a greater

tendency to use food banks while others with more abundant social support systems cope with hunger by seeking aid from friends and family.

The incorporation of Aboriginal perspectives in scientific social research

The emergence of Aboriginal methodologies stems in part from past research considered unethical and flawed for not having the well being of Aboriginal participants as its main objective. Kenny, Faries, Fiske, & Voyageur (2004) list several aspects of such studies referring to lack of community involvement, informed consent, and disparate world views. Much of historical research has been quantitative in nature which offers only an anaesthetic view of the people and does not capture their lived experiences (Stout & Kipling, 1998; Kenny, et al, 2004).

As suggested by Ten Fingers (2005), an Aboriginal approach must be adopted in research that promotes and supports a culturally-respectful framework and follows a protocol that involves the inclusion of Aboriginal persons throughout the entirety of the research process. Under this assertion, researchers must work collaboratively in order to address previous misconceptions based on colonial methodologies and instil successful interventions that encourage equity, equality, and human dignity.

Our work embodies such research ideals. Herein, we describe results of two studies on food insecurity among Urban Aboriginal women and families.

STUDY 1

Objectives

The objectives of the study were:

1. To determine and explore the severity of food insecurity, the challenges to food security and coping strategies utilized by women of Aboriginal descent living in an urban area.

2. To evaluate whether women of Aboriginal identity living in urban areas feel their food security needs are better addressed by Aboriginal-based community food initiatives or by other types of community food initiatives.
3. To offer suggestions on how to improve the food security situation for women of Aboriginal identity living in urban areas.

Method

Participants

Ten food insecure women participated in the study; 5 self-identified as Inuit and 5 self-identified as First Nations. Participants' ages ranged from 27 to 62 years of age and the number of years spent living in urban areas ranged from 3 to 42. Annual income was less than \$10,000 for 8 women and less than \$14,000 for 2. Four women reported they were caring for their children.

Material

Interviews were conducted via a questionnaire comprised of both quantitative and qualitative components. In order to assess food security, quantitative components included 9 of the 18 questions from the USDA Core Food Security Module (Cohen, 2002). An item from the Ottawa Food Study Questionnaire (OFSQ) (Kristjansson, Runnels, Calhoun, & Garahan., 2007) measuring frequencies of food security challenges was also included.

The qualitative component included further items from the OFSQ (Kristjansson et al., 2007), adapted from Hamelin, Beaudry, and Habicht (2002) and Hargrove et al. (1994), pertaining to general concerns and experiences with food insecurity, barriers/challenges to food security, and strategies for coping with food insecurity. Items created for Study 1 explored the

impact of cultural heritage, health, and community food initiatives on food security. A tape recorder was used, with participants' consent, to record the interviews.

Procedure

Participants were recruited via posters displayed, with authorization, at two women's centers in Ottawa: one open to Aboriginal women only and one open to all women. The poster specified that Aboriginal women who encountered problems when trying to get enough of the food they want and need were requested to take part in a study. Contact information was provided on the poster and women who were interested in taking part contacted the researcher to undergo a screening process. Eligibility to participate was contingent on: self-identification as First Nations, Inuit or Métis women; being the person responsible for cooking and food shopping in the household; being comfortable enough with English to carry out a long conversation; answered yes to the question "Do you encounter problems when trying to get enough of the food you want and need for you and/or your family?"; and agreeing to having the interview tape recorded. Interviews were then scheduled as per participants' convenience.

Interviews were conducted in a private room at the Institute of Population Health on the University of Ottawa campus. Participants' were first taken through the consent process and assured they could cease the interview any time if they wished to do so. In accordance with Aboriginal research methodologies, the option to give consent verbally was offered to participants in the event they would feel apprehensive in regards to signing their names on documents. Refreshments were provided during the interview. Participants were given a \$15 honorarium in the form of a grocery voucher, as well as bus tickets to cover transportation costs if so required. Offering an honorarium to participants represents reciprocity, an important value in various Aboriginal cultures. Tobacco and sweet grass were also offered to participants as a

token of gratitude and respect in recognition of their culture (Baskin, 2007). Although tobacco did not hold the same relevance for the Inuit participants as it did for First Nations, the Inuit women expressed appreciation for the gesture nonetheless. Information on various Aboriginal food services offered throughout the city of Ottawa was also provided.

Data were collected by audio recordings and supported with hand written notes taken during the interview. The USDA component was scored in accordance with guidelines put forth by Bickel, Nord, Price, Hamilton, and Cook (2000) who equate lower scores with less severe food insecurity. Frequency analyses were performed on the demographic components as well as the quantitative item related to food security challenges. A modified grounded theory approach was used to perform a thematic analysis on the qualitative data.

Results

Quantitative

Scored items from the USDA household food security core module (Bickel et al., 2000), indicated the following levels of food insecurity experienced by the participants: 7 rated as 'food insecure with severe hunger' and 3 rated as 'food insecure with moderate hunger'. Frequency ratings were calculated on 17 dichotomous (yes/no) statements related to challenges to food security. Only positive responses are listed here: 100% answered yes to 'not enough money', 100% answered yes to 'food I want is expensive', 80% answered yes to 'food I want is not available', 60% answered yes to 'transportation is expensive', 30% answered yes to 'not enough cooking supplies'.

Qualitative

Although the qualitative results for both study 1 and study 2 have been included in separate sections of this manuscript, a table delineating the themes of both studies has been included in Appendix A as a visual aid demonstrating commonalities and differences.

Health Effects of Food Insecurity

Nearly all the women interviewed spoke of a connection between their physical and/or emotional health and their diet.

Emotional

Several women discussed the emotional impact that food insecurity was having on their lives. Their concerns included: stress, fatigue related to depression, shame, and having to use cognitive strategies. Some women also mentioned the positive emotional benefits of country food.

Stress

Some women spoke of stress in terms of not knowing where their next meal was going to be as well as the impact of consuming unhealthy food would eventually have on their health. A few women also talked about the struggle of their daily lives.

“It is quite a struggle to get by for one person...It’s very stressful to think of where I’m going to go (for food) next.”

Fatigue related to depression

For some participants, a lack of healthy food led to a dull fatigue, which in turn led to a depressive state of mind.

“If I don’t have the right food...I get really tired. Once I get really tired it’s easy to get into that frame of mind like “I can’t do this anymore”.

Shame

A few women discussed the shame of having to ask for help, but that despite their difficulties in doing so they had little choice. One woman said that being brave and trusting people was not easy for her, but necessary to get by.

“When I learned about women’s centers and food banks it was very hard for me to use the facilities. It was something new for me to ask. I learned, I pushed myself. It was very hard for me to go. I felt ashamed.”

“Sometimes it’s hard to ask for help, even when I haven’t eaten for a day and a half and my stomach is groaning...I will because I’ve learnt to ask for what I need. There is that shame, it’s uncontrollable shame you develop.”

Emotional benefits of country food

Some participants reported that the taste of country food evoked memories for them; that it was a way to reflect on the past. A few others expressed joy at the prospects of receiving country food, describing it as ‘awesome’ and ‘blessed’. This demonstrates the importance country food holds in these women’s lives; that food is more than something we need to survive.

Cognitive strategies

Some women reported attempting to themselves they did not need the food or that there was no point in wishing for something that was unattainable.

“I remember when I was hungry as a child. I try to convince myself that too much of something isn’t good.”

Physical

Main health concerns included obesity, low nutrition, country food cravings, and other less common health concerns.

Obesity

Becoming obese or being obese was mentioned as concerns by a few women. One woman explained that she became obese when she started eating more of the less expensive foods such as pasta.

Low nutrition

Getting enough healthy food, vitamins, and protein was a concern by some women.

Physical health and country food

Most of the Inuit women talked about experiencing deep cravings for country food. Also mentioned was loss of appetite due to lack of country food.

“When I don’t have country food for a long time I crave for it. My body is craving for this nutritious healthy food.”

A few participants spoke of country food being the healthiest food for them to eat. One Inuit woman said that she felt much better after eating it and that country food did not spoil as quickly as store bought food.

“I feel healthy with country food; not as hungry so soon after I eat...Gives me more energy. Even the children had more energy, they were more outgoing. We feel better when eating country food.”

Challenges to Food Security

When asked to discuss challenges that keep them and members of their households from eating the way they want to, the women discussed: low income, high cost of food, transportation cost, high cost of living, limited time, isolation, children, and health conditions. A few women reported no barriers.

Low income

Low income was the most commonly challenge to food security. Nearly all the women were receiving some form of social assistance and reported that it was insufficient to meet their food needs. Those with children felt that the child tax benefit should not be deducted from Ontario Works payments as it could be used to buy more food. Also, low income kept some women from following doctor recommended diets.

“On social assistance...I have too low an income. I’m only given a hundred and something to live on. I try to budget weekly, but it’s not a lot of money to play with; it doesn’t last a week.”

“You’re just trying to get by, to survive. Sometime that takes over when you are supposed to be eating the right thing. Being on the right diet is the last thing on my mind.”

High cost of food

Some participants wanted to have more lean meats in their diet, but noted that they were too expensive for their budget. As a result they either bought less healthy inexpensive meat or no meat at all.

Transportation cost

The rising cost of transportation was noted as a barrier to getting to the store or to accessing food services. Sacrificing the bus pass in order to get food was reported by a few of the women. The problem was that while this did alleviate food insecurity, the effects were only temporary. Participants would end up spending more on bus tickets later in the month anyway.

“You can only get to those places (food services) if you have a bus pass. It plays an important role. If I can get to a place I will, but if I don’t have a bus pass I may not.”

High Cost of Living

For a few participants financial priorities had to be set and food was not always at the top of the list. One woman mentioned having little money for food after paying the rent; she also stated that she was wearing old clothes as a result of not being able to afford laundry.

Limited time

Having limited time to run errands around the city was noted as a challenge by some participants. Others noted their daily pursuit for food as taking up quite a bit of time, even a full time job for those who need to access several services on a regular basis.

“Always hustling from food bank to food bank...Always on a mission, where can I eat now? Always on a mission, where can I eat for free?...Makes it difficult to maintain healthy things in my life such as counselling appointments...Sometimes I have to drop those programs so I can find food.”

Isolation

A few women talked about the difficulties of having to do everything alone, of having no support system to help.

“We’re more isolated (in the city) than when I was growing up with my family members (in Northern Canada).”

Children

One woman who lost custody of her children talked about the challenge of choosing to either pay the phone bill in order to talk to her children (in another city) or buying food. Another person stated that her inability to provide enough food for her children impacted her emotional well-being custody arrangements.

“The situation I’m in also affects the fact that I can’t see my kids. I don’t have a place (at the moment), when I do have a place I don’t have enough food. If you don’t have enough food then your not going to have your kids. This is affecting me emotionally...Kids come first so they have to go with the parent who is surviving the most.”

Health Conditions

For some, poor health was mentioned as a challenge to their food security. The most common health concerns included: substance abuse, diabetes, and lactose intolerance.

Substance addiction

Alcoholism has a great impact on food consumption. One woman said that going without food would be easier if she did not drink because her mind would be in a better place. Another woman shared with us that when she drinks she forgets to eat for a period, then she remembers and ends up eating a lot all at once. It seems that when faced with the choice of buying food or buying alcohol, alcohol usually won.

“For me that’s my main concern, booze or food? It’s gonna be booze. If I didn’t have the bottle I’d be eating properly all the time or you don’t mind going without food ‘cause you’re strong up here.”

Diabetes

Some women talked about having a family history of diabetes and therefore feared of being at great risk themselves. A few other women said they had already been diagnosed with diabetes. For them, going without food for a day was not an option.

Food Allergy

Two women reported developing lactose intolerance recently.

Challenges to Appropriate Cultural Foods

More than half of the women made reference to country food holding important meaning in their lives, either nutritionally or emotionally. Living in urban areas away from their communities also means limited access to their country food. Reported in this section are responses related by the women in regards to acquiring and being separated from their country food.

Cost of Food

The high cost of express shipping country food was noted as a challenge by a few women. A few others reported that it was shipped in by relatives when they can. One woman knitted socks that she would send to friends in her Native community so that her friends could sell and trade them for country food to send back. Some noted that on occasion, if they were lucky, friends would share country food they had received from their home community.

Availability of Food

Several women discussed the unavailability of country food in the city. A few women said they felt fortunate when they did get it and that they would eat more of it if they could. Some women talked about the negative impact of not being able to hunt anymore for their food.

Other women stated that there was no sense in thinking about country food because they were not going to get it anyway.

“It’s stuff you can’t get at the local grocery store; when I’m shopping I don’t think about it because it’s not there. Food here is totally different from where I come from. We’re used to going out fishing or whatever, but it’s kind of hard here.”

“I’d love to eat my country food more often...but that is impossible. Can’t hunt for food here.”

While accessing country food was listed as a main concern for some participants, others mentioned being more concerned with getting enough to eat regardless of what it was. Hunger over culture.

“When hungry it doesn’t matter where it came from or what it is”

Acculturation

Over half of the women reported that their cultural heritage did not have an impact on their food choices. Some had been living in Ottawa for a long time and did not think about it anymore.

Several participants reported difficulties with the shift from a more traditional diet to their present urban diet. Some of the Inuit women reported having to adjust to eating fruits and vegetables. A few others said that they get tired of eating food they did not grow up on. One woman said that she felt even items such as commercial rice was hard on her body. A mother expressed concern that her children are growing up eating in a southern environment and may not be able to adjust to their traditional food if they move back up North.

Strategies

The women were asked what they did to feed themselves and their families when they ran out of food and didn't have money to buy more. Strategies included: affordable shopping, asking for help, sharing information, family, friends, resourceful cooking, rationing food, budgeting, acquiring money, do nothing, cognitive strategies, and using food services. Food services were regularly used by all participants and will also be examined, more extensively, in the following section.

To Get Food

Seeking Community Food Assistance

Asking for help

Some participants reported that learning to ask for help and not being afraid to do so was important. One woman felt that support was not lacking, but it needed to be taken advantage of.

Need to use food initiatives

All participants reported using some form of community food initiative. Most reported the need to utilize several food initiatives on a regular basis in order to get by. For several women, using food services to supplement their food stock at home was crucial. One woman would use the leftovers from lunch program to feed her child in the evening. Accessing food services was spoken of in terms of survival.

“I don't know how we would survive without food banks and other places to go eat...I'm thankful there are women's centers.”

Level of food initiative use

Most participants reported elevated use near the end of the month as this was when their food situation became most dire. Others reported the need to use food initiatives on a daily basis.

Several participants also told us of the need to use multiple food initiatives services in order to get by.

Community food initiatives used.

Nearly all participants reported using non-Aboriginal based food banks at some point over the past year. Half of the participants reported using Aboriginal-based food banks. All but one woman reported using meal services offered at women's drop-in centers over the past year. Just over half reported using meal services offered at Aboriginal drop-in centers. A majority of the participants cited women's drop-in centers as most helpful at reducing hunger in the community, several other participants cited Aboriginal drop-ins. The Good Food Box program and Aboriginal Homework Clubs were each mentioned once.

Aboriginal-specific vs. non-Aboriginal based food initiatives

Over half of the participants reported no difference between the two types of food services. Most women reported good and bad experiences in regards to the staff at both types of community food initiatives and related the importance of how they are perceived by the staff at the community food initiative programs.

“One bad experience at any place can discourage you from going back.”

“It's all helpful when you need food. Anytime you feel you need help they will as much as they can.”

“You can feel the difference between those who have walked in your shoes and those who have their title, who are big headed.”

“They treat us like people at their level. There is no discrimination. I feel they know what us low earners are going through.”

Family, Friends, Significant Other

Family help.

A few women reported receiving support from their immediate family such as parents or children. Other women talked about receiving support from their relatives that live in or around Ottawa.

Friendship related

Over half of the participants noted their friends as being supportive in terms of food, either by taking them out to eat or by inviting them over for a meal. A respondent explained to us that when there is no food it is sometimes easier to come to a solution with the help of a friend. In contrast, when there is only a small amount of food and one person eats it all, the other person may get angry.

“Sometimes friends will invite me over for supper because they know I don’t have food. I’m lucky to have friends like that. Sometimes they’ll say come over and do some laundry. They try to save me as much money as possible.”

“When there is no food it can either bring you closer together or make you bump heads.”

Economizing Strategies

Affordable shopping

Shopping at large format discount stores was a means of stretching the food budget of several women. Another strategy utilized by some women was purchasing cheaper foods. These included buying generic brands, comparing item prices from several stores, and purchasing food from the cost-reduced shelves. A few women told us they looked through the grocery store flyers in order to purchase as many sale items as they can. Buying food in bulk as much as possible was a strategy listed by one person.

“Price Choppers and Food Basics have really made a difference in our budget in terms of grocery shopping. This allows us to shop for a little bit better, little bit more expensive meat to eat at home which is rare.”

To get culturally appropriate foods

Some Inuit women said that their relatives would bring country food from up North when they came to visit. Country food was also provided on occasion at all Aboriginal places that serve meals. Several women reported that one particular Inuk organization provided a monthly meal serving Inuk country food.

“We get the food we want (country food) and we eat it raw. I look forward to it every month.”

To get money

By socially unacceptable means

One respondent said that she would acquire money through prostitution in order to buy food. Another woman had to resort to panhandling.

“When I panhandle sometimes people will buy me food and I’m really happy for that. I never used to panhandle before...but I’ve learnt to live like that.”

Tight budgeting

A few women noted the importance of budgeting as means of getting more of the food they wanted. However it was noted that the budget could be only tightened so much.

To protect children from food insecurity

Parents go without food: self-sacrifice

All participants with young children discussed how having children impacted their food security because they put their children’s food needs ahead of their own. For some this entailed skipping meals in order to ensure the children ate more.

“Every now and then I wouldn’t eat so that they (children) could.”

“They’re (children) more important than I am. I can get food anywhere, like the food bank, but the kids are growing up and they want to be just like other kids.”

Gearing the food budget to meet children’s needs

A few women talked about having to gear the food budget to the children’s school lunch, in one case it was so the child would not get teased by other kids at school.

STUDY 2

Objectives

This exploratory research has several objectives:

1. To learn about barriers to accessing culturally appropriate food by socially acceptable means;
2. To identify gaps in social and community programs directed toward alleviating the experience of food deprivation in households.
3. To identify directions for areas of future research and policy.

Method

Participants

Participants were recruited from several Aboriginal and non-Aboriginal community program locations in downtown Ottawa, Ontario. After initial difficulty in recruiting an adequate number of participants, several more were recruited from the Aboriginal student center at the University of Ottawa. In total, 15 Aboriginal participants were recruited; a sample nearly evenly divided by sex. Forty percent of participants identified as First Nations, off-reserve, 30%

identified as Métis and 13% identified as Inuit and 'other' respectively. Some participants (40%) reported earning an average annual salary of less than \$10 000, while 53% of claimed that the main source of their income was from social assistance.

Materials

The questionnaire comprised 55 items, divided into 9 sections based on qualitative and quantitative components. Some questions were multiple choice, some were scaled, and others items solicited more in-depth answers. To determine food security status, questions from the United States Department of Agriculture (USDA) Food Security Core-Module Questionnaire were utilized (Bickel, et al, 2000). Other quantitative and qualitative questions were adapted from studies including Barenbaum and Misskey (2003), McKinnon, Calhoun, Leclair, and Kristjansson (2007), and Kristjansson, and colleagues (2007). In order to assess the use of community food initiatives, the researcher used deductive logic in order to establish three levels of classification that considered the frequency, quantity and type of community food initiatives. A digital voice recorder was also utilized with the consent of the participant in order to ensure accuracy.

Procedure

Recruitment posters were displayed in all consenting Aboriginal and non-Aboriginal organizations, and community program and service establishments and participants could communicate to the researcher via the designated telephone number of the laboratory. Interviews were held at the Community Health Research laboratory on the University of Ottawa campus. This environment was safe, secure and separate from the locations of recruitment. Two alternate locations were also secured in the event that a participant did not feel comfortable conducting the interview at campus headquarters. The interview process lasted approximately one hour in

length, including the time it took to walk the short distance from the meeting point to the laboratory. This walk allowed the researcher to foster an atmosphere of trust, safety and security with the participant. To ensure the execution of ethical and culturally competent research, the Canadian Institute of Health Research (CIHR) Guidelines for Health Research Involving Aboriginal People were followed throughout the process of research development and dissemination (CIHR, 2007). Ethical approval was given by the University of Ottawa Social Sciences Ethics Board. The interviewer assured that the anonymity and privacy of participants. For those who desired not to be audio-recorded, hand written notes of the conversation were taken verbatim.

All participants received a \$20 food voucher, redeemable at a nearby grocery location as well as an information pamphlet listing Aboriginal and non-Aboriginal community programs and services in the area.

Results

To conduct the quantitative analysis, the Statistical Package for Social Sciences (SPSS) was utilized. Descriptive frequency analysis was used to quantify questions related to the experience of food insecurity and demographic questions. Deductive logic was used to establish a three category classification scheme in terms of the frequency, type and quantity of community food programs, services and initiatives utilized over a 12-month period.

Qualitative questions concerning hardships and challenges to living in poverty were analysed using a phenomenological approach (Garko, 1999; Groenewald, 2004; Lester, 1999). To avoid the misinterpretation or misunderstanding of certain qualities that characterise the lived experience of food insecurity from an Aboriginal perspective, themes were revised with experts from a renowned Aboriginal organization. Researchers based themselves on the themes that were

agreed-upon as a means to analyse each question and draw conclusions. Themes found in both studies can be found in Appendix A.

Quantitative

Level of food security and insecurity

Sixty-four percent of participants were food insecure with severe hunger. Another twenty two percent of participants categorised as 'food insecure with moderate hunger' while 14% fell into the category of 'food insecure without hunger'. None of the participants were food secure.

Over 86% of participants expressed concerns about the food, or lack thereof, in their household.

Food satisfaction

When asked about their personal satisfaction with the choices they had for food, many expressed varying degrees of dissatisfaction (53%) with food choices grocery stores and in the variety of foods provided by community food initiatives. Others were indifferent (27%) and some were satisfied (20%). The main reason for their dissatisfaction was due to the high cost and few types of food that were economically accessible or donated.

Challenges to adequate amounts of culturally appropriate food

Most participants (73%) experienced difficulties when trying to eat in ways that fit with their unique Aboriginal heritage. As with regular food, challenges to acquiring adequate amounts of country foods related to their higher cost and lack of availability in most urban areas.

Challenges to food security

A majority of participants (87%) expressed that inadequate financial resources were often or always a problem for the household. The high cost of food was rated as always a problem for

73% of participants and often a problem for the remaining 27%. Further, 33% rated the unavailability of certain desired foods as always problematic. Thirty three percent found it difficult to access food store location while 33% did not. While cooking itself was not problematic for the majority of participants (60%), having access to enough cooking supplies was an occasional problem for some (33%), often a problem for others (27%) and always a problem in 20% of households. When asked the extent to which accessibility to community resources such as food banks was a problem, 33% said that it was not a problem to access food resources and initiatives and 47% experienced some difficulty to obtain access.

Community Food Initiatives

By logical deduction of responses related to the types, quantity and frequency of use of community food initiatives in the Ottawa area, participants were classified in terms of low, moderate and severe use of food services and programs on a 12-month recall. Fifty three percent of participants were categorised as severely dependent on community food initiatives while 40% identified as moderately dependent. One participant (7%) identified a low dependency over 12 months. When asked if it was important or meaningful to be helped by Aboriginal staff members at community food initiatives, 60% replied negatively.

Qualitative results

Health effects of food insecurity

Emotional

Two common emotional consequences that emerged were stress and worry. The experience of stress related to not knowing how to overcome certain challenges and not knowing how to obtain more food in emergencies.

Other emotional experiences included feeling depressed, frustrated, irritated and guilty at times when household food provisions were scarce. Some parents expressed feeling like a bad parent because they could not provide basic necessities or little extras for their children or because they simply no longer knew how to cope:

“I wish we’d have more meats because I become a worrisome person. I like taking care of my spouse, and when I have my kids, properly and when there’s nothing there well its stress and it’s worrying you know. They don’t have what they need...That in way works on your health because if you’re stressed it’s not good.”

“She gets angry. She says “there’s nothing to eat”...I get frustrated you know cause sometimes you just don’t know what to do,”

For many participants having to deal with daily challenges related to food insecurity became part of their everyday life and was no longer interpreted as a struggle:

“I’m just doing a tour... I guess, I don’t know how that makes me feel, just something you gotta do I guess, if you want to live instead of suffering, you just kinda do it.”

Physical

Physical ramifications of not having enough to eat comprised hunger, fatigue and weakness:

“Weak, I get weak, I get tired. Sometimes I’ll stay in bed for a couple days cause I’m weak and tired.”

One participant mentioned the desire to take part in more physical activities to be healthy but not being able because of her lack of caloric consumption and feelings of fatigue.

While feeling the emotional and physical consequences of food insecurity not only affects the individual and the household, the repercussions can also be felt at the social level.

Because of the experience of social exclusion from activities and events, these in turn affect one's social and familial support networks all of which affect health holistically.

Challenge to Food Security

Low income

One of the main challenges was not having enough financial resources to procure the types and quantity of foods required to nourish the household. Several participants pointed to the fact that Ontario Disability Support Program or Ontario Works provided an inadequate amount of assistance received as well as deductions:

"I don't have enough money to buy much food; I can't buy the bare minimum,"

"Say they give you more money on the 20th for the mother's allowance thing, but then welfare takes it off, they take dollar for dollar off; so you're not getting any further ahead."

Cost of food

All participants were particularly overwhelmed with increasing price of basic food staples, dairy, fresh vegetables, fruit, meat, and food in general. Substitution with less costly, more filling foods was common:

"Mostly meat, fruit and vegetables. There are days where we don't have vegetables because we can't afford it, so we substitute potatoes or noodles,"

Transportation cost.

Several participants related the high cost of food to the rising price of fuel, saying that the high cost of oil makes imported foods increasingly unaffordable. They believed that both vehicle owners and non-vehicle owners were impacted since all society becomes affected by fluctuating cost of oil.

“With the rise in gas prices that’s causing the food to go up, and everything, and here, I’ll say if the food wasn’t constantly going up and the gas prices weren’t going up a lot more people would be able to afford the foods they would want, that’s my opinion,”

Food transportation

Several people had problems with transporting food goods back home:

“It’s not a problem getting there (to the store), it’s coming back with the groceries you know what I mean; you’re a single parent!”

High cost of living

Another main challenge to food security includes the high cost of living in urban centers. Most participants mentioned that the high cost of rent takes up the larger portion of their monthly expenditures, leaving barely enough to survive:

“I can buy less groceries. We still have to pay the bills. The phone we need, it’s an emergency. We need basic necessities like rent so it drops us down quite a bit. Before we could make 300 to 350 worth of groceries, now we’re down to about 2 (hundred) a month so that’s not much. We always run out milk or stuff like that,”

“Foods expensive, I’m on disability and the government gives me \$200, basically that’s what I have left after I give my landlord my rent money. My landlord gets the lion share of my money. And then when I buy groceries, I can’t use it all on groceries because I need toothpaste, shampoo. It’s expensive!”

Being Aboriginal

Most felt the repercussions on their physical, mental, social, and spiritual well-being of transitioning away from their traditional way of life to living in urban centers:

“With us Native people we just can’t separate the issues are the teachings of mind, body, spirit and emotions and everything is interconnected. And the food that we get today is connected to the economy, connected to politics, to the legal framework and which is ironic cause when you’re a citizen it’s not like that but when you’re First Nation you have to look at all of this, you don’t have a choice. It’ll drive you mad to not look at it... But we do have something that we defend it is our prayer, it would be a future that these injustices will be corrected including the injustices of how we are being given artificial food and food that’s detrimental to our health,”

Gender

Gender influenced the experience of social inequality and inequity:

“And then having a criminal record on top of that makes it even harder, like I’m a single female, native, like I mean I already have all these strikes against me and then to have a criminal record on top of that, I mean forget it!”

Children

Having to accommodate the dietary requirements and the demands of children was another common theme. Although participants tried to serve their family healthy food, they also struggled with Western culture’s promotion of foods that are not always conducive to a healthy diet or affordable on a low income budget. Since children are impressionable, the influence of external sources such as advertisements and friends made the food purchasing experience difficult:

“Sometimes ways to get to the grocery store, sometimes going with your children, they’re more likely to say “no, no, no, no I want this, I want this” and they’ll put stuff in and you’re sort of saying and feeling bad because you can’t get them like the cereal they want or the cookies and it

makes you feel bad as a parent. So that's where we always try to have one of us go and the other one stay with the kids."

"There's always something you need, unexpected things like ...especially with kids; they're fussy."

Others mentioned the inadequate quantities of food donations for households with children of certain age groups. Growing children need certain nutrients and, for a parent, managing and limiting the quantity consumed by each household member is hard:

"Having to go to the food bank just once a month; we're so hungry for the rest of the month that when they give you not even two bags of groceries and then expect you to tie that over till the end of the month, especially when you have two kids, forget it."

Health conditions.

Mental and physical ailments were another challenge to food security.

Substance addiction.

Participants explained that the amount of money spent on their addiction, such as alcohol and illegal drugs, came between the ability to buy food and achieve food security. Spending portions of the food budget on drugs was a mechanism to escape facing an impoverished lifestyle:

"I notice a lot of alcohol abuse in the Native population, a lot, it's bad. I a lot of them spend it on booze instead of groceries. They say "I'm going to starve anyway I may as well drink it. I won't feel it then." It's pretty bad. But it's the reality of the disease too. Alcohol is disease, addiction is a disease."

"Like when I get money or whatever I, instead of going out to go buy groceries, I stay in the house and do crack, and drink... And by the time I do get out of the house, I got no money."

Diabetes, food allergies, anaemia

Many participants had problems with diabetes, specific food allergies including celiac disease and lactose intolerance, anaemia, hepatitis C, cardiovascular problems, and high cholesterol. Not having the financial resources to buy specific foods or supplies to accommodate dietary needs and requirements was a major issue that complicated already poor health.

“The doctor says to cut out sugars and other foods and test the blood every day. Barely have enough money to keep the blood-sugar level balanced and can’t really afford fresh food either.”

“If you have one child who’s diabetic sometimes you have to adjust to their lifestyle you know, like when you have to cook and stuff...which is hard when you have kids who want other things.”

Other participants mentioned difficulties in trying to prevent the onset of certain diseases for which they had a family history:

“I feel that I wouldn’t be as ill with my diabetes today had I been, had I could afford to eat properly. And my father, I wouldn’t have inherited this gene from my father had he been able to eat properly. But most First Nations today struggle to survive and that includes finding food – just can’t go and jump on a horse and eat Buffalo anymore.”

“Mostly, my kids are healthy, but I just found out that I have low blood iron and have to eat more red meat, spinach... but I just can’t afford it!”

Challenges to Appropriate Cultural Foods in Urban Communities

Quality of Food

One of the main challenges to not having access to their traditional country foods was adapting to the artificial taste and unhealthy foods characteristic of the western diet. Common compensatory behaviours included adding a number of condiments, spices and salt. Others substituted some foods with less costly ones to attempt to get the same taste:

“Over here you have to add salt to get that taste, or ketchup or all that stuff, to the food.”

“The food here is...kind of...it has no taste to it. Everything is too artificial.”

Freshness of available country foods was a concern. While freshness of the foods is an important aspect to its consumption, the lengthy time required to ship country foods from northern communities affected its freshness upon receipt:

“I sometimes get [meat] shipped down from [northern town], but I mean to get it fresh it’s hard. We like wild game; my wife, she likes her stuff from up north too. Arctic char and stuff like that...It’s expensive.”

“You don’t get fresh seafood the way that you do in my hometown”

Understanding food as a natural product of mother earth is not the same as a substance where you ‘just add water’; a difficult concept for Aboriginal people accept as nutritious:

“I feel that what I define as food, as a human being, is a lot different. What I see in the shelves is not food, but maybe that’s just me. But I find that food should be defined for the human being.”

“My culture, what we call food is like berries, and fruits, and grains, and...it’s food. But in mainstream, they call a bag of potato chips food and they call Kraft Diner food.”

“Because it’s the interconnection that the food feeds our mind, it feeds our spirit, it feeds our body, and in all of that it feeds our emotions and how we feel so, this interconnection with food is sacred, which is not viewed the same way by our Western brothers and sisters at least from what I see it’s not the same because there’s Soy bean companies, potato chip companies and I don’t see them, anyone, blessing what they do, I don’t see them putting tobacco in the land for taking that food. Whereas that’s what we do and it makes a big difference.”

Cost of Food

The cost of traditional country foods was a challenge; country foods such as wild game and seafood were too expensive for a low-income budget. Some substituted with less expensive and sometimes less nutritious food alternatives:

“Growing up with salmon and seafood right out of the ocean, compared to now, like I mean I have to substitute some food for the other ones that’s all. Cause I can’t get it down here and if I could, it’s too expensive to buy; you know how much salmon is? And I love that stuff! I can live off seafood.”

Availability of Food

A lack of access to traditional meats such as deer, bear, moose, caribou, and salmon was a common experience. Urban grocers do not carry the food First Nations, Inuit and Métis grew up consuming. The transition from consuming traditional Aboriginal goods to Western foods not only challenged their health, but also rendered their traditional skills and knowledge inappropriate for the preparation of foods conducive to Western lifestyle:

“Because I live in the city, our cultural ways of surviving are not the same. In the city...you’re eating a lot of foods that are handed to you. Where on a reserve where I was raised we fished, we hunted, there’s definitely a big difference; the way we cook... Now I’m eating my food from food banks and supermarkets. Every once in a while through the Aboriginal community, I get an Aboriginal meal that I’ll walk for.”

Strategies

To get food

Seeking community food assistance

Most participants mentioned using a number of community food initiatives to get food when cupboards were bare.

Types of food from community food initiatives

A lot of participants were thankful that community food initiatives existed but mentioned the little variety in the types of food they received from these places, specifically canned goods, beans, hamburger meat, wieners, and pasta:

“They’re mostly beans, pasta, and you get bread, and you get one pound of hamburger sometimes, not all the time, and if it’s not hamburger you get a package of wieners,”

Quality of food from community food initiatives

Other participants were grateful, but dissatisfied with the quality of food they were offered. Although food initiatives could provide families with nourishment in times of need, participants felt they were not always given healthy alternatives.

“Got no choice to get what I get when I go to food banks and stuff; it’s basic things but not too healthy,”

“At the food banks you get what you can get but it’s not healthy and stuff like that. It’s high in fat...More healthy foods at food banks would be good. But they try.”

Aboriginal-specific vs non Aboriginal-specific food initiatives

Some who frequented Aboriginal community food locations were provided with a variety of healthier food options in quantities sufficient for an entire household. Participants also enjoyed the fact that country food was occasionally offered at Aboriginal locations:

“I think they’re great. You wouldn’t believe, like all the other one’s will give you two shopping bags like that full [demonstrated with hand how full the bags were]; there, they give you 4 boxes, and I mean boxes of food! They fill your cupboard up for the month. I like that place, that one’s a good place.”

“Actually, this organization that I go to, we meet once a month and we eat our country food. The food we grew up with: caribou, seal, fish, beluga, all that wild animal stuff. We’re about 200 hundred of us that meet once a month. It’s like our mini feast you know in the community,”

Although the presence of Aboriginal staff was not a determining factor in using community supports, their presence was seen as important for the promotion and support of Aboriginal culture, knowledge, and traditions:

“And then here you have lots of people you can talk to like Elders, which I sort of seem to like and they help you out and they guide you. Cause with me having no family around, they’re all in another city and country, it sort of helped me, he helped me feel closer to my family that way. And with me, I sort of sometimes do miss my family but I feel close to them when I’m among other Aboriginals.”

“I prefer it because that way it keeps both boys in touch with their Aboriginal culture”

“I just think it’s cause they’re our people and they’re not as racist as some places can be”

Level of food initiative use

Many participants used community food initiatives on a regular basis. One participant expressed that the use of community food initiatives was no longer a simple buffer to get food when times were difficult, but a way of life:

“Uh, well, the system is very, very low funded I believe, like Ontario Works in all Ontario, and there’s no way in hell I can survive on that alone. I use the community and its resources, uh, not as a necessity but as a way of life now....”

Asking for help

Although many participants expressed gratitude for the important role food banks played, others expressed personal barriers to charity use, qualifying the experience as degrading and humiliating:

“It’s very hard to uhm, [...] it’s very hard on a person’s dignity and pride when they’re Native to have to go to a food bank when we know we have a right to a better standard of living, it’s an inherent right. We don’t legally; spiritually we should not have to be in soup kitchens. We have the biggest land base with the most resources but yet we’re the poorest in soup kitchens, going to food banks. And I think about that every single time I’m going to get a pint of food: why am I here? I’m a hereditary chief!”

Family and friends

A majority of families relied on family and friends when food was scarce. Some distant family members sent food packages from their homeland while others provided transportation to and from the grocery store. Some participants were able to visit family, share a meal and take leftovers home while others were treated to take-out from a nearby restaurant:

“My mom sends me canned stuff once in a while, which she cans from home; so she sends me that stuff down.”

“Know quite a few people at different reserves; they always have a lot of extra meat,”

Economizing Strategies

Cutting back food budget

A number of participants cut back on the household food budget. Some families made an effort to reduce the amount of money spent on food by buying generic brands and buying food in bulk:

“To cope sometimes when I do my shopping I get the No Name brand. It’s just as good as the name brand, but it’s cheaper,”

Purchase lower quality foods

Others compromised the quality of food for a more affordable price such as substituting fresh foods for canned goods:

“We’re not able to buy fresh vegetables and fruits and stuff like that so we have to go for the canned stuff. It will preserve for the month but it’s just not as good. Fresh stuff is much better. It’s like buying fresh meat, we can’t really...we buy groceries for the month we got to freeze all of it.”

Sharing

Coinciding with the Aboriginal value of community, one participant mentioned that he would readily give up his meal for someone else who was hungry:

“If somebody comes to the door and they’re hungry I’ll give them my plate. Help out a brother. It happens almost every month!”

To get money

By illegal means

Another participant mentioned taking on a form of extra income that put her life and health at risk:

“I go out and sell myself for that; I sell myself out on the street to get money for food,”

One participant resorted to occasionally stealing food as a means to survive when times were hard:

“It’s either that (starve) or you steal it,”

Family

Another participant would pull in extra resources and sell handmade crafts or homemade goods to friends and family in order to make ends meet.

“Well my daughter works, so that helps, she’s got a job,”

Taking odd jobs

For most participants, the experience of money shortages was a common monthly occurrence. To cope, participants were creative in finding ways to gain additional income such as undertaking additional forms of employment. The type of work did not matter as long as it allowed them and their family to survive through hard times:

“You gotta go do odd jobs that you wouldn’t normally do I guess; Wake up at 6 o’clock go to the labour aid or 5 o’clock and go to the labour aid, if you don’t have a job lined up”

“I feel desperation – like if I had to wear a clown outfit to feed my family, I will.”

Tight budgeting

All families budgeted carefully, but they sometimes had to resort to using emergency savings or family for financial help:

“We’re trying to figure out ways and we’re trying to do a tight budget and we’re sort of wondering about their future, so, instead of saving up for their future we’re using it for the food.”

To protect children from food insecurity

Parents go without food: self-sacrifice

Most participants expressed going without food intermittently in order to feed their children and sometimes the progeny of other people:

“We’re really concerned for the kids, me and my boyfriend, we can go without for maybe two days, but the kids are more important.”

One participant mentioned when there were not enough of kinds of food appropriate for a meal, they would normally prepare something lesser with leftovers in the cupboards or fridge:

“If we don’t have enough for our kids, me and the father have a big heart and the kids always come first. If there’s not enough to go around, we’ll just have a toast or sandwich, and make sure that the kids have enough.”

Hide hardships

Two participants mentioned concealing financial and emotional hardships. In part, one participant mentioned that they did not want their own difficulties to hinder the successes of their children:

“Well, because I’m on disability I don’t really have a choice but to go to the food bank. That dissatisfies me, my son doesn’t like to see me go there, and I keep it hidden from my daughter because she’s doing really well in school so I don’t want to worry her or feel her or feel responsible for me.”

Discussion

Marginalized Aboriginal families struggle considerably to find foods that are not only conducive to their dietary and cultural needs but that are also sufficient in quantity and quality to feed their families. Tragically, the ill effects of food insecurity are not only felt at the individual level but also at the social level. An alarming percentage of respondents were rated as food insecure with severe hunger and many experienced the same challenges that other food insecure populations face in Canada. One difference however lies in the extent to which the challenges are experienced. While not a direct focus of the current study, participants revealed many specific health concerns including medical diagnoses and histories which exacerbated their daily struggles.

Challenges to eating traditional country foods

The experience of urban living proved significantly difficult for Aboriginal families on different levels. As hypothesized in study 2, First Nations, Inuit and Métis people reported a significant number of difficulties related to eating in ways conducive to a traditional Aboriginal diet. Not only did participants account the disproportionate experience of certain chronic conditions such as diabetes, cardiovascular disease, and high cholesterol but many talked about food allergies such as celiac disease and being lactose intolerant. They mentioned how difficult it was to accommodate these dietary conditions on a low-income budget.

Not having affordable access to healthy, fresh and safe fruits, vegetables, seafood, and wild game were a main concern for Aboriginal families. For women in study 1, Inuit women in particular, country food was preferred over European style food and they noticed a change in their health for the worse when it was not included their diet. Looking at daily eating patterns of First Nations people in an Alberta community it was discovered that even consuming country food snacks between meals, such as dried meat or fish, was a good source of essential nutrients and was preferred by First Nations participants (Wein, Henderson-Sabry, & Evers, 1991). Beyond its nutritional value was importance of the emotional and social well being country food evoked. Respondents noted that eating country food was a chance to reconnect with their culture in the city, a way to reflect on the past, and that it usually presented itself in the context of a group meal. Others described it as awesome and blessed, not a description accorded to other foods in their diets.

Enrique Salmon, Director of the Baca Institute of Ethnobotany, states that he has witnessed a positive correlation between level of assimilation and the amount of none traditional food in an Aboriginal person's diet (Martinez, 2000). This phenomenon was seen in the present

study as well. Level of country food consumption was a direct indication of an Aboriginal women's level of assimilation into the dominant culture. The more country food consumed the lower the level of assimilation. The desire for country food was stronger among the participants who had spent the least time away from their home communities. The women who reported living in urban areas the longest were less preoccupied with acquiring country food. Loss of country food means a loss of culture. This is especially true for the younger generations who are increasingly moving to urban areas and becoming assimilated to the dominant culture (Sinclair, 1997).

Having strong cultural connections to food, many participants tried to find diverse and affordable venues through which they could instil Aboriginal values, knowledge, and practices in their children. This finding is consistent with existing literature concerning access and availability of traditional foods (Baskin, 2008). In the urban context, they cannot utilize important skills, techniques, and teachings associated to hunting, fishing, gathering, and growing. They no longer have free access to territories on which to practice these important cultural skills.

Differences were found between Inuit and First Nations diets. Native country food included beaver, bear, moose, fish, geese, and wild rice while that of the Inuit included caribou, seal, polar bear, beluga, Arctic char, and various types of berries. In study 1, Inuit women expressed more concern over the consequences of lack of country food in their diet. A possible explanation for this is that more Native country foods have been incorporated into European diets.

Challenges to food security

Being able to feed the household foods that are safe, healthy, affordable and accessible may be something many Canadian families take for granted. However, for Aboriginal families barely surviving on a low-income budget, acquiring the types of foods they want and need in sufficient quantities is a serious challenge. Participants were unanimous in stating that not having enough money severely constrained their food budget. This lack of money led to a dependence on community-based food initiatives or charitable donation centers. Having limited resources resulted in some families not being able to provide their households with basic necessities to ensure health and wellness. These findings coincide with previous literature on insufficient minimum wages including social assistance and food insecurity in Aboriginal households (McIntyre et al., cited in McIntyre & Tarasuk, 2002).

A concern raised by some of the participants was the Child Benefit Tax claw back for social assistance recipients, which was also a concern for other parents in Ottawa (Kristjansson et al., 2007; Determinants of Health Working Group, 2000). Evidence shows that concentrating on improving incomes is more important than teaching food insecure people how to buy and prepare food, as many already know this (Kristjansson et al., 2007; Jeter & Cassidy, 2005).

As mentioned, physically or economically accessing food is a somewhat daunting task for low-income families in general. All of the respondents in study 1 used public transportation to get to and from food stores. A few women had their bus pass subsidized by social services while others sacrificed part of their food budget to buy one. One benefit of having a bus pass is that it reduces the stress involved with arranging transportation on a daily basis. While a particular challenge reported in literature included finding transportation to get to food stores (Jetter & Cassady, 2006), many participants in study 2 reported difficulties transporting their

goods from grocery stores. Transporting a number of grocery bags can be difficult depending on the quantity and weight of goods; this may become an even more daunting task when distance and other obstacles are considered. For instance, a combination of factors can make this process difficult such as bags not being able to withstand the traveled distance, resulting in items being broken, lost or discarded. Furthermore, depending on outdoor temperature, food may become wilted upon arrival. Although this challenge may be applicable to many families who are required to transport food across long distances, the way in which this affects food insecure families is that replenishing spoiled food may not always be possible and finding extra time and money to return to food stores may not be feasible.

Food insecurity and ill health

The physical effects of food insecurity in this study included fatigue, hunger and sporadic moments of weakness. The physical ramifications of food insecurity affect individual ability to function and execute daily tasks. Moreover, women from study 1 explained they had become obese after a diet shift to inexpensive foods resulting from a low income. An explanation for the weight gain may be that they are consuming as much food as they can when food is available due to the uncertainty of their next meal (Tarasuk, 2002). The stress of having to contend with diabetes on a daily basis or with the fear of the onset of diabetes was real for those who did not have an adequate income to properly address the disease. Iwaski, Bartlett & O'Neil (2004; 2005) also found a relationship between diabetes-associated stress and financial security and determined that the relationship was further complicated by trauma, violence, as well as factors related to Aboriginal identity such as racism.

It is concerning that some participants reported eating foods they had been told by a physician not to eat because it was all they had. Immediate hunger outweighed concern over long term health. Sinclair (1997) reported similar findings.

The experience of food insecurity not only took a toll on the physical health of individuals, but it also had emotional ramifications, including feelings of stress, worry, and irritation. Not knowing where your next meal was going to come from, if you were going to have a shelter to go home to and not knowing what the future had in store were common preoccupations and sources of anxiety. Many felt guilty that they were not able to provide or secure a better future for their children, a feeling among others that led to frustration, short term and depression, long term. The emotional effects among individuals living in circumstances of food insecurity have been documented in literature (Smith & Smith, 1999; Vozoris & Tarasuk, 2003).

Participants in both studies used drugs or alcohol to escape reality. This use was also a challenge to food security.

Community food services

Interestingly, participants did not feel that staff had to be of Aboriginal ancestry or identity. An important value in Aboriginal culture revolves around the sense of community, sharing, and respect. As long as they felt accepted and that their unique needs were considered in services, this was a facilitator in the uptake of certain services and programs over others. Still, it was important for them to have access to different services, including Elders and workers that were sensitive and aware of issues that disproportionately affect them.

Barriers to the utilization of community food-based initiatives were the hours and days of operation. Some individuals found it very difficult to synchronise their daily schedule around the

hours of food banks in their area; others found it difficult to access these places during weekdays. Some participants were unaware of fruit and vegetable programs. Participants knew of a variety of resources to use in times of need, however, many do not know where they are located. Services, programs, and initiatives need to be made more visible and accessible across the Ottawa area.

Strategies

While many participants enumerated a number of strategies to get food, many also talked about strategies to get money and to protect their children from food insecurity. Safely budgeting till the last penny, using savings in times of need, taking on extra forms of temporary employment and asking family for funding were common. Although several other authors reported that mothers compromise their diets to protect children from hunger (McIntyre, et al., 2000; Tarasuk, 2001; Tarasuk & Beaton, 1999), this study found that fathers also practice these behaviours. When families experienced food scarcity, parents collectively went with less or without food to ensure that the children could satisfy their hunger. Kristjansson et al. (2007) found the same thing. Most disturbing, however, was the fact that three of ten participants in study 1 mentioned they had lost custody of their children due to living in food insecurity. A number of Aboriginal women in Ontario have lost custody of their children partly due to food insecurity and the lack of adequate housing (Ontario Federation of Indian Friendship Centers, 2003). The United Nations (2006) has raised concerns about the number of low income families and Aboriginal and African Canadian families who have had their children removed by social services.

Certain practices put individual's health and physical safety at risk. Some participants mentioned resorting to prostitution to acquire money in order to buy food. For these participants,

food insecurity went beyond what society may deem socially unacceptable and outweighed any dangers or legal ramifications they may have faced in the process of addressing their needs.

Limitations

The small sample size of both studies affects generalisations that can be made. Due to time constraints, a maximum of 15 participants were recruited from study 1 and 10 from study 2 despite the continuous efforts of community staff and the researchers. In order to protect Aboriginal people, services for Aboriginal people are not made visible in the community. Locating strategic places to recruit a representative sample of First Nations, Inuit and Métis participants was limited.

More collaboration with Aboriginal community members was addressed and implemented throughout study 2. Further, because of the small sample size, differentiating between distinct Aboriginal sub-groups was not possible. Dividing the sample into smaller categories would have led to the underrepresentation of experiences and effects of food insecurity in some Aboriginal sub-categories while overrepresenting them in others.

Another limitation concerns the analysis and interpretation of qualitative findings. Despite taking precautionary measures to optimize objectivity and limit subjectivity, the risk of this interference is sometimes inevitable. However, representatives from First Nations and Inuit communities were consulted in order to further minimize this risk. These experts agreed that themes that emerged from the study mirrored the experiences of urban Aboriginals. Because the framework of the study included an Aboriginal perspective throughout the process, the qualitative portion is considered valuable and valid material.

A final limitation of the current study is human fallibilities and the bias of social desirability on self-reports. Since the interview topic was sensitive in nature, some participants

may have been inhibited to disclose socially undesirable information (Sudman, Bradburn, Blair, & Stocking, 1977) since the plight of children was discussed in this study. However, measures to assert the privacy and anonymity of respondents were taken throughout the research process and participants were reassured that any identifying material would not be disclosed or included in responses.

One important strength of the study is that both researchers spent an extended amount of time increasing their knowledge of Aboriginal culture before commencing the study. The fact that study 1 offered tobacco and sweet grass in addition to an honorarium illustrated the researchers' genuine desire to better understand Aboriginal culture.

Recommendations

We have listed several recommendation put forth by respondents¹ and researchers in reference to alleviating food insecurity and improving Aboriginal women's health in the community. We have also echoed several relevant recommendations directed to Canadian governments by the United Nations² (2006) in terms their obligations to ensure social justice, including food security, for all Canadian citizens. Recommendations cover government policy, collective community programs, food services, and aboriginal health.

Policy Recommendations

Stronger Partnership Collaborations

By strengthening partnerships between researchers, policy-makers, evaluators, and representatives of the Aboriginal community, we can strengthen communities, households, and families. By including Aboriginal knowledge and values in policies, research, and community initiatives, not only are we giving a voice to those who have long been silenced but we are

¹ * Respondents' recommendation

² ** United Nations' recommendations

bringing social justice to issues of inequality and inequity that have long existed and been ignored.

We also suggest that more collaboration between different levels of government in order to properly address the challenges faced by the Aboriginal community.

Social Assistance

Increase payments to realistic levels

As is, social assistance payments barely assist Aboriginal women and other food insecure persons in Ottawa who depend on it to survive (Kristjansson et al., 2007). Not only were social assistance payments reduced in 1995, but they remained frozen for nearly a decade. All the while the cost of living continued to rise: rents increased, the cost of food increased, the cost of transportation increased, etc... One respondent recommended that Ontario Works provide at least a \$50 per week food allowance. Although people would still struggle, it would be nonetheless an improvement.

Stop the Child Tax Benefit deduction

The Child Tax Benefit is a Federal benefit established in order to assist parents with children under their care. Yet, the provincial government has been allowed to deduct the amount of the benefit from Ontario Works payments. Parents affected by the deduction told us that they could not see the logic in preventing children who need help the most from receiving it.

Subsidize bus passes

Having a bus pass is crucial to acquiring food for food insecure Aboriginal women because unlike Canadians who have the money to shop at any grocery store they choose to, these women must travel to several stores and food services in order to get the food they need. The city of Ottawa, who manages public transportation, should work with the province of Ontario, who

administers social assistance, to have bus passes subsidized for social assistance recipients (especially those with children). Many respondents reported sacrificing their food allowance to purchase a bus pass.

Collective Community Program Recommendations

Create collective product programs

Two themes common throughout the studies were inadequate income and social isolation. To address these issues one Inuit women suggested agencies organize social gatherings where women make handmade products to sell at bazaars, like they do in her home community in Northern Canada. The team work required would foster a sense of community, sense of purpose, a sense of belonging.

Expanding Native community garden programs

Community gardens have been recommended for all food insecure individuals (Kristjansson et al., 2007). However in Native cultures gardens hold a special traditional place. Native community garden address concerns that affect low income urban Aboriginal women directly such as poor health as a result of sedentary lifestyle, food insecurity, social isolation, and lack of opportunities for cultural reconnection and education (Ontario Federation of Indian Friendship Centers, 2006; Sinclair, 1997). As there are programs already in operation in Ottawa it is a matter of expanding existing ones and adding new ones through other Aboriginal centers. Though this recommendation is not appropriate for all food insecure families and individuals, it does offer a rewarding experience and sense of accomplishment for those interested in taking part.

Food Services

Respondents made several suggestions in terms of food services based on their experiences that they believed would help address food insecurity for all food insecure individuals in the community.

Increase operating time

Most community food initiatives in Ottawa operate on restricted hours and nearly all do not operate on weekends. This is a problem for some of the more severe food insecure participants we interviewed. Those who used community food initiatives on a daily basis were left to figure out how they were going to eat on the weekend with no money.

Aboriginal Health

Aboriginal food co-op to give better access to country food

Access to country food was a concern encountered by most participants. Shifting diets from country food to inexpensive Western food was having a negative impact on respondents' health. A few participants mentioned creating an Aboriginal co-op (country food distributor) where country food could be available at affordable prices.

Conclusion

For low income Aboriginal women living in Ottawa food insecurity is a reality, and makes them susceptible to mental and physical illness. Despite this most of the women interviewed accept their distressing situation. This is an indication that they have been experiencing food insecurity for an extended length of time. Interestingly, this acceptance of one's situation has not been found with non-Aboriginal food insecure populations in Ottawa (Kristjansson et al., 2007), but has been found in another food insecure urban Aboriginal sample

(Sinclair, 1997). This is yet another example of the inequalities in distributive justice that Aboriginal people continue to contend with.

So much has been undertaken in the past to assimilate Aboriginal People, yet even after recognizing the wrong doings that occurred so little is being done to assist them in recovering. This is why it is important that country food remain a part of their lives; to help prevent total assimilation into the dominant culture. This is especially true in the case of parents raising their children away from their Aboriginal communities. For these children, eating country food may be one of the only opportunities they get to connect with their cultural ancestry.

In terms of food services we see that the social atmosphere of a place and the attitude of the staff are, for the most part, more important than whether the service is culturally anchored or not. The women want to be welcomed into a place and not judged for any reason whatsoever. If they cannot be welcomed, then they prefer to be left alone.

Many people who live in this country like to boast about how Canada is considered one of the best places to live with its high standard of living and growing economy, but they do so with a certain degree of ignorance. The manner in which Aboriginal Peoples of Canada have been treated in the past, and continue to be treated today, is a black eye for this country. The only way for Canada to move ahead in this matter is for conditions to be set in motion where a peaceful and balanced co-existence can take place between those of us who hold Aboriginal identity and those who do not. The problem is not that Aboriginal culture is not conducive to modern culture, it is that modern culture is not conducive to sustainable life which is a pillar of Aboriginal philosophies. We must ensure the propagation of Aboriginal cultures on Earth because their spirituality, knowledge, and world views may be key to holding the planet together as it continues to crumble spiritually, socially, and environmentally (Commanda, 2007).

References

- Anderson, S.A. (1990). Core Indicators of Nutritional State for Difficult-to-Sample Populations. *Journal of Nutrition*, 120, 1559 – 1600.
- Baskin, C. (2008). Struggles, Strengths and Solutions: Exploring Food Security with Young Aboriginal Moms. Project Report. Retrieved August 8th, 2008, from http://www.scaddingcourt.org/praxis/pdfs/Aboriginals/aboriginals%20food%20security_full%20report.pdf
- Baskin, C. (2007, February). Aboriginal Peoples and food security: Rural and urban difficulties, developments and research. *Food for Talk seminar*. Toronto, Canada: Ryerson University.
- Barenbaum, S., & Misskey, E. (2003). Voices on Food Insecurity: Issues, Challenges, and Coping Strategies of Vulnerable Families with Young Children in Regina. Saskatchewan, Canada: University of Saskatchewan, Regina Qu'Appelle Health Region.
- Bickel, G., Nord, M., Price, C., Hamilton, W., & Cook, J. (2000). *Guide to measuring household food security*. Alexandria, VA: United States Department of Agriculture.
- Byers, T., & Hubbard, J. (1997). The Navajo health and nutrition survey: Research makes a difference. *The Journal of Nutrition*, 127(10), pp.2057S02077S. Retrieved June 14th, 2006, from <http://www.jn.nutrition.org/cgi/content/full/127/10/2075S>
- Canada. (1998). « *Canada's action plan for Food Security: A response to the World Food Summit* », Agriculture and Agri-Food, Ottawa, Canada.
- Canadian Association of Food Banks (CAFB). (2006). HungerCount 2006. Retrieved September 27th, 2007, from http://www.winnipeg harvest.org/hunger/HungerCount_2006.pdf
- Canadian Institute of Health Research (CIHR). (2007, May). CIHR Guidelines for Health

- Research Involving Aboriginal People. Retrieved August 31st, 2007, from http://www.cihr-irsc.gc.ca/e/documents/ethics_aboriginal_guidelines_e.pdf
- Canadian Mental Health Association (n.d.). Aboriginal People/ First Nations. Retrieved August 12th, 2008, from http://www.ontario.cmha.ca/about_mental_health.asp?CID=23053
- Center for Indigenous Peoples' Nutrition and Environment. (2006). Cultural Benefits of Traditional Foods. McGill University. Retrieved from September 19th, 2006, from <http://www.cine.mcgill.ca/culture.htm>
- Center for Studies in Food Security. (2006a). Aboriginal Peoples and Food Security. Ryerson University. Retrieved fSeptember 3rd, 2006, from <http://www.ryerson.ca/%7Efoodsec/aboriginal.html>
- Che, J., & Chen, J. (2001). Food insecurity in Canadian households. *Statistics Canada Health Reports*, 12(4), 11 – 22.
- Child Poverty Backgrounder. (2003, February 12). Media Advisory – Federal Budget 2003. Retrieved August 18th, 2008, from <http://www.campaign2000.ca/media/kits/FedBudget2003bkgrnd.pdf>
- Chilton, M., Chyatte, M., & Breaux, J. (2007). The negative effects of poverty & food insecurity on child development. *Indian Journal of Medical Research*, 126, 262 – 272.
- City of Ottawa. (March, 2001). Food Security in Ottawa: A community profile. City of Ottawa, People Services Department and Ottawa Food Security Group. Retrieved September 8th, 2006, from <http://www.perc.ca/library/resources/food/food-security/index.en.html>
- Cohen, B. (2002). Community food security assessment toolkit. ERS E-FAN No. 02-013, 1-166. 2002. Washington, DC: United States Department of Agriculture.
- Commanda, W.(2007, April). Native treaties 101...understanding Six Nations. Lecture given on

- April 25, 2007. Ottawa, Ontario: Act City Ottawa.
- Davis, B., & Tarasuk, V. (1994). Hunger in Canada. *Agriculture and Human Values*, 11(4), 50 – 57.
- Department of Indian and Northern Development. (1996). *Royal Commission on Aboriginal Peoples. Aboriginal Women in Urban Areas*. Ottawa.
- Determinants of Health Working Group. (2000). The challenges we face: A report card on child poverty in Ottawa-Carleton. The Social Planning Council of Ottawa-Carleton.
- Dieticians of Canada Aboriginal Nutrition Network. (2005, February). Registered Dieticians in Aboriginal Communities Feeding Mind, Body and Spirit. Retrieved August 27th, 2007, from <http://www.dieticians.ca/resources/resourcesearch.asp> .
- Durie, M. (2004). Understanding health and illness: research at the interface between science and indigenous knowledge. *International Journal of Epidemiology*, 33, 1138 – 1143.
- Eades, S. J. (2000). Reconciliation, social equity and Indigenous health. *The Medical Journal of Australia*, 172, 468 – 469.
- Eisinger, P, K. (1998). *Toward an End to Hunger in America*. The Brookings Institution, Washington, D.C.
- Garko, M. G. (1999). Existential Phenomenology and Feminist Research: The Exploration and Exposition of Women's Lived Experiences. *Psychology of Women Quarterly*, 23, 167 – 175.
- Glouberman, S., & Millar, J. (2003). Evolution of the Determinants of Health, Health Policy and Health Information Systems in Canada. *American Journal of Public Health*, 93(3), 388 – 392.
- Groenewald, T. (2004). A phenomenological research design illustrated. *International Journal of*

- Qualitative Methods*, 3(1). Article 4. Retrieved September 13th, 2007, from http://www.ualberta.ca/~iiqm/backissues/3_1/pdf/groenewald.pdf
- Guarriguet, D. (2008). Obesity and the eating habits of the Aboriginal population. *Health Reports*, 19(1), 21 – 35.
- Hamelin AM, Beaudry M, & Habicht JP. (2002). Characterization of household food insecurity in Quebec: food and feelings. *Social Science & Medicine*, 54(1),119-32.
- Hamelin, A-M., Habicht, J-P., & Beaudry, M. (1999). Food Insecurity: Consequences for the Household and Broader Social Implications. *The Journal of Nutrition*, 129, 525 – 528.
- Hamilton, A.C., & Sinclair, C.M., (Eds.). (1992). *The Justice System and Aboriginal People*. Winnipeg, MB: Queens Printer.
- Hampton, M., Bourassa, C., & McKay-McNab, K. (2004). Racism, sexism, and colonialism. *Canadian Women Studies*, 24(1), p.23.
- Hargrove, D., Dewolfe, J., & Thompson, L. (1994). Food security: What the community wants. Learning through focus groups. *Journal of the Canadian Dietetic Association*, 55(4), 188-191.
- Hora, M. & Tick, J. (2001). From Farm to Table: Making the connection in the Mid-Atlantic food system. Capital Area Food Bank. Washington D.C.
- Hungry Wolf, B. (1996). Life in harmony with nature. In Christine Miller and Patricia Chuchryck, (Eds.) (2001) *Women of the First Nations: Power, Wisdom, and Strength* (p.77-81). University of Manitoba Press: Winnipeg, Manitoba.
- Iwaski, Y., Bartlett, J., & O’Neil, J. (2004). An examination of stress among Aboriginal women and men with diabetes in Manitoba, Canada. *Ethnicity and Health*, 9(2), 189-212.
- Jetter, K. M., & Cassady, D. L. (2006). The availability and cost of healthier food alternatives.

- American Journal of Preventative Medicine*, 30, 38 – 44.
- Kenny, C., Faries, E., Fiske, J., & Voyageur, C. (2004). *A Holistic Framework for Aboriginal Policy Research*. Status of Women Canada.
- Kristjansson, E., Runnels, V., Calhoun, M., & Garahan, M. (2007). The Ottawa food study: a pilot study to investigate food insecurity in Ottawa, Ontario. Unpublished manuscript, University of Ottawa.
- Kuhlnein, H., Erasmus, B., Creed-Kanashiro, H., Englberger, L., Okeke, C., Turner, N., et al. (2006). Indigenous peoples' food systems for health: finding interventions that work. *Public Health Nutrition*, 9(8), 1013 – 1019.
- Kuhnlein, H. V., & Receveur, O. (1996). Dietary Change and Traditional Food Systems of Indigenous Peoples. *Annual Review of Nutrition*, 16, 417 – 442.
- Kuper, A. (2005). Indigenous people: an unhealthy category. *The Lancet*, 366(9490), 983.
- La Duke, W., (2005). *Recovering the Sacred*. Toronto, Canada: Between the Lines.
- Lawn, I, and Langner, N. (1994). *Air Stage Monitoring Program: Final Report-Volume 2: Food Consumption Survey*. Ottawa: Department of Indian Affairs and Northern Development.
- Lawn, J., Langner, N., Brule., D., Thompson, N., Lawn., P., & Hill, F. (1998). Food consumption patterns of Inuit women. *International Journal of Circumpolar Health*, 57 (Suppl 1), 198-204.
- Lester, S. (1999). An introduction to phenomenological research. Retrieved May 31st, 2008 from <http://www.sld.demon.co.uk/resmethy.pdf>
- Marmot, M. (2005). Social determinants of health inequalities. *The Lancet*, 365(9464), 1099 – 1104.
- Martinez, D. (2000, Spring). Notes from the Native garden. *Terrain Magazine*. Retrieved

- February 4th, 2007 from <http://www.ecologycenter.org/terrain/article.php?id=13270>
- McIntyre, L. (2003, March). Food Security: More Than a Determinant of Health. *Policy Options Politiques*. Retrieved September 8th, 2007, from <http://communities.mysudbury.ca/Sites/foodsecurity/Food%20Security%20Reports/Lynn%20McIntyre%20-%20Food%20security.pdf>
- McIntyre, L., Connor, S. K., & Warren, J. (2000). Child hunger in Canada: results of the 1994 National Longitudinal Survey of Children and Youth. *Canadian Medical Association Journal*, 163(8), 961 – 965.
- McIntyre, L., & Tarasuk, V. (2002). Food Security as a Determinant of Health. Retrieved August 21st, 2007, from http://www.phac-aspc.ca/ph-sp/phdd/overview_implications/08_food.html
- McKinnon, J., Calhoun, M., Leclair, S., & Kristjansson, E. (2007, June). Barriers to Food Security Experienced by Urban Aboriginal Women in Ottawa. Poster session presented at the annual Canadian Psychology Association Conference, Ottawa, ON.
- Newbold, K. B. (1998). Problems in Search of Solutions: Health and Canadian Aboriginals. *Journal of Community Health*, 23(1), 59-74.
- Normén, L., Chan, K., Braitstein, P., Anema, A., Bondy, G., Montaner, J. S. G., et al. (2005). Food Insecurity and Hunger Are Prevalent among HIV-Positive Individuals in British Columbia, Canada. *The Journal of Nutrition*, 135, 820 – 825.
- NSW Centre for Public Health Nutrition. (2003). Food Security Options Paper: A planning framework and menu of options for policy and practice interventions. Retrieved August 20th, 2007, from The University of Sydney, NSW Centre for Public Health Nutrition's website: <http://www.cphn.biochem.usyd.edu.au>

- Ontario Federation of Indian Friendship Centers. (2006). Onkwawen Tkaientohseron “Our Garden”: A Guide to Building Stronger Aboriginal Communities Through Community Gardening. Toronto, Ontario: Ontario Federation of Indian Friendship Centers.
- Ontario Federation of Indian Friendship Centers. (2003). Child hunger and food insecurity among urban Aboriginal Families. Toronto, Ontario, Ontario Federation of Indian Friendship Centers.
- Radimer, K. L., Olson, C.M., & Campbell, C.C. (1990). Development of Indicators to Assess Hunger. *Journal of Nutrition*, 120, 1544 – 1548.
- Raphael, D. (2006). Social Determinants of Health: Present Status, Unanswered Questions, and Future Directions. *International Journal of Health Services*, 36(4), 651 – 677.
- Riches, G. (1999). Advancing the human right to food in Canada: Social policy and the politics of hunger, welfare, and food security. *Agriculture and Human Values*, 16, 203 – 211.
- Shah, C. P. (2004). The Health of Aboriginal Peoples. In D. Raphael (Ed.), *Social Determinants of Health: Canadian Perspectives* (pp. 267 – 280). Toronto, ON: Canadian Scholar’s Press Inc.
- Sibbald, B. (2002). Off-reserve Aboriginal people face daunting health problems: StatsCan. *Canadian Medical Association Journal*, 167(8), 912.
- Sinclair, M. (1997). Barriers to food procurement: The experience of urban Aboriginal women in Winnipeg. Thesis (M.Sc.) University of Manitoba. Retrieved from <http://www.collectionscanada.ca/obj/s4/f2/dsk2/ftp04/mq23497.pdf> on March 28 2007.
- Smith, P. A., & Smith, R. M. (1999). Diets in Transition: Hunter – Gatherer to Station Diet and Station Diet to the Self-Select Store Diet. *Human Ecology*, 27(1), 115 – 133.

Statistics Canada, (2001). Families and Household Living Arrangements: Highlight Tables, 2001 Census - Cat. No. 97F0024XIE2001002

Statistics Canada. (2008). Aboriginal peoples in Canada in 2006: Inuit, Metis and First Nations, 2006 Census (97 – 558 - XIE). Retrieved February 8th, 2008, from <http://www12.statcan.ca/english/census06/analysis/aboriginal/pdf/97-558-XIE2006001.pdf>

Stephens, C., Porter, J., Nettleton, C., & Willis, R. (2006). Disappearing, displaced, and undervalued: a call to action for Indigenous health worldwide. *The Lancet*, 367, 2019 – 2028.

Stout, M.D., Kipling, G.D., & Stout, R. (2001). Aboriginal Women's Health Research Synthesis Project: Final Report. Prepared for Centers of Excellence for Women's Health. Retrieved June 10th, 2006 from www.cewh-cesf.ca/PDF/cross_cex/synthesisEN.pdf

Sudman, S., Bradburn, N. M., Blair, E., & Stocking, C. (1977). Modest Expectations: The Effects of Interviewers' Prior Expectations on Response. *Sociological Methods and Research*, 6, 177 – 182.

Sugarman, J. R. (1989). Prevalence of Gestational Diabetes in a Navajo Indian Community. *The Western Journal of Medicine*, 150, 548 – 551.

Tarasuk, V. (2005). Household Food Insecurity in Canada. *Topics in Clinical Nutrition*, 20(4), 299 – 312.

Tarasuk, V. (2004). Health Implication of Food Insecurity. In D. Raphael (Ed.), *Social Determinants of Health: Canadian Perspectives* (pp.187 – 200). Toronto: Canadian Scholars' Press Inc.

Tarasuk, V. (2001). Dietary Factors Associated with Reported Food Insecurity. In M. S.

- Andrews & M. Pres (Ed.), Second Food Security Measurement and Research Conference, Volume II: Papers (pp. 59 – 71). Washington, D.C.: US Department of Agriculture.
- Tarasuk, V. S., & Beaton, G. H. (1999). Women's Dietary Intakes in the Context of Household Food Insecurity. *Journal of Nutrition*, 129, 672 – 679.
- Ten Fingers, K. (2005). Rejecting, Revitalizing, and Reclaiming. *Canadian Journal of Public Health*, 96, S60 – S63.
- The *Other* Métis. (n.d.). The invisible Métis. Retrieved August 15th, 2008, from <http://www.othermetis.net/Papers/CircleTxt/CrcPrt3.html#Invisible%20Metis>
- Tjepkema, M. (2002). The Health of the Off-reserve Aboriginal Population. *Supplement to Health Reports*, 13, 1 – 16.
- Tookenay, V. F. (1996). Improving the health status of Aboriginal People in Canada: New directions, new responsibilities. *Canadian Medical Association Journal*, 155, 1581-1583.
- Toronto Public Health. (2006). Food Security: Implications for the Early Years – Background Paper. Toronto, Ontario: Toronto Public Health.
- Townson, M. (2005). Poverty Issues for Canadian Women Background Paper. Status of Women Canada. Retrieved September 20th, 2006, from www.swc-cfc.gc.ca/resources/consultations/ges09-2005/poverty_e.pdf
- United Nations. (2006). Considerations of Reports Submitted by States Parties under Articles 16 and 17 of the Covenant. Geneva: United Nations Committee on Economic, Social, and Cultural Rights, Economic and Social Council. Retrieved May 1st, 2007, from [http://www.unhcr.ch/tbs/doc.nsf/0/87793634eae60c00c12571ca00371262/\\$FILE/G0642783.pdf](http://www.unhcr.ch/tbs/doc.nsf/0/87793634eae60c00c12571ca00371262/$FILE/G0642783.pdf)

- Van Kirk, S., (2002). From "marrying-in" to "marrying-out": Changing patterns of Aboriginal/non-Aboriginal marriage in colonial Canada. *Journal of Women's Studies*, 23(3), p.1-11.
- Vozoris, N.T., & Tarasuk, V.S. (2003). Household Insufficiency Is Associated with Poorer Health. *Journal of Nutrition*, 133, 120 – 126.
- Wein, E.E., Henderson-Sabry, J., & Evers, F.T. (1991). Food consumption patterns and use of country foods by Native Canadians near Wood Buffalo National Park, Canada. *Artic*, 44(3), p196-205
- Williams, B. (2004). Pummeling the Poor. In B. Williams (Eds.), *Debt for Sale: A Social History of the Credit Trap* (pp. 92 – 124). Philadelphia, Pennsylvania: University of Pennsylvania Press.

Author Note

Emily Lecompte, Doctoral candidate in the program of Experimental Social Psychology, Department of Psychology, University of Ottawa. Study 2 of this research report was conducted as a requirement for the Master's Practicum for the Graduate program in Experimental Social Psychology at the University of Ottawa.

James M. A. McKinnon, Doctoral candidate in the program of Experimental Social Psychology, Department of Psychology, University of Ottawa. Study 1 of this report was conducted as a requirement for the Honour's program in Psychology at the University of Ottawa.

We wish to extend our gratitude for the support, encouragement, and contribution of the following Aboriginal and non-Aboriginal organizations who, without their help, this project could not have been completed: the Wabano Centre for Aboriginal Health, le Centre espoir Sophie (CeS), the Sandy Hill Community Health Centre (S.H.C.H.C.), the Aboriginal Health Foundation (A.H.F.), Paaktuutit (Inuit Women's Association), Minwaashin Lodge, and the Aboriginal Students Resource Centre at the University of Ottawa.

We would like to give special thanks are extended to Mr. Wesley Rodney, a Métis, Senior Public Opinion Research Advisor at Health Canada, who shared his knowledge in the structuring of the questionnaire and provided input from a Métis perspective. We would also like to extend our appreciation to the First Nation, Inuit, and Métis people and their communities for collaborating in a joint effort to give a voice and face to the silenced, awful experience of food insecurity that has endured for too long and affected too many.

Finally, we would like to express profound gratitude and humility to the participants for their courage and endearment in sharing their experiences, hardships, frustrations, and hope. We

thank them for their trust and commitment to this study. Your warm reception and kindness has deeply touched our heart, soul, and spirit.

All correspondence concerning this research should be addressed to Emily Lecompte (emily_lecompte@hotmail.com) or to James McKinnon (jmcki085@uottawa.ca) or by mail to the authors at the University of Ottawa, 145 Jean-Jacques Lussier, Montpetit Hall, room 418, Ottawa, Ontario, K1N 6N5

Appendix A – Thematic Analysis for Studies 1 and 2

Theme Name	Study 1	Study 2
Health Effects:		
i) Emotional	✓	✓
ii) Physical	✓	✓
Challenge to Food Security:		
a) Low Income	✓	✓
b) Cost of Food	✓	✓
c) Costs Related to Transportation	✓	
d) Food Transportation		✓
e) High Cost of Living	✓	✓
f) Limited Time	✓	
g) Inadequate Social Support	✓	
h) Being Aboriginal		✓
i) Being A Single Female Parent		✓
j) Children	✓	✓
k) Health Conditions:		
i) Substance Addiction	✓	✓
ii) Diabetes	✓	✓
iii) Food Allergies	✓	✓
iv) Anaemia		✓
Challenges to Appropriate Cultural Foods:		
a) Off-Reserve Living:		
i) Quality of Food	✓	✓
ii) Cost of Food	✓	✓
iii) Availability of Food	✓	✓
iv) Acculturation	✓	✓
Strategies:		
a) To Get Food:		
i) Seeking Community Food Assistance	✓	✓
ii) Family, Friends, Significant Others	✓	✓
iii) Economizing Strategies	✓	✓
b) To get Culturally Appropriate Foods	✓	
c) To Get Money:		✓
i) By Illegal Means	✓	✓
ii) Family	✓	✓
iii) Taking Odd Jobs		✓
iv) Budgeting to the Last Penny		✓
d) To Protect Children From Food Insecurity:		
i) Parents Go Without Food: Self-Sacrifice	✓	✓
ii) Hide Hardships		✓
iii) Gearing the Food Budget to Meet Children's Needs	✓	✓