Rural food insecurity: When cooking skills, homegrown food, and perseverance aren't enough to feed a family

Ellen V. Buck-McFadyen, RN, MScN

ABSTRACT

OBJECTIVE: More than 1 in 10 Canadians experience food insecurity, and a growing number of families rely on food banks each month. This ethnographic study aimed to give voice to rural families about their experiences with food insecurity while situating the findings within the broader social, political and economic context.

METHODS: Semi-structured interviews were conducted with women who had children living at home, and interviewer observations within the food bank were recorded as field notes. Content analysis was combined with the constant comparison method of data analysis to identify common themes regarding the experience of living with food insecurity and the influence of public policy.

RESULTS: Seven female participants described the emotional toll that food insecurity had on their well-being and relationships, with stress and depression common to many women. Strategies used to stretch resources included cooking from scratch, growing produce, stocking up on sale items, hunting and fishing, and paying half-bills. Many participants described going without food so that their children could eat first, and three participants went without prescription medications. Rurality and social programs were identified as both supports and barriers to overcoming food insecurity.

CONCLUSION: Participants in this study were highly skilled in attempting to feed their families with limited resources, although this proved inadequate to overcome their food insecurity. This highlights the need for policy initiatives to address the root causes of food insecurity and health inequities, including access to rural employment and high-quality child care, drug benefits and guaranteed annual income programs.

KEY WORDS: Rural health; policy; social determinants of health; food supply; poverty

La traduction du résumé se trouve à la fin de l'article.

Can J Public Health 2015;106(3):e140–e146
doi: 10.17269/CJPH.106.4837

Food security exists when a household has adequate resources to afford the quality and quantity of food desired.¹ Despite Canada's economic wealth, more than 1 in 10 adults and 1 in 6 children are food insecure,¹ and an increasing number of Canadians rely on food banks each month.² Canada has no national food policy or coordinated government program targeting food insecurity, the focus of scrutiny in the 2012 report of the United Nations Special Rapporteur on the right to food.³ Lack of federal leadership and a high prevalence of food insecurity in Canada is particularly alarming given the health consequences associated with food insecurity, such as increased chronic conditions among adults⁴ and negative psychosocial and academic outcomes among children.⁵

While inadequacy of household income is the strongest predictor of food insecurity,⁶ other associated factors in Canada include having a high number of children in the home;⁷ being Black, Aboriginal or a female single parent; and renting rather than owning a home.¹ Seventy percent of individuals receiving social assistance experience food insecurity,¹ demonstrating the role of social policy in influencing access to food. From this broader policy perspective, the Ontario Public Health Association⁸ identified the importance of moving beyond individual-level factors toward addressing the environmental, social and economic policies of the government that affect the systemic aspects of Canada's food supply.

These individual and policy-level contributors to food insecurity are woven into a backdrop of community factors that create great variation in access to food based on geographic location within Canada. Drouin et al.⁹ identified fewer food stores in rural than in urban Quebec, increasing the cost of a healthy diet as a result of the expense of travel. Within Canada's remote northern communities, prices of foods that are transported over long distances are significantly inflated, contributing to unaffordable market foods and a higher cost of living.¹⁰ These geographic factors increase the risk of food insecurity in rural and remote locations, although the risk may be partially offset by the use of alternative food systems like gardening, hunting and fishing.¹¹

While a growing body of literature has identified the factors that increase the risk of becoming food insecure and some of the physiological consequences of food insecurity, little research has examined the experience of living with food insecurity and the strategies and supports that families use to make ends meet. One

Author Affiliations

School of Nursing, York University, Toronto, ON

Correspondence to: Ellen Buck-McFadyen, Trent University, 1600 West Bank Dr., Peterborough, ON K9J 7B8, Tel: ☎705-748-1011, ext. 7029, E-mail: ellenbuckmcfadyen@trentu.ca

Acknowledgements: The author gratefully acknowledges the guidance of Drs. Judith MacDonnell and Isolde Daiski, the financial support of the Lillian Wright Maternal-Child Health Graduate Scholarship, and the honesty and courage of the study participants.

Conflict of Interest: None to declare.

Canadian study examined the everyday experiences of living with food insecurity in Quebec City, identifying a state of alienation and psychological suffering that results.¹² Other research has revealed shame and social stigma associated with the use of food banks in metropolitan Toronto.¹³ The objectives of the current ethnographic study were to fill a gap in the literature by exploring the experience of food insecurity from the perspective of rural mothers, examining the broader Canadian context and external influences on this experience, and giving voice to rural women that can inform policy and program development.

METHODS

A qualitative ethnographic design was used to explore the experiences of seven women living with food insecurity in a rural area of southern Ontario. Statistics Canada's¹⁴ "Rural and Small Town" definition of rural was used, in which participants resided outside of the commuting zone of a larger urban centre with a population of 10,000 or more. Purposeful and convenience sampling methods were used to recruit English-speaking participants with children under the age of 18 living in the home. Recruitment strategies included the use of flyers, assistance of key stakeholders and time spent in local food banks interacting with clients. The most successful recruitment strategy involved face-to-face interaction with staff and clients at the food banks, where an opportunity to socialize with and observe clients in this natural environment increased the likelihood of them volunteering while providing insight into what it means to be an insider in their social worlds.¹⁵ Acceptance of the researcher by the food bank clientele may have been increased because of her local family roots and familiarity with rural cultural values and norms, yet an awareness of the position of privilege held by the researcher was maintained.

Semi-structured interviews lasting from 60 to 120 minutes were conducted in participants' homes or a public venue of their choice. Consent was orally reviewed and signed at the beginning of the interview. A demographics form was completed by participants, an honorarium of a \$20 gift card to the local grocery store was provided at the beginning of the meeting, and interviews were audiotaped and transcribed verbatim. Insights gained from observations and interactions with food bank staff were recorded as field notes and included in data analysis. Data were collected between April and October 2012. Ethics approval was received from the Human Participants Review Committee of the Office of Research Ethics at York University (Certificate # STU 2012 – 038).

Interview questions addressed indicators of food insecurity, such as running out of food or worry about having enough food, practical aspects of food acquisition, management strategies for when food is low, social supports and the emotional impact of food insecurity. A space was created to uncover some of the political, social, historical and economic factors influencing the participants' food insecurity and to give authority to participant voices.¹⁶ Data collection and analysis occurred concurrently, in that additional interview questions were added in an iterative approach as unexpected insights arose from the literature or early interviews. Content analysis was combined with the

constant comparison method of data analysis,¹⁷ and NVivo 9 (QSR International) was used to help code data electronically.

Follow-up interviews were requested with all participants to share the researcher's early thematic interpretation of the data and to invite participants to provide additional detail or insight that might expand on the themes or co-construct alternative ways of understanding the data.¹⁸ This second set of interviews was also meant to provide opportunity for reflection on the constraints that maintained participants' food insecurity and to increase awareness of this shared experience, so that feelings of isolation might decrease or participants might move toward action on addressing constraints. Two participants did not respond to voicemail messages, therefore member checks were conducted with five participants by means of home visits (two participants), telephone interviews (two participants) and e-mail (one participant). Emerging themes were discussed with participants, and many women expanded on their earlier responses or shared new insights after the stories of other participants triggered reflection and further details of their own experience. These new data were then integrated into the final analysis.

RESULTS

Participants described numerous strategies used to feed their families on a limited income and the emotional impact that the challenges with food insecurity had on their well-being and relationships. Rurality and social programs were identified as both supports and barriers to overcoming food insecurity. The day-to-day experience of participants with food insecurity and the external influences on this experience will be discussed in this paper. Analysis of participant experiences within food banks, drawn from researcher observations and interview data, will be addressed in a future paper.

Seven women participated in in-depth interviews. The women ranged in age from 30 to 50 years and had between one and five children living at home. Six of the seven participants lived with a spouse or partner, and the majority were well educated and employed either part-time or full-time (Table 1). While the sample was homogeneous for ethnic origin, the women's stories provided rich and unique historical context that ranged from participants who had lived with early life experiences of poverty and trauma to a financially stable family that had experienced a recent job loss, home foreclosure and rapid transition into food insecurity. Despite their diverse lived experiences, the participants expressed similar sentiments regarding the emotional toll and day-to-day challenges that food insecurity had on their families.

Emotional experience of food insecurity

Participants all described stress related to their experience of food insecurity, ranging from worry, to stress that kept them awake at night, to stress that led to self-harming behaviour. One participant described lying awake at night wondering what she was going to feed her three children the next day with the associated feelings of failure "because they're your kids, and you need to provide for them". When planning meals for the week according to what was in the cupboard and available in the grocery budget, another participant stated "...it's almost a point

Table 1. Demographic characteristics of participants

	No. of children	Income sources	Household income	Highest level of education	Home ownership
Family #1	2	Paid work	\$10,000–\$19,999	College or university degree	Own
Family #2	1	Social assistance	\$10,000–\$19,999	Some college or university	Rent
Family #3	3	Paid work	\$20,000–\$29,999	Some college or university	Rent-to-own
Family #4	5	Paid work & social assistance	\$30,000–\$39,999	College or university degree	Rent-to-own
Family #5	3	Paid work	\$30,000–\$39,999	Some college or university	Rent
Family #6	2	Paid work	\$20,000–\$29,999	College or university degree	Rent
Family #7	3	Disability benefits and pension	\$20,000–\$29,999	Less than high school	Own

to where it can become an obsession because you're so worried about having the food there." A mother of five described the stress from her financial hardship, which she perceived as the main contributor to depression and recent self-injurious behaviour leading to her hospitalization. While no interview questions inquired directly about mental illness, four of the participants disclosed having received a diagnosis of depression.

A common perception of several women was that they worried more than their partners when resources were low. Two participants also identified marital strain and conflict that were created by the stress of food insecurity.

"We snap all the time. We didn't used to ever fight ... there used to be more money and near the city, sometimes it's easier to find work, let's be honest. So he used to always have work and I always had money. Definitely our relationship is strained."

The stress from scarcity of resources and the associated relationship challenges were combined with a sense of shame from having to access social assistance. Participants described negative societal stereotypes associated with "welfare" and the public perception that recipients of social assistance were lazy. These negative attitudes about social assistance were also perceived by one participant to be shared by the service staff:

"We have been on welfare before, not by choice. That was one of the hardest things we ever had to do. That was really embarrassing ... they treat you like the scum of the earth in there. It's just horrible – absolutely horrible."

The sense of shame associated with having to access social supports delayed some participants from accessing these services "because of the judgement thing" and may have been integrated into participants' sense of self-worth: as one participant described it, "letting a lot of people down, and myself down".

Taking action to make ends meet

Despite the stress and emotional toll that food insecurity had on participants, the women in this study demonstrated resilience, a positive attitude and significant skills as they took action to make ends meet with minimal resources. All participants knew how to cook from scratch, and most did so regularly. They also described practices such as growing their own produce for freezing or canning, preparing large quantities of food and freezing the leftovers, harvesting wild fruits, stocking up on sale items, and fishing and hunting as food procurement strategies. Freezers were owned by many of the participants, common within rural homes where space will accommodate deep freezers.

"I'll also stock up when there's something that's really a good sale, like if bread's on for less than \$2 I'll buy it, 20 boxes (laughs). We have lots of freezers." Freezers were also used to store fish, venison and berries. For some participants, however, having insufficient money to fill a freezer meant that they often sat empty, and two participants had recently sold their freezers, one because it was always empty and the other when selling off household items to earn extra income.

In describing how to stretch foods out to feed their families, some participants described skilled cooking practices. "We're going to have chicken tonight, chicken salad tomorrow, chicken soup and then you can even throw in a 4th day and make it a stew." Food was rarely wasted, and many participants talked about turning leftovers into soups, stews and casseroles. "I hate to throw food out, so I always try to do something with it, whether it be them eating a wholly different meal and I'm eating leftovers at the table...". Two participants described having learned their cooking skills through being raised in a rural or farming family, and the rural environment also provided an opportunity for vegetable gardening used by six of the seven participants as a source of produce.

This resourcefulness with food acquisition and management was accompanied by additional strategies to make ends meet, including creative financial management described as "juggling". Participants put off paying certain bills, paid half-bills and struggled to prioritize between rent, utilities, debt, food and other family needs.

"I'm behind on everything. I'm officially one month behind on my mortgage payment, two months behind on my hydro payment, a month behind on my phone, probably a month behind on my Internet because they just turned us on and they haven't taken the money out yet. Almost \$25,000 behind on student loans. And I have one collection agency that just will not leave me alone."

Several participants described ongoing calls from debt collectors, and during a home visit the researcher witnessed a telephone call from a debt collector who left a message on the answering machine, which led to an embarrassed rush by the participant to turn down the volume on the machine. Two participants talked about having utilities cut off, one family going without power for a five-week period in the cold of November.

To feed a family with limited resources, many participants used the strategy of going without food. Six of the seven participants engaged in this practice, which ranged from going without the foods they would prefer to consume as part of a healthy diet, to going without food altogether. Examples of these strategies

included eating rice for days, eating only one meal per day, removing milk from the diet, drinking coffee to help tide them over, and the frequent practice of going without food so that children can eat first. “I can’t eat very much because there’s three other kids that are going to ... they have to eat that food...” described one participant, who acknowledged that her partner frequently did the same. In addition to going without food to make ends meet, three participants had gone without prescription medications to ensure that their other family responsibilities were met.

Influence of rurality on food insecurity

Participants talked about both positive and negative aspects of rural living and the influence that rurality had on their food insecurity. While participants described a strong sense of social cohesion and a culture of trust, there were challenges inherent in living within a small community with few employment opportunities and no public transportation.

Strong Social Supports and a Culture of Trust

The women in this sample had lived in the local area from 2 to more than 20 years, and most could identify several strong social supports: family, friends, neighbours and community members. These support networks provided practical support, such as occasional transportation or sharing of resources like food or money. The supportive atmosphere was observed within one of the food banks, where many clients greeted one another with hugs, and there was sharing of advice and recipes, as well as car-pooling to and from the food bank. Sharing was commonly described as a reciprocal practice, and several participants shared their own limited resources with others in need because of their understanding of the hardship that others were experiencing. One participant regularly took an extra plate of food to a neighbour down the road, and another participant described sharing with a young family in her apartment complex by “splitting what little we had with them, just so that they had food”. Two participants talked about inviting children into their homes for meals because those children’s families were struggling financially, and another participant described her concern for others whose needs were perceived to be greater than her own:

“I’ve seen the families in that food bank that look like they’re not doing as great as what I’m doing. It’s like, I have a vehicle - you have holes in your shoes ... yeah I’ve been wearing the same shoes for like 4 years, but mine don’t have holes in them, so ... those people need to go more often.”

Most participants felt that food insecurity and poverty were common experiences within their communities, and they attributed this to the economic recession or high levels of local unemployment.

In addition to the strong social supports and sharing between community members, many participants described a culture of trust that they felt was unique to rural living. Two participants were able to have their prescription medications dispensed by providing post-dated cheques or returning to the pharmacy on pay day with the remainder of the money owed, and another participant provided her auto mechanic with post-dated cheques

so that she could keep her car on the road. “He doesn’t have to do that with me, he could totally snap at any second and be ... like I’m not fixing your car any more, find someone else. He doesn’t know me, I’m nobody. I’m not from here.” This sense of trust and support was extended to the participant despite her being new to the rural area.

Lack of Transportation and Employment Opportunities

While rurality was associated with strong social supports and more flexible access to resources, there were challenges with living in a rural area. Participants relied heavily on cars, which were often said to be unreliable, and public transportation was not available. This caused a significant financial burden because of the cost of gas, maintenance and automobile depreciation. Many women were concerned about what they would do when their cars stopped working, and one participant described the tremendous stress on her family when her car broke down for a period of five weeks over Christmas. In addition, there were few local well-paid employment opportunities, contributing to difficult choices when calculating the expense of commuting and child care to take on higher paying jobs outside of the rural area.

Program use and policies influencing food insecurity

In addition to strong informal support systems, each participant was accessing various community and government services to help make ends meet. These services provided income supports, drug benefits and supports for recreational programs, clothing and food. Despite the benefits these services offered, many participants described difficulty in navigating supports as a result of rigid rules, as demonstrated in this participant’s account of trying to gain access to childcare subsidy.

“If we had daycare, he could get a job. To get the job, he has to have the daycare. To get the daycare you have to have the subsidy. To get the subsidy he’s got to have the job. So where’s the starting line there?”

One participant stated that her husband did not qualify for re-education training after a recent lay-off because of his age; another woman described the year-long process of applying for drug benefits and, shortly after qualifying, being temporarily cut off because of a clerical error; and a third participant described the paperwork by multiple care providers required to apply for the special diet allowance through disability benefits, a process that could see her “die by the time they get this done”. The challenges of navigating the system and seeking a way out of poverty were summed up as being “like a tornado – it just doesn’t end”.

When participants successfully accessed services like income supports, the amount of support provided was inadequate for secure access to food and other family needs. For self-employed individuals, ineligibility for drug benefits and unemployment insurance were barriers to making ends meet. One participant suggested that an overhaul of the social safety net was needed to account for individual family circumstances, which could have supported her, as a mother of two young children, in continuing to work outside the home. Instead, she reported that when earning \$11 per hour at a job that required her to travel

45 minutes each way to work, "...once I pay for a sitter for both (children) and pay for the gas, I'd be bringing home like \$21 a week. Like, that doesn't buy anything." Given the costs of child care and commuting out of town for a low-paying job, this participant felt the only real choice available to her was to stay home with her children and collect social assistance.

These examples of resourcefulness, skill and insight describe experiences that were similar among the seven women in the sample. As a whole, the participants were well educated, and had partners and some form of employment. Self-selecting for a research study that provided an incentive of a \$20 gift card may have been one more strategy used by participants to help make ends meet and could have led to a highly motivated and skilled sample. However, in their stories of perseverance there was also evidence of emotional pain or distress. Several participants shed tears as they shared their intimate experiences and challenges. It is possible that the researcher's local rural upbringing, nursing background or social position as a mother of young children influenced the participants' willingness to both participate and fully engage in this research. The experiences of differently located families with food insecurity could change the dynamics between participants and researcher, and might reveal alternative experiences with food insecurity.

DISCUSSION

The results of this ethnographic study provide insight into the skills, perseverance and creativity employed by food-insecure families in an attempt to make ends meet. The participants' detailed accounts of juggling resources, going without food and prescription drugs, stretching food over many days and lying awake at night with worry are among the first Canadian data to illuminate the experience of rural families living with food insecurity. The small sample prevents broad generalization to other rural families and communities; however, the methodology and rich data provide a new and deeply textured understanding of the phenomenon, which can inform public health policy and practice.

The need to situate food insecurity within the broader social, political, historical and economic context, and the complex interconnections between food insecurity and other social determinants of health (SDOH)¹⁹ were made clear through analysis of participant narratives. Low income predisposes a family to food insecurity,⁶ yet two of the seven participants in this study did not fall below Statistic Canada's²⁰ threshold for low income. This is consistent with data suggesting that 13.6% of middle income Canadians are food insecure,²¹ with participants' accounts of such factors as student loans and vehicle expenses helping to elucidate this paradox. The precarious balancing of income with family needs among these participants sheds light on how a sudden event like a job loss or additional child to feed can result in food insecurity,⁷ and demonstrates the importance of creating programs and supports that do not discriminate on the basis of income.

In addition to income, other SDOH such as gender, education and employment all influenced food security. The women in this study were well educated. Education alone is inadequate to secure well-paid employment in a rural area with few job opportunities and may contribute toward financial instability

by conferring large student loans. Women's interruption in work force participation during the childbearing years and tendency to carry the burden of responsibility for child care²² also add to the challenges of finding secure employment. Gender may also influence the emotional experience of food insecurity, with the current study providing examples of marital strain, depression and self-injurious behaviours, consistent with research demonstrating that food insecurity increased the likelihood of depression.²³ With women spending more time on domestic work like cooking, cleaning and caring for the family,²² the increased burden of responsibility for tasks directly related to feeding the family may explain an emotional experience of food insecurity that is wholly different for women than men. Reducing or skipping meals to allow children to eat first has been previously documented;¹² however, mothers forgoing prescription medications and self-care to manage food insecurity is an area requiring further investigation and may be influenced by gender, as women perceive self-sacrifice to be part of their mothering role.²⁴

Despite the obstacles to overcoming food insecurity, the families in this study demonstrated a strong work ethic, a desire to contribute to society and a sense of pride and self-reliance. Participants engaged in reciprocal sharing of resources and instrumental support with others enduring similar hardships, which may be a unique feature of rural communities, where sense of community belonging is higher.²⁵ While participants accepted help from local supports to make ends meet, social assistance was deemed a last resort or an act of desperation. This contrasts with the dominant societal notions about women in poverty as undeserving, "lazy", or "choosing" to be on welfare²⁶ and raises questions about what it takes to overcome food insecurity.

Recognizing the limits to tackling food insecurity at the individual level, the community may attempt to fill the gaps and supplement family resources with donations and various support programs. The patchwork of social and community services that participants in this study were accessing was not only unable to meet family needs but could also be seen as reducing the impetus for broader public policy solutions to hunger.²⁷ Rather, the way out of food insecurity lies in progressive social policies that promote equity and take action toward improving the SDOH. When moving the discourse beyond individual behaviours and motivations toward societal structures and distributions of resources as the primary influences on health,²⁸ meaningful action is possible.

Income is a key SDOH and an important target of policies to influence food insecurity, given the connection between income and so many other determinants of health.¹⁹ Currently, working full time at minimum wage earns an income less than the poverty line,²⁹ and social assistance rates in all provinces of Canada leave families in poverty.³⁰ While a significant financial cost would be associated with ensuring that all Canadians have access to a livable income, the cost of the status quo is even higher. The National Council of Welfare³¹ suggested that the cost to bring all Canadians' incomes up to the poverty line would be \$12.3 billion per year, while the conservative estimate for the public cost of poverty is double that amount. A recent analysis of data from a guaranteed annual income experiment in

Dauphin, Manitoba, during the 1970s demonstrated a decline in rates of hospitalization during and after the introduction of a guaranteed income.³² This is consistent with the well-known social gradient in which those with the greatest deprivation suffer the highest levels of illness and premature mortality.³³ The narratives of women with food insecurity in the current study illustrate some of the pathways between poverty, food insecurity and poor health outcomes by way of stress, marital strain, skipping of meals and prescription medications, and poor access to healthy foods. The mental health challenges experienced by participants, attributed directly to their insecure access to a sufficient income and food for their family, reinforce the potential for policy interventions to influence mental health. When other health consequences of food insecurity, like poor developmental, academic and psychosocial outcomes among children,⁵ are factored into the long-term costs to society, there is a strong economic argument for providing guaranteed minimum incomes to all citizens.

The narratives of rural women in this sample are a testimony to the complexity of food insecurity and the need to situate the problem within the broader social, economic and political climate. With resources shifted to prevention of food insecurity through initiatives like access to rural employment opportunities, quality child care, drug benefits, a livable wage and guaranteed annual income programs, the health and well-being of rural families can be improved. By expanding our understanding of the root causes of ill health to incorporate a social determinants perspective, it is possible to address the policies that contribute toward health and social inequities – policies that leave families like the current sample unable to navigate their way out of food insecurity.

REFERENCES

1. Tarasuk V, Mitchell A, Dachner N. Household Food Insecurity in Canada, 2012. Toronto, ON: Research to Identify Policy Options To Reduce Food Insecurity (PROOF), 2014. Available at: http://nutritionalsciences.lamp.utoronto.ca/wp-content/uploads/2014/05/Household_Food_Insecurity_in_Canada-2012_ENG.pdf (Accessed September 27, 2014).
2. Food Banks Canada. HungerCount 2012. Toronto, ON: Food Banks Canada, 2012. Available at: <http://foodbanksCanada.ca/getmedia/3b946e67-fbe2-490e-90dc-4a313dfb97e5/HungerCount2012.pdf.aspx?ext=.pdf> (Accessed September 27, 2014).
3. De Schutter O. Mission statement on visit to Canada. United Nations, Office of the United Nations High Commissioner for Human Rights, 2012. Available at: http://www.srfood.org/images/stories/pdf/officialreports/201205_canada_prelim_en.pdf (Accessed September 27, 2014).
4. Vozoris NT, Tarasuk TS. Household food insecurity is associated with poorer health. *J Nutr* 2003;133:120–26.
5. Alaimo K, Olson CM, Frongilo EA. Food insufficiency and American school-aged children's cognitive, academic, and psychosocial development. *Pediatrics* 2001;108(44):44–53. PMID: 11433053.
6. Kirkpatrick SI, Tarasuk V. Assessing the relevance of neighbourhood characteristics to the household food security of low-income Toronto families. *Public Health Nutr* 2010;13(7):1139–48. PMID: 20196916. doi: 10.1017/S1368980010000339.
7. McIntyre L. Food security: More than a determinant of health. *Policy Options* 2003;24(3):46–51.
8. Ontario Public Health Association. A Systemic Approach to Community Food Security: A Role for Public Health. Toronto: OPHA, 2002. Available at: https://opha.on.ca/OPHA/media/Resources/Resource%20Documents/2002-01_pp.pdf?ext=.pdf (Accessed December 23, 2014).
9. Drouin S, Hamelin A, Ouellet D. Economic access to fruits and vegetables in the greater Quebec City: Do disparities exist? *Can J Public Health* 2009;100(5):361–64. PMID: 19994739.
10. Erber E, Beck L, Hopping BN, Sheehy T, De Roose E, Sharma S. Food patterns and socioeconomic indicators of food consumption amongst Inuvialuit in the Canadian Arctic. *J Hum Nutr Diet* 2010;23(Suppl 1):59–66. PMID: 21158963. doi: 10.1111/j.1365-277X.2010.01097.x.
11. Smith C, Miller H. Accessing the food systems in urban and rural Minnesotan communities. *J Nutr Educ Behav* 2011;43(6):492–504. PMID: 22078772. doi: 10.1016/j.jneb.2011.05.006.
12. Hamelin A, Beaudry M, Habicht J. Characterization of household food insecurity in Quebec: Food and feelings. *Soc Sci Med* 2001;54:119–32. doi: 10.1016/S0277-9536(01)00013-2.
13. Tarasuk VS, Beaton GH. Household food insecurity and hunger among families using food banks. *Can J Public Health* 1999;90(2):109–13. PMID: 10349217.
14. du Plessis V, Beshiri R, Bollman RD, Clemenson H. Definitions of rural. *Rural and Small Town Canada Analysis Bulletin* 2001;3(3). Statistics Canada. Catalogue no. 21-006-XIE, 2001. Available at: http://www.communityaccounts.ca/communityaccounts/ca_google_maps/PDF_Links/Stats_Canada_Definition_of_Rural_2006.pdf (Accessed September 27, 2014).
15. Wolf AR. Ethnography: The method. In: Munhall PL (Ed.), *Nursing Research: A Qualitative Perspective*, 4th ed. Sudbury, MA: Jones & Bartlett, 2007;293–330.
16. Thomas J. *Doing Critical Ethnography*. Newbury Park, CA: Sage, 1993.
17. Polit DF, Beck CT. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*, 8th ed. Philadelphia, PA: Lippincott, Williams and Wilkins, 2008.
18. Hall VH. Critical ethnography: Extending attention to bias and reinforcement of dominant power relations. *Nurse Res* 2011;18(3):25–30. PMID: 21560923.
19. Mikkonen J, Raphael D. *Social Determinants of Health: The Canadian Facts*. Toronto: York University School of Health Policy and Management, 2010.
20. Statistics Canada. Income Research Paper Series: Low Income Lines, 2009/2010. Catalogue No. 75F0002M, No. 002. 2011. Available at: www.statcan.gc.ca/pub/75f0002m/75f0002m2011002-eng.pdf (Accessed September 27, 2014).
21. Vogt J, Tarasuk V. Analysis of Ontario sample in cycle 2.2 of the Canadian Community Health Survey (2004). Department of Nutritional Sciences, Faculty of Medicine, University of Toronto, 2007. Available at: http://www.phredredsp.on.ca/Docs/Reports/CCHSReport/CCHS%20Cycle%202%202%20Ontario%20Nutrition%20Data%20Analysis%20Project_Full%20Report.pdf (Accessed September 27, 2014).
22. Organization for Economic Cooperation and Development Economic Surveys: Canada. No date. Available at: <http://www.oecd.betterlifeindex.org/countries/canada/> (Accessed September 27, 2014).
23. Carter KN, Kruse K, Blakely R, Collings S. The association of food security with psychological distress in New Zealand and any gender differences. *Soc Sci Med* 2011;72:1463–71. doi: 10.1016/j.socscimed.2011.03.009.
24. McIntyre L, Officer S, Robinson LM. Feeling poor: The felt experience of low-income lone mothers. *Affilia* 2003;18(3):316–31. doi: 10.1177/0886109903254581.
25. Statistics Canada. Community Belonging and Self-perceived Health: Early CCHS Findings (January to June 2005). Catalogue No. 82-621-XIE, 2005. Available at: <http://publications.gc.ca/Collection/Statcan/82-621-XIE/82-621-XIE2005001.pdf> (Accessed September 27, 2014).
26. Herbert C, Reid C. “Welfare moms and welfare bums”: Revisiting poverty as a social determinant of health. *Health Sociol Rev* 2005;14(2):161–73. doi: 10.5172/hesr.14.2.161.
27. Tarasuk V, Eakin JM. Charitable food assistance as symbolic gesture: An ethnographic study of food banks in Ontario. *Soc Sci Med* 2003;56:1505–15. PMID: 12614701.
28. Raphael D, Curry-Stevens A, Bryant T. Barriers to addressing the social determinants of health: Insights from the Canadian experience. *Health Policy* 2008;88:222–35. PMID: 18471923. doi: 10.1016/j.healthpol.2008.03.015.
29. Government of Canada. Labour Program: Current and Forthcoming Minimum Hourly Wage Rates for Experienced Adult Workers in Canada. 2013. Available at: <http://srv116.services.gc.ca/dimt-wid/sm-mw/rpt1.aspx?lang=eng#ftb2-ref> (Accessed September 27, 2014).
30. Conference Board of Canada. Canadian Income Inequality: Is Canada Becoming More Unequal? 2011. Available at: <http://www.conferenceboard.ca/hcp/hot-topics/canInequality.aspx> (Accessed September 27, 2014).
31. National Council of Welfare. The Dollars and Sense of Solving Poverty, 2011. Available at: http://publications.gc.ca/collections/collection_2011/cnb-ncw/H554-2-2011-eng.pdf (Accessed September 27, 2014).
32. Forget EL. New questions, new data, old interventions: The health effects of a guaranteed annual income. *Prev Med* 2013;57:925–28. PMID: 23764242. doi: 10.1016/j.ypmed.2013.05.029.
33. Nelson K, Fritzell J. Welfare states and population health: The role of minimum income benefits for mortality. *Soc Sci Med* 2014;112:63–71. doi: 10.1016/j.socscimed.2014.04.029.

Received: September 30, 2014

Accepted: January 31, 2015

RÉSUMÉ

OBJECTIF : Plus d'un Canadien sur 10 est aux prises avec l'insécurité alimentaire, et un nombre croissant de familles fait appel aux banques alimentaires chaque mois. Notre étude ethnographique visait à faire entendre la voix des familles rurales au sujet de leur expérience de l'insécurité alimentaire tout en situant nos constatations dans un contexte social, politique et économique élargi.

MÉTHODE : Des entrevues semi dirigées ont été menées auprès de femmes ayant des enfants vivant à la maison, et les observations des enquêteurs de la banque alimentaire ont été enregistrées en tant que notes de terrain. Une analyse de contenu, combinée à la méthode de comparaison constante des données, a permis de dégager des thèmes communs dans l'expérience de l'insécurité alimentaire, et de déterminer l'influence des politiques publiques.

RÉSULTATS : Sept participantes ont décrit le coût affectif de l'insécurité alimentaire sur leur bien-être et leurs relations, le stress et la dépression étant

le lot de bien des femmes. Les stratégies employées pour étirer les ressources étaient de faire sa propre cuisine, de cultiver des fruits et légumes, de faire des stocks d'articles en vente, de pratiquer la chasse et la pêche et de payer les factures à moitié. Beaucoup de participantes ont dit se priver de nourriture pour que leurs enfants mangent en premier, et trois d'entre elles ont dit se passer de médicaments sur ordonnance. La ruralité et les programmes sociaux ont été désignés à la fois comme des soutiens et des obstacles pour surmonter l'insécurité alimentaire.

CONCLUSION : Les participantes de l'étude étaient très compétentes pour nourrir leurs familles avec des ressources limitées, mais cela ne suffisait pas pour surmonter leur insécurité alimentaire. Il faudrait mettre en place des initiatives stratégiques pour aborder les causes profondes de l'insécurité alimentaire et des iniquités face à la santé, dont des initiatives d'accès à l'emploi en milieu rural et des programmes d'aide à l'enfance, d'assurance-médicaments et de revenu annuel garanti de haute qualité.

MOTS CLÉS : santé en zone rurale; politiques; déterminants sociaux de la santé; approvisionnement en nourriture; pauvreté