Mount Saint Vincent University
Department of Applied Human Nutrition

# Exploring the Link between Food Insecurity, Social Stigma and Social Marginalization among Low-income Lone Mothers

By

Felicia Newell

A Thesis
Submitted in partial fulfillment
Of the requirements for the degree of
Master of Science Applied Human Nutrition

May, 2018

Halifax, Nova Scotia

© Felicia D. Newell, 2018

Mount Saint Vincent University
Department of Applied Human Nutrition

**Exploring the Link between Food Insecurity, Social Stigma and Social Marginalization among Low-income Lone Mothers**

By

Felicia Newell

Approved:

_____

Patricia Williams, Ph.D.
Thesis Advisor
Professor, Department of Applied Human Nutrition Mount Saint Vincent University
Senior Research Scholar, Healthy Populations Institute, Dalhousie University
Canada Research Chair in Food Security and Policy Chair (2007-2017)

_____

Deborah Norris, Ph.D.
Associate Professor, Department of Family Studies and Gerontology Mount Saint Vincent University

_____

Myrene Keating-Owen, Executive Director
LEA Place Women's Resource Centre

# Abstract

**Background:** Food security is fundamental to physical, mental and social health. Despite wide recognition of the important role food security plays as a social determinant of health, more than 4 million Canadians experienced food insecurity in 2012; low-income lone mothers and their children at particular risk of food insecurity. The relationships between household food insecurity (HFI) and stigma is under-researched, as is the experiences of HFI from the perspective of those for whom this is (or has been) a lived reality. This research is especially timely given the growing recognition that charitable food programs and income support systems need to transform to provide better services.

**Purpose:** This research explored how and why social ideologies, discourses and stigma at the institutional level contribute to the ongoing food insecurity and marginalization of low-income lone mothers in Halifax Regional Municipality. Institutional ethnography, along with Participatory Action Research (PAR) approaches, critical theoretical perspective and Bronfenbrenner's Ecological Model (BEM) were drawn from as analytical tools to map the policies, unwritten rules and practices, and social stigma that shape the "everyday" experiences of low-income lone mothers facing food insecurity. This study aimed to explicate the ideological and power relations occurring at the institutional or local level that may contribute to ongoing stigmatization and marginalization; identify the implications of stigmatization and marginalization on for low-income lone mothers, the community, and society as a whole. The lessons learned from this research will be used to create an understanding of the potential impacts that institutional and local level discourses may have on low-income lone mothers in Halifax Regional Municipality, and to apply these learnings to the development of recommendations for practice, policy and future research.

**Methods:** A total of 17 participants were recruited and screened, one of these participants was screened but didn't meet the criteria, and a total of 11 participants met the screening criteria and completed the full study. Food insecurity status was identified during screening by administering the six-item short form of the Household Food Security Survey Module (HFSSM). Participants completed a first photovoice training interview and a semi-structured interview to discuss the photos. A 'PHOTO' discussion guide was used to further delve into the mothers' experiences with stigma and marginalization. Qualitative data from the individual interviews and Photovoice data were analyzed using MAXQDA data analysis software and line by line thematic coding. Concepts from institutional ethnography and Bronfenbrenner's Ecological Systems Theory were used to map the everyday experiences of the mothers' lives with the aim of explicating the ideological and power relations occurring at the institutional or local level that may contribute to ongoing stigmatization and marginalization.

**Findings:** Mothers experiencing HFI expressed feelings of inferiority and powerlessness, while simultaneously feeling judged by family and service providers, e.g., Income Assistant (IA) case workers, food bank volunteers. Similarly, participants described a sense of failure as mothers and members of society due to an inability to meet societal expectations associated with providing food and other goods/services for their children. Key themes identified were: 1) guilt of being unable to live up to 'society's standards'; 2) shame from stereotypes typically placed on those

experiencing food insecurity; 3) physical and mental health implications stemming from stigmatization and marginalization being from experiencing food insecurity; 4) Neoliberalist values of individual responsibility creating marginalization and further barriers; and 5) Pressure from the media via normalized discourse.

One of the key organizations that emerged most often as having a ruling impact on the mothers' lives was the Department of Community Services, more specifically, the Employment Support and Income Assistance (ESIA) policies as well as the workers who help enforce these policies.

These findings also indicate that stigma and marginalization contribute to individual and household food security at many levels of the ecological model. Moreover, this study provides rich descriptions of the negative impacts of stigma and marginalization on mental health, physical health, and creates barriers to attaining goals, all of which create further obstacles for the mothers out of poverty.

**Conclusion:** These findings add to accumulating evidence of the stigma and humiliation perceived by those who are impoverished, such as low income lone mothers, and how this creates barriers to lifting them out of poverty and food insecurity. This makes Household Food Insecurity (HFI), poverty, and social inclusion policy issues of the highest priority at all government levels because of their implications for health and quality of life. Upstream approaches to policy are needed to address the root causes of food insecurity and the stigma and marginalization that goes hand in hand. Health and social service professionals have an important role to play in their practice in addressing the findings of this research related to the detrimental impact that stigma has on low income lone mothers and further keeping them in the cycle of poverty and food insecurity.

## ACKNOWLEDGEMENTS

I would like to take this opportunity to recognize the important contributions of so many to this thesis project.

First and foremost, I must thank the incredible and courageous women who chose to share their stories with me; my hope is that this thesis acts as a vehicle in which your voice and experiences will be heard.

To my committee, Deborah Norris, Heather Castleden, and Myrene Keating-Owen – thank you for your time and commitment over, what has proven to be a long and trying process. I have always been passionate about this work and sharing these mothers' important stories but met some challenges along the way. As a mother of 4 who moved to another province with her family, where hardships then ensued, your continued support and patience has gotten me through to finally being able to see this through. I cannot thank you enough for that.

To my supervisor, mentor, and friend, Patty Williams – I am forever grateful for your unwavering support, patience and belief in my abilities. Even in the times where I doubted myself, your voice was always there telling me you knew I could see this through. Thank you for taking a chance and giving me the opportunity to succeed.
To my family for your unconditional love and guidance. Especially my loving husband Richard who I would not have been able to get through this without. Thank you for providing me with the reassurance and stability (as much as could have been possible with four beautiful yet rambunctious children) I needed to see this through.


---

*"When you get into a tight place, and everything goes against you till it seems as if you couldn't hold on a minute longer, never give up then, for that's just the place and time that the tide'll turn."*

~Harriet Beecher Stowe

# TABLE OF CONTENTS

**ABSTRACT** ..... **3**

**ACKNOWLEDGEMENTS** ..... **5**
**TABLE OF CONTENTS** ..... **6**

**LIST OF TABLES AND FIGURES** ..... **9**

**GLOSSARY** ..... **10**

**CHAPTER 1: INTRODUCTION/PROBLEM STATEMENT** ..... **12**

**Research Question:** ..... **16**
**Research Objective(s):** ..... **16**

**CHAPTER 2: LITERATURE REVIEW** ..... **17**

**2.1 Food Insecurity in Canada and Nova Scotia** ..... **17**
**2.2 Determinants of Food Insecurity** ..... **18**
2.2.1 Income and Social Status ..... 18
2.2.2 Geographic Location ..... 19
2.2.3 Ethnicity ..... 21
**2.3 Women, Poverty and Food Insecurity** ..... **23**
2.3.1 Food Insecurity and Low-income Women/Mothers ..... 23
2.3.2 Health Impacts of Food Insecurity on Women ..... 25
**2.4 Food Insecurity and Stigmatization** ..... **29**
2.4.1 Women's Care Work, Societal Discourse and Stigmatization ..... 29
2.4.2 Psychological Health and Social Isolation ..... 34
**2.5 Food Insecurity Initiatives in Canada** ..... **36**
2.5.1 Efficiency/Short-term Strategies ..... 36
2.5.2 Substitution/Transitional Demand Strategies ..... 37
2.5.3 Individual and Community Skill Building Strategies ..... 37
2.5.4 Capacity Building ..... 38
2.5.5 Redesign/System Change Strategies ..... 39
2.5.6 Participatory Approaches in Addressing Community Health Inequities ..... 40
2.5.7 Photovoice Approaches in Addressing Community Health Inequities ..... 44

**CHAPTER 3: THEORY AND METHODOLOGY** ..... **48**

**3.1 Theoretical Framework** ..... **48**
3.1.1. Researcher Identity ..... 48
3.1.2 Institutional Ethnography – Examining Everyday Experiences ..... 50
3.1.3 Ruling Relations ..... 51
3.1.4 Bronfennbrenner's Ecological Systems Theory ..... 53
3.1.5 Critical Theory ..... 54
3.1.6 Integrating Three Conceptual Frameworks ..... 56
**3.2 Research Methodology and Methods** ..... **57**
3.2.1 Methodology: Institutional Ethnography ..... 57
3.2.2 Methodology: Photovoice ..... 59
3.2.3 Research Design ..... 60
3.2.4 Participant Selection and Sampling ..... 62
3.2.5 Data Collection ..... 64

3.2.6 Trustworthiness of Data ..... 66
3.2.7 Ethical Considerations ..... 68
3.2.8 Knowledge Translation ..... 70

**CHAPTER 4: FINDINGS ..... 72**

**4.1 Introduction ..... 72**
**4.2 Recruitment Results ..... 73**
**4.3 The Mothers ..... 73**

**TABLE 1. PROFILE OF MOTHERS WHO PARTICIPATED IN STUDY. ..... 75**

**4.4 Social Relations Organizing Exclusion and Marginalization Relating to Food Insecurity ..... 76**
**4.5 Key Themes ..... 78**
4.4.1 Guilt and shame of being unable to live up to 'society's standards' ..... 78
4.4.2 Shame from stereotypes typically placed on those who are food insecure ..... 81
4.4.3 Physical and Mental Health implications stemming from stigmatization and marginalization being food insecure ..... 83
4.4.4 'Beggars can't be choosers' – Neoliberalist values of individual responsibility creating marginalization and further barriers ..... 89
4.4.5 Lack of understanding of individual circumstances from policies and support systems ..... 91
4.4.6 Pressure from the media via normalized discourse ..... 93

**CHAPTER 5: DISCUSSION ..... 96**

**5.1 Introduction ..... 96**
**5.2 Understanding the Why: Explicating the ideological and social relations occurring at the institutional or local level that may contribute to ongoing stigmatization and marginalization ..... 98**
**5.3 Implications of Stigmatization and Marginalization on Low-income Lone Mothers, the Community, and Society as a Whole ..... 104**
5.3.1 Negative Impacts of Stigma and Marginalization on Mental Health ..... 105
5.3.2 Negative Impacts of Stigma and Marginalization on Overall Health ..... 106
5.3.3 Negative Effects on Attainment of Goals and Improving their Situation ..... 110

**CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS FOR PRACTICE, POLICY AND FUTURE RESEARCH ..... 114**

6.1 Policy Recommendations ..... **Error! Bookmark not defined.**
6.3 Recommendations for Practice ..... **Error! Bookmark not defined.**
6.4 Areas for Future Research ..... **Error! Bookmark not defined.**

**REFERENCES ..... 114**

**APPENDICES ..... 145**

**Appendix A - Study Information Sheet and Informed Consent Form for Mothers ..... 145**
**Appendix B – Photovoice Project Participant Consent Form ..... 149**
**Appendix C – Screening Questions ..... 151**
**Appendix D – Photovoice Basics Training Guide ..... 157**

**Appendix E – Photovoice Photography Subject Consent Form.....163**
**Appendix F – Photovoice Photography General Release Form .....164**
**Appendix G – Photovoice Private Property Photography Release Form .....165**
**Appendix H – PHOTOS Caption and Discussion Guide.....166**
**Developing Themes .....167**
**Appendix I – Recruitment Poster.....169**
**Appendix J: Certificate of Completion for the TCPS 2: CORE Course.....170**

# LIST OF TABLES AND FIGURES

## TABLES

Table 1 – Profile of mothers who participated in study…….65
Table 2 – Table 2. Key recommendations for policy related to the social stigma and marginalization that low income lone mothers face……112
Table 3 - Key recommendations for practice related to the social stigma and marginalization that low income lone mothers face..……...……...…..114
Table 4 – Key recommendations for future research related to the social stigma and marginalization that low income lone mothers face……...……115

## FIGURES

Figure 1 – Map of the identified social relations within the lives of the participating mothers working to organize their exclusion and marginalization relating to their food insecurity. Organized according to Bronfenbrenner's Ecological Systems Theory…….……113

# Glossary

**Household food security:** all people at all times have access to sufficient, safe, affordable, nutritious food to maintain a healthy and active life (FAO, 1996).

**Food insecurity:** the inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially and culturally acceptable ways, or the uncertainty that one will be able to do so (Davis and Tarasuk, 1994). Individual and household income related food security is measured in Canada as the inadequate or insecure access to food due to financial constraints (Tarasuk et al., 2014)

**Social stigma:** disapproval of (or discontent with) a person based on socially characteristic grounds that are perceived, and serve to distinguish them, from other members of a society (Goffman, 2018).

**Ideology:** An ideology is a set of opinions or beliefs of a group or an individual. Very often ideology refers to a set of political beliefs or a set of ideas that characterize a particular culture. neoliberalism, capitalism, communism, socialism, and Marxism are ideologies (McLellan, 1986).

**Discourse:** as defined by Foucault (1982), refers to: ways of constituting knowledge, together with the social practices, forms of subjectivity and power relations which inhere in such knowledges and relations between them. Discourses are more than ways of thinking and producing meaning. They constitute the 'nature' of the body, unconscious and conscious mind and emotional life of the subjects they seek to govern.

**Social relations:** are patterned human interactions that encompass relationships among individuals, informally organized groups, and formally organized groups, including the state (Weber, 1991).

**Social exclusion/social marginalization:** is the process in which individuals or people are systematically blocked from (or denied full access to) various rights, opportunities and resources that are normally available to members of a different group, and which are fundamental to social integration and observance of human rights within that particular group (e.g., housing, employment, healthcare, civic engagement, democratic participation, and due process) (Silver, 1994).

**Power relations:** Foucault (1982) refers to power relations as a ‘‘management of possibilities’’ (p. 341), and a question of government. The term government means to ‘‘structure the possible fields of actions of others’’ (p. 341). Individuals in power relationships have options; they have possible actions to choose from to respond to an action. Further, Foucault contends that resistance is built into power relationships necessarily. There is always a degree of resistance with actions of power.

**Individualism:** an ideological stance that places the responsibility of a person’s situation, such as the experience of food insecurity, directly on the individual, thus disregarding any

environmental and social forces that may be acting on the lives of an individual or group (Treanor, 2003).

**Line of fault:** For the purposes of this study, line of fault is described as the disconnect between policies and programs, how they work and their purposes and the real-life experiences of those individuals that the policies aim to affect (Smith, 1987)

**Neoliberalism:** an ideological stance that supports the lessening, and ideally the abolishment of state intervention in the market place and the lessening or abolishment of taxes, increased privatization of public infrastructure and the commodification of human services (Vadoillancourt et al., 2004). Neoliberalism has also worked to create a discourse within our society that holds the general vision that "every human being is an entrepreneur managing [her] own life, and should act as such" (Treanor, 2003 p-10).

# Chapter 1: Introduction/Problem Statement

Food security at a household level means that all people at all times have access to sufficient, safe, affordable, nutritious food to maintain a healthy and active life (FAO, 1996). Food insecurity is the inability to acquire or consume an adequate diet quality or sufficient quantity of food in socially and culturally acceptable ways, or the uncertainty that one will be able to do so (Davis & Tarasuk, 1994). Food insecurity is a significant concern in Canada with at almost 13% of households experiencing some level of food insecurity in 2012 (Tarasuk, Mitchell, & Dachner, 2014). Although there has been rigorous measurement and monitoring of household food insecurity in Canada since 2005 (Tarasuk, Mitchell, & Dachner, 2016), the problem has not lessened. Nova Scotia (NS) consistently reports some of the highest rates of all provinces with 17.5% (over 67,800 households) having experienced food insecurity in 2012 (Tarasuk et al., 2014); in 2013 and 2014 rates of food insecurity were 18.5% and 15.4%, respectively, but not all provinces opted in to monitoring food insecurity in those years (Tarasuk, Mitchell, & Dachner, 2015, Tarasuk, Mitchell, & Dachner, 2016).

While many factors are shown to contribute to household food insecurity, including transportation, food knowledge and skills, and social supports (Hamm & Bellows, 2003), income remains the most powerful determinant of food access and hunger in Canada (McIntyre & Tarasuk, 2004). For example, social assistance is a strong predictor of food insecurity. Sixty one percent of households reliant on social assistance in Canada are food-insecure (Tarasuk, Mitchell, & Dachner, 2016) with a third (29.4%) experiencing severe food insecurity (Tarasuk, Mitchell, & Dachner., 2014); in Nova Scotia 82% of households on Income Assistance report experiencing food insecurity (Tarasuk, Mitchell, & Dachner 2016, Williams et al., 2012c). National population surveys also show that 35.1% of lone mother households experienced food

insecurity in 2011 (Tarasuk, Mitchell, & Dachner, 2013). Lone mothers in Atlantic Canada are at particular risk of food insecurity with 66.4% experiencing poverty and an average annual income 37% below the poverty line (National Council of Welfare Report, 2010). The actual prevalence of food insecurity among populations experiencing poverty – those that have been identified as being particularly vulnerable to living with food insecurity (Tarasuk Mitchell, & Dachner, 2017) - is conceivably greater given that Indigenous peoples living on reserve, people who cannot read or speak English or French, or individuals who are homeless are not represented in the *Canadian Community Health Survey* (CCHS).

While a myriad of factors can lead to the development of chronic conditions, researchers propose that improvements in lifestyle behaviors, which includes adopting healthier eating patterns, play a strong role in disease prevention and can be associated with as much as 40% reduction in the risk of developing the most common chronic conditions (Colman, 2002). Research also demonstrates that the consumption of more nutritious foods is highly sensitive to changes in household financial resources (Ricciuto, Tarasuk & Yatchew, 2006; McIntyre, Officer, & Robinson, 2003, Tarasuk, McIntyre, & Li, 2007, Tarasuk, Fitzpatrick and Ward, 2010). Additionally, household food insecurity is strongly related to mental health. Canadians living in food insecure households are at a greater risk of poor mental health than those living in food secure households, and this risk increases with the severity of food insecurity (Tarasuk, Mitchell, & Dachner, 2013, Jessiman-Perreault & McIntyre 2013). Food insecurity makes it difficult for individuals to manage chronic mental health problems, while mental illness can impede their ability to become food insecure (Lent et al., 2009).

The above findings suggest that women in Nova Scotia are at higher risk for significant health disparities such as chronic disease and social and economic exclusion compared with

women in other areas of Canada (Colman, 2000). Huisken, Orr, & Tarasuk (2017) found that Canadian adults in food insecure households do not have poorer food skills than those in food secure households, which indicates that food insecurity is not rooted in a lack of food skills (Huisken et al., 2017). Moreover, Tarasuk and her team at Proof (Loopstra & Tarasuk, 2013, Sririam & Tarasuk, 2015, Vozoris & Tarasuk, 2003) along with research on food insecurity in NS and (McIntyre et al., 2002, Williams et al., 2012, Williams et al., 2012b, Williams et al., 2012c) elsewhere in Canada (Che & Chen, 2001, Loopstra & Tarasuk, 2013, Sririam & Tarasuk, 2015, Vozoris & Tarasuk, 2003) provide strong evidence of the link between HFI and the underlying structural barriers contributing to their food insecurity. It is therefore imperative to increase our understanding of the complexities of these women's lives, the choices and interrelated health concerns they face, and the resources and support (or lack thereof) presently available to them.

Both poverty and food insecurity are key contributors to social exclusion, by which individuals are deprived of partaking in aspects of cultural, economic, social, and political life (Hamelin et al., 1999, Stewart et al., 2009). Poverty and food insecurity, as well as social exclusion and stigmatization have been identified crucial social determinants of health (Raphael 2007; Stewart et al., 2008, Mikkonen & Raphael, 2010). Food insecurity is associated with experiences of shame, guilt, deprivation and social isolation among low-income women (Hamelin et al., 1999; Power 2005b; McIntyre et al., 2003; Williams et al., 2011, Knezevic et al. 2014). Social stigma and marginalization tend go hand-in-hand with poverty and food insecurity due to the oppressive discourses that place blame on the individual rather than the broader collective factors (Jacobson & Rugeley, 2007). This stigmatization holds broader implications as

it has long-term physical, mental and social effects (Hair et al., 2002) and may affect children developmentally and socially (Hamelin et al., 1999).

Travers (1993) and Foucault (Ingrim, 1994) have identified many forces, such as institutional, cultural, societal, ideological, that shape knowledge and the social relations individuals enter. Institutional Ethnography (IE) is a research approach developed by sociologist Dorothy Smith that has been employed internationally and across many disciplines to explore the social relations that constitute people's everyday lives (DeVault, 2006). Institutional ethnography maps the social relations that coordinate people's activities within institutions (everyday activities usually taken for granted, i.e., buying groceries) as a way to explicate social interactions, solve public problems and address policy issues (Campbell & Gregor, 2004). Institutional ethnography research on the experiences of marginalized individuals that promotes policy change to address household food insecurity (HFI) is lacking; moreover, there is strong evidence highlighting income as being the most influential factor organizing lone mothers' food insecurity (MacAulay, Unpublished, McIntyre et al., 2002, Williams et al., 2012b).

The purpose of this study is to explore the everyday experiences of low-income lone mothers experiencing food insecurity to identify the social relations that occur at an institutional level[1], which may inadvertently contribute to the marginalization of low-income mothers through discourses and power relations. Using IE, this research will explore the link between food insecurity, social stigma and social marginalization, with the aim of contributing to efforts to address HFI through the empowerment of low-income mothers by means of critical inquiry, knowledge and recommendations for policy change.

[1] In this research, the institutional level is considered to be the organizations and structures that, through their policies and procedures, have significant impacts on the lives of individuals in society (i.e., governmental departments).

## Research Question:

How and why do social ideologies, discourses and stigma at the institutional level contribute to the ongoing food insecurity and marginalization of low-income lone mothers in Halifax Regional Municipality?

## Research Objective(s):

**(1)** To explore the "everyday" experiences of low-income lone mothers facing food insecurity in Halifax Regional Municipality with an aim to explicate the ideological and social relations occurring at the institutional or local level that may contribute to ongoing stigmatization and marginalization.

**(2)** To identify the implications of stigmatization and marginalization on low-income lone mothers, the community, and society as a whole, thus stimulating initiatives directed towards affecting policy change related to food security.

**(3)** To use lessons learned from this research to create an understanding of the potential impacts that institutional and local level discourses may have on low-income lone mothers in Halifax Regional Municipality, and to apply these learnings to the development of recommendations for practice, policy and future research.

# Chapter 2: Literature Review

## 2.1 Food Insecurity in Canada and Nova Scotia

Food insecurity is the inability to purchase a quality diet or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so (FAO, 1996). Since 2004, food insecurity has been monitored through the Canadian Community Health Survey (CCHS), a cross sectional survey administered by Statistics Canada that collects health-related information from about 60,000 Canadian households per year. According to the estimates from the CCHS 2012, nearly 13% of households (4 million individuals) in the country experienced some level of food insecurity during the previous 12 months (Tarasuk et al., 2014). Household food insecurity has risen significantly since 2008, and since 2011 an additional 130,000 Canadians were living in food insecure households (Tarasuk et al., 2014). It should be noted that British Columbia, Manitoba, Newfoundland and Labrador and Yukon are not included in the 2014 estimates because they opted out of food insecurity measurement in 2014. In 2014, the prevalence of income-related food insecurity in Canada was particularly high among households led by female lone-parents (33.0%) and those in which income assistance[2] (60.9%) was their main source of income (Tarasuk et al., 2015).

Research unequivocally shows that food insecurity and poverty are pressing issues for many Nova Scotians (Tarasuk et al., 2013, Tarasuk et al., 2015). Of all Canadian provinces, Nova Scotia (NS) has consistently reported some of the highest rates of household food

[2] The Nova Scotia Government's Income Assistance (IA) program provides people in financial need with assistance with basic needs such as food, rent, utilities like heat and electricity, and clothing. The program may also help with other needs such as child care, transportation, prescription drugs, and emergency dental care (Nova Scotia Government, 2013).

insecurity for the past several years (Tarasuk et al., 2013, Tarasuk et al. 2015, Tarasuk et al., 2016) with over 17.5% of all households reporting some level of food insecurity in 2012 (Tarasuk et al., 2014). In that same year social assistance recipients in NS had the second highest rate of food insecurity in the country (82.1%), a close second to Nunavut ranking at 83.3%.

## 2.2 Determinants of Food Insecurity

### 2.2.1 Income and Social Status

As a key contributor to (Vozoris & Tarasuk, 2003), and social determinant of health[3] (McIntyre, 2003; Mikkonen & Raphael, 2010) food security has been highlighted as an essential approach to chronic disease prevention (Heart and Stroke Foundation of Canada, 2008), and more recently the Canadian Medical Association (Canadian Medical Association, 2013). Many factors determine whether individuals and households have adequate access to the food they need to support their health; however, food insecurity is directly linked to what are seen as the most imperative determinants of health: income and social status (Health Canada, 2010). While the complex interactions between income, food insecurity and other social determinants make it difficult to fully understand the independent effect of these factors on health status, evidence does suggest that income inadequacy and food insecurity have negative and interrelated impacts on the health and well-being of Canadians (Tarasuk at al., 2013). It is from this perspective that food insecurity has come to be understood as a function of policies and ideologies that maintain

[3] The social determinants of health are the conditions in which people are born, grow, live, work and age (i.e., income and social status, education and literacy, gender, etc.). These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries. See: http://www.phac-aspc.gc.ca/ph-sp/determinants/#determinants

systems of social inequity, or more specifically, the limited access to, and unequal distribution of, wealth in Canada (Power, 1999).

The influential role of income as a predictor of food insecurity is largely due to the decreasing tendency of Canadians' dependence on individual, household and community production of food and more and more on an increasingly larger system of trade that spans from local, regional, national and now global trade (Lang, 1999; Friedmann, 1991; Michalski, 2003; Morton, Bitto, Oakland & Sand, 2008). The acquisition of this food, at least within Canada and many other developed nations (Lang, 1999) is commonly based on a market system, which depends on the exchange of labour for cash, cash for goods and services, or in this case, food, (Michalski, 2003). Those who do not acquire enough income to meet their basic needs, such as food and shelter are often considered to be living in poverty or to be low income. One-third of households with incomes below Statistics Canada's Low Income Measure (LIM)[4] were food insecure; the lower the household income is in relation to the LIM, the greater the prevalence of food insecurity (Tarasuk et al., 2013).

### 2.2.2 Geographic Location

Although the sociodemographic characteristics of food-insecure households have been well documented (Tarasuk et al., 2013, Tarasuk et al. 2015, Tarasuk et al., 2016), a growing body of literature indicates the importance of neighbourhood characteristics to health (Ellaway & MacIntyre, 1996; Pickett & Pearl, 2001; Curtis, Dooley, & Phipps, 2004; Diez-Roux et al., 2004; Ross, Tremblay & Graham, 2004). It has been proposed that the socioeconomic characteristics

[4] While there is no official measure of poverty in Canada, Statistics Canada's Low Income Measure (LIM) is commonly used in Canada and for making international comparisons. The LIM is 50% of median household income, adjusted for household size - to take into account that a household's needs increase with additional members. See: http://www.statcan.gc.ca/pub/75f0002m/2012002/lim-mfr-eng.htm

of neighbourhoods may affect health through such mechanisms as social support, prevailing attitudes towards health, and the availability and accessibility of health services, recreational facilities or healthy foods (Pickett & Pearl, 2001).

While there is research suggesting that food purchasing behaviours are more a function of the socioeconomic characteristics of individuals and their households than neighbourhood or area characteristics, several studies point to the potential for neighbourhood food retail to affect household food access and food consumption patterns. Research done in the U.S. and U.K. has highlighted significant associations between fruit and vegetable consumption and access to supermarkets (Morland, Wing & Diez-Roux, 2002; Wrigley, Warm & Margetts, 2002; Ross & Richards, 2004; Bodor et al., 2007). Others have examined access to particular types of food retail within neighbourhoods, hypothesizing that because low-income households often lack private means of transportation, their proximity to retail outlets with affordable, nutritious foods affects their food access. 'Food deserts', deprived areas with poor access to healthy affordable food, have been documented in both the U.S. and U.K (Curtis & McLellan, 1995; Alwitt & Donley, 1997; Wrigley, 2002; Wrigley, Warm & Margetts, 2002; Wrigley, Warm & Margetts, 2003).

A Toronto study conducted in the mid-1990s found no significant differences in costs of nutritious food baskets priced in low-income versus mixed-income neighbourhood stores (Toronto Food Policy Council, 1996). However, research carried out in the early 1990s in an urban area of Nova Scotia documented systematically higher food prices in inner-city stores than in stores of the same chains in suburban middle-income areas (Travers, 1996). More recently, Kirkpatrick and Tarasuk (2010) examined twelve high-poverty neighbourhoods in Toronto, Ontario finding that food insecurity was correlated with household factors including income and

income source; however, proximity to food retail or community food programs did not appear to alleviate food security, and high rates of food insecurity were observed in neighbourhoods with good geographic food access. The rural-urban mix in the Atlantic region is dramatically different from that in the rest of Canada, a reality that also affects health outcomes (Hayward & Colman, 2003).

Approximately 20% of the Canadian population lives in rural areas, compared to 44 % in Nova Scotia in 2011 (Statistics Canada, 2015). This thesis project will be conducted in Halifax Regional Municipality, which has both urban and rural areas. The literature has raised questions about the extent to which neighbourhood-level interventions to improve factors such as food access or social cohesion can mitigate problems of food insecurity that are rooted in resource constraints. In contrast, the literature reinforces the importance of household-level characteristics that underlie food insecurity such as financial constraints.

### 2.2.3 Ethnicity

Aboriginal women, visible minority women, and immigrant women in Canada are at particular risk of low income (due to challenges related to educational attainment and employment), marginalization, and discrimination and thus, food insecurity (Health Canada, 2010; Ferrao & Williams, 2011). Both immigrant women and visible minority women were more likely to work part-time than Canadian-born and non-visible minority women (Statistics Canada, 2011). Women in part-time employment often have lower job security, lower hourly wages and may also be less eligible for benefits such as extended health care and pension plans (Lahey, 2005; Statistics Canada, 2011; Catalyst, 2012).

Aboriginal women living off-reserve in Canada experience over twice the rate of mild food insecurity, over three times the rate of moderate food insecurity, and over four times the

rate of severe food insecurity compared to non-Aboriginal women (Willows et al., 2009). More Aboriginal women (aged 15 years and older), were lone parents (18%) than non-Aboriginal women (8%) (Statistics Canada, 2011). Income and food costs become more powerful determinants of food selection due to wide spread poverty and reliance on social assistance in many Aboriginal communities (Willows, 2005a; Willows et al., 2009). Food insecurity in remote First Nations communities is exacerbated by many factors: high incidence of poverty (Willows et al., 2009), environmental contamination of traditional food sources (Donaldson et al., 2010), loss of traditional food practices and access to land, unreliable food supplies, and high cost and reduced availability of healthy food choices (Ford, 2009; Power, 2007; Power, 2008; Socha, Chambers, Zahaf, Abraham, & Fiddler, 2011; Socha, Zahaf, Chambers, Abraham, & Fiddler, 2012; Thompson, Kamal, Alam, & Wiebe, 2012).

Food insecurity for Aboriginals, immigrants, and other visible minorities, particularly women, is a real issue for Canada. As ethnic communities become more modernized, an increase in wage employment combined with a decrease in subsistent activities helps to create a situation of traditional food insecurity for more people (Duhaime & Bernard, 2002). Food security involves the care of traditional food systems in a sustainable manner to ensure that peoples of various ethnicities continue to have physical access to their nutritionally, culturally and spiritually important foods (Duhaime & Bernard, 2002). Ethnicity adds an additional layer to one's food insecurity, and although it would be interesting to explore how ethnicity impacts the lone mother's food insecurity and social marginalization, it may be difficult to engage enough women from various ethnic groups to be able to explore ethnicity within the scope of this project. Nonetheless, ethnicity and cultural beliefs of the lone mothers are important to take into consideration at all stages of this project.

## 2.3 Women, Poverty and Food Insecurity

### 2.3.1 Food Insecurity and Low-income Women/Mothers

Neoliberalism is an ideological stance that supports the lessening, and ideally the abolishment of state intervention in the market place and the lessening or abolishment of taxes, increased privatization of public infrastructure and the commodification of human services (Vadoillancourt et al., 2004). Neoliberalism has also worked to create a discourse within our society that holds the general vision that "every human being is an entrepreneur managing [her] own life, and should act as such" (Treanor, 2003 p-10).

Socioeconomic inequalities in health are a key public health concern (Siegrist & Marmot, 2004). People of higher socioeconomic status (SES) live longer, enjoy better health and suffer less from disability, while those of lower SES die younger and suffer a greater burden of disease and disability (Marmot et al. 2008). Within the current neoliberal model, it has been harder for women to have better quality and better paid jobs, to address inequality in unpaid care work, which is typically done by women; moreover, women's influence and decision-making power is constrained (Kabeer, 2008). Worldwide, women are at a greater risk than men in being subjected to poverty (UN Women, 2015). In 2016, instead of improving, gender inequality in the economy reverted to where it stood in 2008 (World Economic Forum, 2016). At the current rate of progress, it will take 170 years for women to be employed at the same rates, paid the same for equal work, and have the same levels of seniority at work as men (Kabeer, 2008).

In 2007, despite record low rates of poverty nationwide, female lone-parent families still experienced rates of poverty as high as 21%, compared with 7% for those living in male-headed lone-parent families and significantly more than that reported among couple-led families (2%) in

the same year (Statistics Canada, 2015). In Nova Scotia, 8.6% of women aged 18 years or older were reported to be living below the poverty line; compared to 7.8% of men of the same age group (Statistics Canada, 2008).

Upholding the above data regarding food insecurity and women, are regional estimates resulting from an analysis of a same sample of 141 low-income, lone-mothers living in one of the four Atlantic Provinces previously described in studies by McIntyre, et. al. (2003) and Glanville and McIntyre (2006). In this investigation, the Cornell-Radimer Questionnaire was used to assess the occurrence of food security and hunger over the past year among this population group. Given that income assistance (welfare) was named as the primary source of income for a near 90% of women studied, as expected, the experience of food insecurity was virtually universal across this group; with food insecurity being reported in the previous month in 76% of women and their families. Interestingly, upon the use of stepwise multiple logistic regressions, one of two independent predictors of child or maternal hunger over the past year was Nova Scotia residency, the other being a maternal age over 35 years (McIntyre et. al. 2002).

A critical approach to women's poverty suggests a deeper complexity of the experiences of food insecurity among women stemming from universal gender inequalities and biases within households, labor markets and socio-political systems render women more vulnerable to poverty than men. Aside from labours to achieve equality within these systems, gender disparities still exist in Canada and Nova Scotia, illustrated not only through noteworthy gaps in men's and women's earnings, but also in the positions in which women are most likely to be employed (Townson, 2009). In her exploration of the evolution of gender pay differences in Canada, Drolet (2002), found that irrespective of actual work experience, education by major field of study, job responsibilities and more accurate measures of productivity-related factors, men still enjoy a

wage advantage over women; with women's average hourly wage rate only representing between 82 % to 89.4 % of that of their comparable male counterpart. Statistics Canada data further support this; in 2014, on average, full-time working women in Canada earn only 74 cents for each dollar earned by men (Statistics Canada, 2014). Additionally, examinations of the types of jobs occupied by women show that over three times as many women as men are working part-time in Canada (Townson, 2009) while Nova Scotian women represent nearly 66% of all minimum wage earners (Saulnier, 2009). The number of women working part-time and for minimum wage is of particular concern, given that in both of these employment conditions women are likely to be paid at wages below Canada's unofficial poverty line, as indicated by Canada's after-tax Low-Income Cut Off s (LICO) (Townson, 2009).

### 2.3.2 Health Impacts of Food Insecurity on Women

A growing body of evidence suggests that the inability to afford a healthy, nutritious diet has a negative impact on the physical and mental well-being of individuals of all ages (Tarasuk et al., 2015). Food security is directly linked to the most important determinants of health, income and social status (Mikkonen & Raphael, 2010). Additionally, household food insecurity is strongly related to mental health. Canadians living in food insecure households are at a greater risk of poor mental health than those living in food secure households, and this risk increases with the severity of food insecurity (Tarasuk et al., 2013, Jessiman-Perreault & McIntyre 2013). Food insecurity makes it difficult for individuals to manage chronic mental health problems, while mental illness can impede their ability to become food secure (Lent et al., 2009). While interactions between income, food insecurity and other social determinants make it difficult to

fully understand the independent effect of these factors on health status, a wealth of evidence does suggest that income inadequacy and food insecurity have negative and interrelated impacts on the health and well-being of Canadians (Vozoris & Tarasuk, 2003; Health Canada, 2010).

Population based data tell us that low-income Canadian adults have higher rates of mortality and morbidity and are more likely to die at an earlier age than those Canadians of higher-income brackets - regardless of age, sex, race, and place of residence (McIntosh, Finès, Wilkins & Wolfson, 2009). Similarly, other research suggests that households reporting food insecurity are more likely to report poor or fair self-rated health, poor functional health, restricted activity and multiple chronic conditions compared with those households that are considered food secure (McIntyre et. al., 2000; Seligman et al., 2010, Tarasuk et al. 2013, Vozoris & Tarasuk, 2003; Che & Chen, 2001). In a market economy, income is critical to being able to secure an adequate supply of healthy food. Income is highly dependent on an individual's ability to work, their job skills and education, availability of work in the job market, need for day care and working conditions (Mikkonen & Raphael, 2010). High living expenses, in particular housing costs, can also influence the income available for food (Mikkonen & Raphael, 2010).

In addition to poor health outcomes, investigations into the consumption patterns of Canadians reveal potential associations between food security status, income level and nutritional adequacy. Analyses of population-based health data in Canada indicate that food insecurity is systematically linked to lower nutrient intakes and higher estimated prevalence of nutrient inadequacy among adolescents and adults, including marked differences in protein, fiber, vitamin A, vitamin C, thiamin, riboflavin, vitamin B6, folate, vitamin B12, magnesium, phosphorus, zinc, and iron (Kirkpatrick & Tarasuk, 2008b). Low intakes of these nutrients correspond with the limited consumption of certain food groups, particularly milk and milk

products and fruits and vegetables (Kirkpatrick & Tarasuk, 2008b; Williams, McIntyre & Glanville, 2010). Interestingly, despite purchasing significantly fewer servings of milk products and fruits and vegetables, it has been observed that low-income households tend to spend a larger proportion of their food budget on these foods than do higher income groups (Kirkpatrick & Tarasuk, 2003). This suggests that healthy foods are no less a priority among those with constrained resources, but are instead a function of one's socioeconomic position, with strong relations to household income adequacy (Kirkpatrick & Tarasuk, 2003; Tarasuk, Fitzpatrick and Ward, 2010).

Food security status is undoubtedly a factor influencing women's ability to consume an adequately nutritious diet. As household resources deplete, the dietary intakes of low-income women have been shown to exhibit significant declines, though varying in magnitude in conjunction with more severe levels of household food insecurity (Tarasuk, 2001c; Tarasuk, McIntyre & Li, 2007). Based on a study of 182 food insecure women who received the bulk of their income in one monthly check, the intakes of women with moderate or severe food insecurity tend to show significant declines in energy, carbohydrate and fruit and vegetable intakes as household resources diminish, no similar patterns are apparent among those classified as either food secure or marginally food insecure (Tarasuk, McIntyre & Li, 2007). Grounded in such findings, Tarasuk, McIntyre & Li (2007) propose that women's food security status reflects their resilience or vulnerability to deteriorations in dietary intakes; with intakes of those characterized by more severe levels of food insecurity the most sensitive to changes in household economic resources.

Further evidence of the nutritional implications of food insecurity is provided by the analysis of dietary intake among a previously denoted sample of 141 low-income, lone-mothers

living in Atlantic Canada. In that analysis, Glanville and McIntyre (2006) found that when compared to Canada's Food Guide to Healthy Eating (CFGHE), the intakes of almost 95% of mothers did not meet their needs for grains and fruits and vegetables, and a near 80% did not meet their recommended daily intakes of meats and milk products (Glanville, Williams & McIntyre, 2010;). In addition to this, consistency in measures of low intakes of milk products among food insecure women (Tarasuk, 2001c; Tarasuk, McIntyre & Li, 2007; Glanville & McIntyre, 2006) have set the stage for subsequent research, indicating that low-income women's milk consumption is highly income-sensitive (Glanville & McIntyre, 2009; McIntyre, Williams & Glanville, 2007; Williams, McIntyre & Glanville, 2010).

Compromised dietary intakes among food insecure women are likely to lead to deficiencies in a number of important vitamins and minerals. In one of the only analyses of nutrient intakes and household food security status among low-income women in Canada, Tarasuk and Beaton (1999) found that even after consideration for economic, socio-cultural, and behavioral influences on dietary intakes, women who report hunger in their households have an increased prevalence of inadequacies in excess of 15% for Vitamin A, folate, iron and magnesium (Tarasuk & Beaton, 1999). Moreover, among these women, estimated group mean calcium intakes were shown to be only 75% of the 700 mg/d proposed as suitable by Health Canada at the time that study was completed (Tarasuk and Beaton, 1999). Notably, data from Tarasuk and Beaton's study (1999) reflect patterns, food supply and recommended dietary intakes of Canadians from more than a decade ago, factors which have undoubtedly undergone significant changes since this time. However, more recent investigations into the relationship between nutrient intake and income adequacy, such as that completed by Tarasuk, McIntyre and Li in 2007, suggest marginally significant linear declines in energy, carbohydrate, vitamin B-6

and calcium intake by food security status relative to the time since receipt of a monthly income check. As such, the association between food insecurity and nutrient deficiency portrayed by Tarasuk and Beaton in 1999 are still likely to reflect the current negative nutritional implications faced by low-income women with limited food access.

The literature suggests that food insecure children may be protected from the nutritional impacts of an insecure supply of food at home but not the health consequences. Diets of food insecure mothers are consistently worse than their children, which indicates that mothers may restrict their own food intakes to spare their children (Radimer et al., 1992; McIntyre et al., 2003). However, children living in poverty lack opportunities due to the stigma of being poor, and they tend to live in lower quality housing, which affects their health and school success (Frank, 2010). Food insecurity affects children's academic performance, weight, and social skills, as well as, limits their activity levels and thus contributes to obesity (McIntyre, Connor & Warren, 2000; Jyoti, Frongillo & Jones, 2005; Florence, 2008). Childhood food insecurity is linked with long-term adverse health consequences, including poor general health (McIntyre, Walsh & Connor, 2001), and increased depression and suicide ideation in adolescence (McIntyre et al., 2012).

## 2.4 Food Insecurity and Stigmatization

### 2.4.1 Women's Care Work, Societal Discourse and Stigmatization

Food is a material symbol of both being able to provide basic needs and to nurture one's children (Devault, 1991). However, food can also be a way through which to understand the extensive care work involved in raising and caring for children. Embedding the provisioning of food within the context of care work is crucial, because this understanding can reveal how the

mothers experience, internalize, resist, and negotiate structural forces such as social policy and societal discourse. For example, how do mothers experience societal expectations of what constitutes a 'good mother' within their material constraints? How does the provisioning of food, amongst other care work, help mothers to achieve or fail to achieve the status of a 'good mother'? Women's socially mandated role of caregiving is influenced by structural forces and subsequently played out at the everyday household level (McDowell, 1999).

Dixon and Jones (2006) provide a useful framework through which to understand women and care work. They identify three interconnected types of feminist research—*gender as difference*, *gender as a social relation*, and *gender as a social construction*. Due to relevancy to this thesis project, this literature review will focus on the latter two forms of gender analyses, *gender as a social relation* and *gender as a social construction*. *Gender as a social relation* is a particularly useful lens to begin understanding how patriarchy—the systematized suppression of women and children by both men and women—influences and directs the lives of women. Through patriarchy, normative assumptions that restrict women to the home and caregiving roles become a 'natural' part of the social order (Dixon & Jones, 2006; McDowell, 1999). Public and private spaces, such as work and home, become coded as male and female, spatially cementing the division of labour between men and women (McDowell, 1999). *Gender as a social construction* is reciprocally related to *gender as a social relation* through its employment of discourse as a means to frame gender relations in a specific way (Dixon & Jones, 2006). Understanding where gender roles are socially constructed and how these roles play out in everyday life can illuminate not only how women's lives are constrained by discourse, but also how women have agency in their lives (Devault, 1991).

These understandings of gender are particularly significant for lone mothers, as they are based on a power imbalance and surveillance, both by social structures (e.g. income assistance and child protection agencies) and others in society. Elsewhere in the literature, lone mothers describe living in constant fear that their case workers may cut assistance for not abiding by their extensive, and often times arbitrary, rules, or that their neighbours may call Children's Aid on them for being inadequate mothers (Power, 2005b; McIntyre et al., 2003). For mothers who did not live in fear, they felt constantly judged as inadequate mothers by the general public and professionals, such as nutritionists, with whom they interacted (Travers, 1996; Williams et al., 2012b). However, these mothers were also implicated in perpetuating patriarchy and hegemony when performing surveillance and judging other lone mothers in similar situations. When rationalizing their own actions, some lone mothers, depending on their own situation, would either criticize other lone mothers for working and being away from their children, or criticize them for being with their children and not working (Gurstein & Vilches, 2010; McIntyre et al., 2003; Power, 2005b; Weigt, 2006). This is a form of hegemony, which is a subtle yet powerful diffusion of ideology that soon becomes common sense and popular opinion; the process is a "passive adaptation by the led to the worldview developed by those who lead" (Liguori, 2009, p.130). As Boggs writes, this popular opinion has a depoliticizing effect and serves the ruling classes in that it:

> *...mystifies power relations, public issues and events; it encourages a sense of fatalism and passivity towards political action; and it justifies every type of system-serving sacrifice and deprivation. In short, hegemony works in many ways to induce the oppressed to accept or 'consent' to their own exploitation and daily misery" (Boggs, 1976, p.39-40).*

Patriarchy is both informed by and perpetuated through discourse. Throughout the literature's accounts of their experiences, lone mothers negotiate and balance two discourses: the mothering discourse, dictating a mother's natural role as a caregiver and nurturing figure, and the neoliberal[5] 'active citizen' discourse, which defines citizenship as self-reliance fostered by working outside of the home so that one is able to participate through consumption (Weigt, 2006; Power, 2005b; McIntyre et al., 2003). Whether working or on income assistance, lone mothers were forced to simultaneously fulfill both the socially constructed 'mothering' role of caring and the 'fathering' role of providing materially within financial constraints. This providing role embodies the 'active citizen' discourse, rendering the 'mothering' role—and, subsequently, the 'mothering' discourse—incompatible with the 'active citizen' discourse. This incompatibility of role and discourse results in lone mothers feeling stressed and degraded by their inability to achieve either ideal. Instead of implicating structural forces and systems of oppression that contributed heavily to their material and financial constraints, many lone mothers provided a very neoliberal response, explaining that their own inability to cope was at the root of their problems (Weigt, 2006).

The stigmatization that accompanies the many aspects of food insecurity may stem from individual ideals, previously described as working within neoliberal policy frameworks, specifically those that put the burden to achieve food security and nutritional health on the individual (Travers, 1996). Nutritional education material and approaches continue to be based on individualistic ideals that translate scientific knowledge into recommendations to be disseminated to the broader society, which has been unable to address and take into

[5] The term neoliberal is nowadays used on by some as disapproval for policies that deregulate the private sector and increase its role in the economy. The term is used mainly by those who are critical of legislative market reforms such as free trade, deregulation, privatization, and reducing government control of the economy (Boas & Gans-Morse, 2009).

consideration the complexity of issues that impact on nutritional intake (Travers, 1997, Achetburg & Miller, 2004). Although this type of approach has some merit in that it allows for recommendations to be put forth to the public that are intended to improve an individuals' health, such approaches to nutrition education assume that each individual has both the responsibilities and ability to follow such instructions. This manner of nutrition education inherently assumes that all prerequisites required for food security, such as access to transportation, and more influential, adequate income, are accessible by all. With still a vast amount of the Canadian population (Health Canada, 2012) and as well as the Nova Scotian population reporting food insecurity (Health Canada, 2012) this is clearly not the case. It should also be noted that, although no specific studies were found that document nutrition knowledge, studies with parents from low income households in Quebec (Hamelin, Beaudry & Habicht, 2002) and story sharing workshops in Nova Scotia (Johnson & Williams, 2005; Williams et al 2012; Williams 2014) indicate parents felt frustrated by not being able to purchase foods they knew were healthy clearly indicating that their nutrition knowledge was not the issue that needed to be addressed. Individualized approaches to addressing the nutritional inequities of food insecurity do little to address the underlying determinants of this situation most notably adequate income. Recognizing this, Travers (1997) has made strong arguments that nutrition professionals must move beyond educating individuals with regards to how to eat to be physically healthy: to make significant improvements in nutritional health and well-being practitioners, professionals, and educators must work to identify societal problems impacting certain populations and move to make change at the societal, rather than individual level change (Travers, 1997).

### 2.4.2 Psychological Health and Social Isolation

Food insecurity can manifest as a profound lack of control and choice leading to feelings of powerlessness, inequity and frustration (Hamelin & Beaudry, 2002). Food insecurity impacts psychological well-being and leads to anxiety and feelings of hopelessness and helplessness, and people experiencing food insecurity also report poorer social support and more often major depression (Vozoris & Tarasuk, 2003; Johnson & Williams, 2005). Those experiencing food insecurity are socially excluded from regular market channels of food access (Dachner & Tarasuk, 2002) and from participation in normal social activities (i.e., public events, exercise programs) (Power, 2005b).

In addition to compromised physical and nutritional health, the psychological and social consequences of economic disadvantage of food insecurity are numerous. When compared to those who are food secure, food insecure women are more likely to report experiences of depressive episodes (Casey et.al., 2004; Whitaker, Phillips & Orzol, 2006; Tarasuk, 2001b), generalized anxiety (Whitaker, Phillips & Orzol, 2006) and increased levels of distress (Tarasuk, 2001b). Equally as concerning, are reports from food insecure women in Nova Scotia, describing feelings of stigmatization and judgment from other community members and organizations because of their inability to provide their family with enough healthy foods (Williams et. al., 2012b). The feelings expressed among these women correspond with previously indicated research in Canada, which suggests that for at least some low-income households, food insecurity is linked to a clear feeling of being constrained to go against one's norms and values and is often related to a number of psychological perturbations such as loss of dignity as well as feelings of sorrow and hurt (Hamelin et. al., 2002).

Interrelated to the negative social and psychological reactions of food insecurity, are the experiences described by women living in poverty including feelings of being deprived, judged or degraded, guilty, isolated, dependent, and despondent (Knezevic et al., 2014, McIntyre, Officer & Robinson, 2003). Critically, in her study of lone-mothers living on income assistance in rural Nova Scotia, Power (2005b) describes the ruling nature of poverty, including the ways in which low-income women living on income assistance are constructed and disciplined as the 'Other' - a flawed citizen within society without the financial resources to participate in consumer society. Even more disconcerting, was awareness among women of Power's (2005b) study of the negative of ways in which they felt they were being perceived by those around them. These negative perceptions were epitomized by labels such as 'welfare bum', which women of Power's (2005b) study viewed as referring to someone who was lazy and irresponsible, who was getting something undeserved (Power, 2005b). Experience of such stigmatization was further highlighted by Reutter et al. (2009), where low-income Canadians spoke of being labeled and treated differently by others of higher income status. These stereotypes were described by Reutter et. al. (2009) as being both overt and covert, encompassing both the perception and enactment of stigmatization experienced among these participants. For these low-income households, stigmatization was perceived to have severe consequences on their mental health, illustrated through reported feelings of depression and low self-esteem arising in the context of feeling inadequate and not being cared for or respected by others (Reutter et. al., 2009).

In response to such stigma, much like the strategies previously discussed in relation to coping with food insecurity (McIntyre, Connor & Warren, 2000; Tarasuk, 2001b), participants of Reutter et. al.'s (2009) employed a number of tactics to protect themselves from the negative implications of poverty – including disregarding responses from others, withdrawing or self-

isolating themselves from others, engaging in cognitive distancing and employing efforts to conceal their financial situation. However, despite such attempts to counteract and reconcile their experiences, Reutter et. al. (2009) note that such coping strategies are likely to contribute to further social exclusion of these individuals from mainstream society – resulting in added detriments to their health and well-being.

## 2.5 Food Insecurity Initiatives in Canada

Due to the multifaceted nature of food insecurity, many different types of strategies aim to address both its root causes and immediate consequences. These strategies fall along several stages of a strategy continuum: 1) Efficiency (also known as Reformist or Short-term Strategies); 2) Substitution (also known as Transitional Demand Strategies); 3) Individual/Community Skill Building Strategies); 4) Capacity Building Strategies; and 5) Redesign (also known as Radical Restructuring or System Change Strategies) (Toronto Food Policy Council, 1994; Kalina, 2001; AHPRC, FRC/P & NSNC, 2005).

### 2.5.1 Efficiency/Short-term Strategies

Actions that fall into the first stage strategies are directed towards finding short-term solutions for addressing food insecurity; making minor changes to existing practices to help create an environment somewhat more conducive to the desired change (Toronto Food Policy Council, 1994; AHPRC, FRC/P & NSNC, 2005). These strategies usually involve creating emergency food programs such as food banks, children's feeding programs and soup kitchens and are commonly referred to as "Band-Aid" measures (AHPRC, FRC/P & NSNC; Kalina, 2001). Although well intended, these strategies are often ineffective in addressing food

insecurity. An ethnographic study in Southern Ontario examining the function of extra governmental, charitable food assistance programs in relation to problems of unmet food related needs (Tarasuk & Eakin, 2003) suggested that those who accessed these venues did not acquire the types and amounts of food they needed. Food received through these venues was largely a symbolic gesture; and food banks, overall, lack the capacity to response to the food needs of those who sought assistance (Tarasuk & Eakin 2003). Tarasuk and Eakin concluded that because the distribution of food assistance did not meet the true needs of the client, the clients' needs were made invisible. It was felt that this invisibility of the realities of food insecurity resulted in little initiative for communities and governments to take true and substantive action to address the underlying issues of food insecurity (Tarasuk & Eakin 2003).

### 2.5.2 Substitution/Transitional Demand Strategies

Substitution (Transitional demand) strategies focus on the replacement of one practice, characteristic or process by another, or the development of a parallel practice or process in opposition to one identified as inadequate. Examples in this case would be replacing a food bank with a community food market or developing a green infrastructure financing program to replace existing government job creations programs focusing on roads and sewers construction (Toronto Food Policy Council, 1994).

### 2.5.3 Individual and Community Skill Building Strategies

Actions that fall within this stage move beyond looking for quick responses to hunger and food insecurity and focus more on individual capacity building, by improving individuals' skills

to address the issue (AHPRC, FRC/P & NSNC; Kalina, 2001). Examples of strategies that fall within this section include community gardens and kitchens, which serve to increase awareness and mobilize communities (AHPRC & NSNC, 2003). Overall, however, these programs do not address the root problems of food insecurity, such as poverty. Instead they retain a focus on accessing food much like that of short-term relief strategies (Power, 1999). Furthermore, by charging participation fees, some of these programs exclude those most in need (Tarasuk & Reynolds). Additionally, community food programs, including food banks, soup kitchens, community kitchens, food buying clubs or community gardens, are not used by the majority of food insecure households (Kirkpatrick & Tarasuk, 2009, Loopstra & Tarasuk, 2015, McIntyre et al., 2012, Tarasuk, 2001). One Canadian study compared National Longitudinal Survey of Children and Youth data from 1996/97 versus 2006/07, to determine if household coping strategies for child hunger had changed over a decade (McIntyre et al., 2012). Results indicated that the use of food banks and other community resources as a method of coping with child hunger had remained static despite an increase in the number of national food banks/affiliated agencies in Canada (2,141 in 1998 vs 3,540 in 2007). In contrast, there was more reliance on coping strategies internally, such as reducing household food variety to manage child hunger (17.6% in 1996/97 vs 35.1% in 2006/07). The authors concluded that community outreach programs had little impact on coping strategies used over that decade and that these initiatives had failed to reach these families (McIntyre et al., 2012).

### 2.5.4 Capacity Building

Capacity building strategies address food insecurity through a process with an underlying goal of implementing policies and systems that support community health and well-being (AHPRC, FRC/P & NSNC, 2005, Johnson & Williams, 2005). These approaches are built on the

assumption that collaboration between those affected by an issue and those who can have an ability to influence it has potential for more effectively addressing the issue. One of the main goals of this type of strategy is to mobilize communities and/or individuals 'to organize and participate in influencing and developing public policy through system change strategies' (AHPRC, FRC/P & NSNC, 2005p. 17). Unlike the previous strategies mentioned, capacity building strategies are more effective in making sustainable improvements to food security (AHPRC, FRC/P & NSNC, 2005, Johnson & Williams, 2005, Monteith, 2011). The Participatory Food Costing Model in Nova Scotia, through its work with engaging community partners, including those affected by food insecurity, in all stages of the research, is one example of a capacity building strategy (Williams et. al, 2012a). Since 2001, partners from Nova Scotia have undertaken Participatory Food Costing, assessing the cost of a basic nutritious diet for families and individuals of various age and gender groups and applying these findings comparatively to basic living expenses, current wages and income supports in order to assess the affordability of a nutritious diet in NS (Williams et al., 2012a). The participatory food costing model has provided people experiencing food insecurity with a mechanism for sharing their voices (Williams et al., 2012b). By valuing different ways of knowing, the project has facilitated dialogue on the broad and interrelated determinants of food security and mobilized knowledge that reflects these perspectives (Johnson & Williams, 2005, Monteith, 2011, Williams et al., 2012a). The participatory food costing model has been at the forefront of provincial and national efforts to address food insecurity.

### 2.5.5 Redesign/System Change Strategies

While good intentioned, food assistance programs and community-based strategies to build food security are limited in their ability to address the underlying causes of poverty and food insecurity (Tarasuk, 2001b; Williams et al., 2003). To create food security, broader system level changes are required (Tarasuk, 2001b).

System change strategies aim to change policies and make improvements in order to build food security (Tarasuk, 2001b). By not simply focusing on food policies, but rather on social and economic factors that cause poverty, system change strategies have a greater potential to improve access to food (Tarasuk, 2001b). Collaborative actions, by multiple community organizations and government agencies, are required in order to develop effective policies to address food insecurity (Williams et. al., 2012a). As many of the policies with the greatest influence on food security are outside of the realm of health (e.g. income supports, childcare, and minimum wage policies), the long-term realization of food security requires the contributions of multiple stakeholders from various sectors for change. A recent framework developed by the Nova Scotia Poverty Reduction Strategy Coalition identifies key systems changes in public policy and program supports that would support a reduction in poverty and thus an increase in food security due to greater access to food. Key recommendations include access to transportation, affordable housing, Income Assistance and minimum wage rates increased to a livable income and indexed to inflation, and equal access to education and training opportunities, regardless of financial situation (Nova Scotia Poverty Reduction Strategy Coalition, 2007).

### 2.5.6 Participatory Approaches in Addressing Community Health Inequities

This project will apply principles of participatory action research (PAR), insofar that it is possible. Participatory action research is a collaborative approach to research that involves the

active participation of those who are most affected by the issue of concern (in this research food insecurity), with the underlying goal of influencing policy change (Vasquez et al., 2007). Although PAR typically aims to include participants in all aspects of the research process, due to limitations such as the researcher not being able to recruit until after the proposal development stage and ethics approval, by which the concepts for the project will have already been developed, this project will take approaches from PAR rather than being defined as a PAR project. The PAR approaches this project will follow are outlined below.

The very nature of PAR is that it involves an action element as part of the research process. Participatory Action Research originates from the adult education movement led by Paulo Freire and is explicitly political with the aim of human liberation (Esterberg, 2002). A central objective of PAR is to create knowledge based on the experiences of the people that face inequities and to promote social change (Esterberg, 2002). Usually PAR involves an education or mutual learning component often with multiple dialogue sessions in which participants (of the same or different backgrounds) share and discuss their experiences, leading to consciousness raising. Consciousness raising involves the development of critical knowledge, in which participants begin to see the structures in society that led to their oppression and then they discuss potential ways to change these social structures (Travers, 1997). The process of PAR leads to capacity building, increased self-efficacy and empowerment among participants (Travers, 1997).

Participatory approaches are differentiated from more 'traditional' forms of research and practice in terms of the participation and influence of diverse (and more specifically non-academic) partners in the process of creating knowledge (Israel, Schulz, Parker & Becker, 1998). This means researchers acknowledge, respect, value and privilege local knowledge, voices which

are often subjugated and marginal in the deliberations of mainstream policy and program planning (Horowitz, Robinson & Seifer, 2009). By working together on issues of identified importance to the community, it has been suggested that results will be relevant and directly applicable to the problems at hand in order to change and improve them (Wadsworth, 1998).

The successes of participatory approaches in addressing community health inequities and mobilizing communities around public policy change have been well documented in the United States (US), the United Kingdom (UK) and Canada. Researchers have shown participatory approaches to be effective in research and community-based health interventions that have led to healthy public policy change relative to chronic disease management, including diabetes (Vásquez et. al., 2007) and cancer (Peterson, Minkler, Vásquez & Baden, 2006) as well as issues of environmental justice (Minkler, Vásquez, Takik & Peterson, 2008) and health (Minkler, Brekwich, Vásquez & Shepard, 2006) Importantly, within the context of the proposed research, participatory approaches have also been shown to be beneficial in addressing issues of income related barriers to food access that are inextricably linked to the experience of food insecurity in Canada. Overall, participatory approaches to health promotion[6] have shown potential in terms of effectively addressing public policy change by engaging multiple stakeholders – including those directly affected by an issue and those who have an influence on policy implementation and development (Minkler, 2000, Wallerstein & Duran, 2006, Williams, 2014).

This research project is situated at the Food Action Research Centre (FoodARC, NS), where work has taken place over the past decade and a half with family resource centres (FRC) and women with first-hand experience with food insecurity using participatory approaches to

[6] Health promotion is defined as the process of enabling people to increase control over their health and its determinants, and thereby improve their health. The primary means of health promotion occur through developing healthy public policy that addresses the prerequisites of health such as income, housing, food security, employment, and quality working conditions.

food costing under the Voices for Food Security in Nova Scotia Project (Formerly called Participatory Food Costing) (Newell et al. 2014, Williams et al., 2012a, Williams et al., 2012b, Williams et al., 2012c). In general, food costing entails collecting information on the cost of foods that make up a basic nutritious diet, and as part of Voices it has involved examining the affordability of a basic nutritious diet for families of various sizes and income sources in NS, including those who rely on minimum wage earnings, Income Assistance and public pensions (Williams 2014); a forthcoming publication by Frank et al. and previous work by Amero (2010) has examined the affordability of a basic nutritious diet among pregnant and breastfeeding women. Unlike traditional practice, where professionals undertake all steps of the food costing research, Participatory Food Costing (PFC) uses participatory action research (PAR) methodology (Williams et al., 2012).

As described by Williams (2014) six cycles of PFC have been undertaken by the project partners between 2002 and 2014; following each cycle a report entitled Can Nova Scotians Afford to Eat Healthy? (e.g., Nova Scotia Food Security Network and Food Action Research Centre (FoodARC) 2013; Mount Saint Vincent University and Nova Scotia Food Security Network 2011) is developed through iterative processes including consultations with government and community partners. Findings from the report are formally released and communicated through a number of channels (academic, community and government) with the support of project partners. In addition to this primary report, the knowledge produced through PFC has been shared by a variety of communication strategies such as briefing notes, academic and community publications and presentations, workshops, social networking, media coverage and partner websites at local, provincial, national and international levels (Williams 2014). The research has explored the role that PAR plays in creating the conditions for the development of

personal and collective agency for addressing three sets of relations of power - the material, institutional and discursive - that impact food insecurity, and has contributed to improved conditions for addressing food insecurity in NS (Williams, 2014). Research at FoodARC (Knezivic et al., 2014, Williams et al., 2012a) has also explored the link between HFI, social stigma, and social marginalization among low income lone mothers in NS. Mothers experiencing HFI expressed feelings of inferiority and powerlessness, while simultaneously feeling judged and excluded by others in society (e.g. IA case workers, food bank workers) (Knezevic et al., 2014, Williams et al., 2012a). The above work has shown that through involvement in participatory action research women experiencing HFI develop individual and collective agency (Williams, 2014). Moreover, this research has influenced policy at multiple levels, most notably, with respect to improved conditions for addressing food insecurity in NS (Williams, 2014).

It is anticipated that having low-income lone mothers actively involved in components of this research will have contributed to their empowerment by means of critical inquiry, capacity building, and recommendations for policy change.

### 2.5.7 Photovoice Approaches in Addressing Community Health Inequities

Arts-based research combines scientific inquiry with the creative and imaginary qualities of the arts, such as photography (Cole & McIntyre, 2003). Incorporating art into a research project can be a useful strategy for developing capacity to communicate research findings to a diverse audience such as community leaders, human service and health professionals, the general public and the media (Washington and Moxley, 2008). Leavy (2009) suggests that arts-based research is more accessible to a diverse audience compared to other forms of more traditional research, because it is free from discipline-specific jargon and other prohibitive (or elitist)

barriers. Use of the arts in research can result in emotionally arousing portrayals of experience that inform action and can enrich the public's understanding of complex social issues (Washington & Moxley, 2008). Arts-based research also tends to involve a participatory-type research approach in which the participants are engaging in data collection by creating artwork that is being used as data, and raising critical discussions about social issues (Leavy, 2009). While it may be beneficial for researchers engaging in arts-based research to have formal training in the art form they use to represent research data, Woo (2008) suggests that the most important attributes of an artist-researcher include having an open-mind, a tolerance for criticism and a willingness to learn.

Photovoice is a visual methodology and a form of arts-based research that uses participant-employed photography in order to explore individuals' and communities' experiences of social phenomena with the intent of bringing about awareness and social change (Wang & Burris, 1997). This methodology was developed by Wang and Burris (1997) and "uses the immediacy of the visual image to furnish evidence and to promote an effective, participatory means of sharing expertise and knowledge" (p.369). Thus, participants assume the role of educating researchers and others as to what it is like to live under certain social conditions. Photovoice has been successfully used in health promotion research with marginalized populations (Wang, Burris & Ping 1996; Carlson et al. 2006). Thus, the existing research that has incorporated a Photovoice approach demonstrates its usefulness in investigating complex topics about which little is known.

Drawing on principles from feminist theory and critiques of documentary photography, as well as Freire's work on education for critical consciousness (Wang 1999), Photovoice as a methodological approach seeks to accomplish a variety of goals. First of all, Photovoice builds

on feminist theories that advocate for research "by and with women instead of on women in ways that honour women's intelligence and value knowledge grounded in experience" (Wang 1999, p.185-6). Thus, Photovoice draws upon the participatory and feminist principles discussed elsewhere in this literature review, including involving participants in the research process, valuing their experiences and knowledge, and promoting change and advocating for participants (Wang, 1999). Specifically, participants determine the focus of research through taking photographs that reflect their social realities and sharing the meanings of their photographs and stories about their lives. Thus, the photographic process is central to the inclusion of participants. The photographs and their meanings can then be used to bring about awareness of the issues that participants face and to illustrate to powerful others that improvements in programs or policies are needed (Wang, 1999). Photovoice also emerged out of shifts in visual approaches to social research that sought to overturn the power differences inherent in documentary photography by giving cameras to participants. Wang and Burris (1997) state that giving cameras to marginalized individuals allows them to share their experiences from their point of view, rather than being "passive subjects of other people's intentions and images" (p.371). Thus, participants control what aspects of their lives are photographed and which are not. Further, Photovoice methodology draws upon Freire's (1970) work on education for critical consciousness in which he also sought to address power differences (Carlson et al. 2006). Freire formulated an approach to adult literacy that sought to engage "the learner and the teacher as co-creators of knowledge" and prompt learners to "become aware of their own responsibility for choices that either maintain or change that reality" (Carlson et al., p.837). Thus, in Freire's case, learners become empowered through reflection on their current reality and their role in bringing about change. Photovoice approaches incorporate photographs and stories "to identify significant community issues,

critically reflect on the contributing factors, and identify possible solutions" (Carlson et al., p.838).

Although specific steps for conducting Photovoice research are given, Photovoice is flexible and can be adapted to the participants, goals, and research area (Wang 1999; Wang & Burris 1997). For example, some scholars have blended Photovoice with other methodologies (Lopez et al. 2005) or have modified the research process (Castleden et al., 2008). Therefore, how Photovoice is applied to different topics and groups can vary, but the methodological underpinnings remain the same. Additionally, a Photovoice approach can allow for the identification of pertinent issues, raise awareness, and suggest program or policy changes that may benefit this population.

# Chapter 3: THEORY AND METHODOLOGY

## 3.1 Theoretical Framework

### 3.1.1. Researcher Identity

Kincheloe and McLaren (1994) recommend that researchers "enter into an investigation with their assumptions on the table, so that no one is confused concerning the epistemological and political baggage they bring with them to the research site" (pg.140). As such, it is important to state my own personal biases prior to entry into the research process, including my history of living in low-income circumstances with my mother (a lone parent on income assistance in NS), as well as my beliefs and perspectives relative to building food security.

Growing up in low socioeconomic conditions was always a driver for me to make the most out of life; however, my passion for engaging with and supporting capacity building within marginalized populations through PAR developed in later university years. After watching the documentary '*Four Feet Up'* by Nance Ackerman, a film that looks at child poverty in rural Canada through the eyes of an 8-year-old, in a fourth-year course, a discussion followed that really opened my eyes to the judgments and stereotypes that those in poverty face by those in society. Future health professionals were having these discussions, but there were still many assumptions and judgments being placed on the family in the film, with a focus on their personal choices and placing blame on the individuals in poverty, rather than societal barriers that may have been contributing to their situation of poverty. Through these interactions with my peers, and hearing some of the assumptions that they, as future health professionals, unknowingly make, led me to want to learn more about the experiences of low-income lone mothers living with food insecurity, and which organizations and/or social structures may be knowingly or

unknowingly contributing to the marginalization and stigmatization of these mothers. I then decided to do my community-based dietetic internship at Food Action Research Centre (FoodARC) within Mount Saint Vincent University. After my internship I continued to gain both volunteer and paid work at FoodARC. My work here allowed me to learn more about the experiences of many different populations experiencing food insecurity. All of this led me to the focus of this research project.

My experience living in poverty and growing up in a household with a low-income lone mother undoubtedly served as an asset in the project in that I have a foundational understanding of what low-income lone mothers may face and some knowledge of the organizations that may have a ruling impact on these women and their families. However, I am equally aware that, because of my background and interests, I brought with me to this research some personal biases, of which I have outlined here. In addition to this, my own attitudes and beliefs related to food security, including my preference towards strategies that engage and empower marginalized groups, help to build community capacity, and advocate for public policies that promote food security for Nova Scotians and beyond, have undoubtedly shaped the ways in which I view and hierarchically situate programs aimed at addressing food insecurity. I acknowledge that these personal biases have influenced the direction of the research project and are inherent in how this project has been positioned and structured. Thus, it was important that I remained critically aware of my paradigm as a researcher, and, with the help of my supervisor and thesis committee as well as through personal journaling, remained personally reflexive throughout all stages of the research process. Explaining my background to the participants also seemed to help gain their trust by conveying a sense of understanding of the issues these women face.

### 3.1.2 Institutional Ethnography – Examining Everyday Experiences

The work of prominent Canadian Sociologist Dorothy Smith has been foundational in supporting research that takes its starting point from a close examination of everyday experiences within organizational structures in society. Smith first developed a research method grounded in the everyday experience of women as part of her critique of the sociological tradition of inquiry in the feminist context. In her work 'The Everyday World as Problematic' Smith (1987) argued that because women had been excluded from important and influential positions in the discipline of sociology, this prevented women from contributing to the themes and topics within the discourse of sociology. In essence women were left outside of the frame of sociological inquiry (Smith, 1987).

A paradigm shift for Smith occurred when she approached inquiry, not from the standpoint of established sociological theory and ideology, but from an examination of the real everyday relations between people. She describes this shift in the method of sociological inquiry:

> *"Developing a sociology for women/people started with the idea of beginning in the standpoint of a housewife and mother in the actualities of her everyday world and anchoring an investigation of the social in the concrete actualities of the everyday and of everyday doings. Starting with experience was what we know how to do in the women's movement. Indeed we needed it because we came to see more and more clearly how the intellectual and cultural world we'd participated in had been put together from men's standpoint (it doesn't mean it was misogynist[7], just that we women weren't there as speakers and knowers). Starting to build a sociology that started in the everyday*

[7] Misogyny is the hatred or dislike of women or girls. Misogyny can be manifested in numerous ways, including sexual discrimination, denigration of women, violence against women, and sexual objectification of women. (Kramarae, 2000; Code, 2000)

*experiences of our lives launched a work of discovering how to do it, a work that still occupies me though I am no longer alone in pursuing it"* (Smith, 2008).

While Smith's work finds its foundation in the feminist context its application is not always feminist in nature. Over the years Smith's work developed into institutional ethnography (Smith, 1987, 1999, 2005, 2006), what Smith now terms as a "sociology for people" (Smith, 2005). Institutional ethnography is a field of research that continues to evolve, as it has been adapted for this Masters project with the use of Photovoice as the starting point, as researchers who implement institutional ethnography collaboratively continue to build on its application in many fields of study. Since its inception the application of its methodology and theory have been used to inform research in areas of study including sexuality (Khayatt, 1995; Kinsman, 1989), healthcare (Campbell 1988, 1995, 1992, 1995; Campbell and Gregor, 2002; Diamond 1992;Mykalovskiy, 2000; Mykalovskiy & Smith 1994; Smith 1995), education (Andre Bechely, 1999; Griffith 1984, 1992; Stock, 2000), social work practice (deMontigny, 1995; Parada, 1998) and the specific experience of women (Ng, 1996; Taber, 2007).

### 3.1.3 Ruling Relations

Central to institutional ethnography is the key theory that people's lives are mediated by what Smith calls institutional "ruling relations" (Smith 1999, p.45). Smith (1999) describes her use of this term "ruling relations" as follows:

*By 'ruling relations,' I mean that internally coordinated complex of administrative, managerial, professional and discursive organization that regulates, organizes, governs, and otherwise controls our societies. It is a mode of organizing society that is truly new for it is organised in abstraction from local settings, extra-*

*locally, and its textually mediated character is essential. It couldn't operate without texts, whether written, printed, televised or computerized.* (p. 49)

Smith's theory around the concept of "ruling relations" is particularly helpful in that it supports this research to uncover which institutions or organizations in the women's lives may have an impact on their food insecurity status. The discourse of policies and practices remained a focus of this project. Essentially, societal institutions use the discourse of policies, practices and texts to do the work of organizing, governing and mediating their social programs (Smith, 2005).

Social forces, such as ideologies, knowingly or not, often work to benefit the socially and economically powerful in our society, such people as business leaders and bureaucrats (Smith, 1987). These individuals are referred to as the ruling apparatus (Smith, 1987). The power of this ruling apparatus was described by Smith as "the complex organized practices including government, law, business, and financial management, professional organization and education institutions as well as discourses in text that interpenetrate the multiple sites of power." The ruling apparatus within North American society is strongly linked to capitalism, meaning that the economically prosperous have more ruling strength (Smith, 1987). As such, it should not come as a surprise that neoliberal individualistic based ideologies, aimed at concurrently decreasing taxes and social spending (trends that are more beneficial for the rich than the poor), are currently dominating and shaping social policy frameworks (Carol & Shaw, 2001; Treanor, 2003). Looking at Bronfenbrenner's Ecological Systems Theory (see description below) (Bronfenbrenner, 1979), the ruling apparatus is situated primarily in the exo and macrosystem: it is from this place that this power structure works to regulate the lives of the mothers.

### 3.1.4 Bronfennbrenner's Ecological Systems Theory

*Bronfenbrenner's Ecological Systems Theory,* (Bronfenbrenner, 1979) also known as the Bronfenbrenner's Ecological Model (BEM), is a theoretical perspective of human development that focuses on the changing relations between individuals and the environments in which they live (Bronfenbrenner, 1994). As Bronfenbrenner suggests, understanding human development demands going beyond the direct observation of the behaviors of one or two persons in the same place. It requires examining multi-person systems of interaction, not exclusive to a single setting and must take into consideration the diverse environments outside the immediate settings that contain the person or persons of interest (Bronfenbrenner, 1977).

Although initially instituted within the realm of developmental psychology, BEM was applied in this thesis project in coordination with a critical theoretical paradigm, as a framework to help direct data collection and analysis. Bronfenbrenner's model coincides with the principles of critical theory in that the layers of the ecological framework will allow for explication of the low-income lone mothers' food security at multiple levels, from the inequities that impede women's immediate access to food, to the broader injustices that underlie these issues and systematically impel and keep women in a state of oppression.

An overview of this framework is provided by Bronfenbrenner (1977; 1979; 1994) and is summarized here. The *microsystem* is the innermost layer of the ecological system, and includes structures and relations contained within one's immediate environment such as her children, friends, food bank volunteers, or her income assistance caseworker. The next layer, the *mesosytem* is comprised of the interconnections between and among structures in one's immediate environment (i.e., connections between the mother's children and her caseworker, friends or other family members). External to the *mesosystem*, the *exosystem* is the layer of the

ecosystem that defines the larger social system in which the mother does not directly function (i.e. policies regarding wages, income assistance etc.). The outermost layer, or the *macrosystem,* is often referred to as the blueprint in which all preceding systems exist and manifest. Unlike the other systems, the macrosystem does not refer to specific contexts that affect the life of a particular person; instead, it represents the general culture or subculture, which, formally or informally, set the pattern for structures that occur at the concrete level. (i.e. societal values, customs, ideologies, gender beliefs, class structure, etc. that relate or contribute to food insecurity). Lastly, the *chronosystem* is the final parameter that extends the environmental systems to encompass changes or consistencies of a person or their environments over time (Bronfenbrenner 1977; 1979; 1994).

It must be noted that these different systems of relations do not act independent of each other. As noted by Melson (1980) the relations are interdependent insomuch as when a relation at one level changes other relations within the ecosystem are affected as well.

### 3.1.5 Critical Theory

This research study was also guided from a critical theoretical paradigm. This social science theory attempts to apprehend, challenge, and transform the process by which a completely unjust society or sphere within society uses historically constructed ideology to convince people that oppression is normal, necessary or inevitable (Kincheloe and McLaren, 1994; Brookfield, 2005). As Kincheloe and McLaren (1994) suggest, such dominant ideologies are not simply imaginative or deceptive relations that individuals and groups live out; they are very much inscribed and sustained in social and institutional practice. Thus, critical theory is concerned with the ways in which the economy, matters of race, class and gender, ideologies, discourses, education, religion and other social institutions and cultural dynamics interact to

construct social systems in which issues of power and injustice manifest and persist (Kincheloe and McLaren 1994).

Research within the critical realm assumes that knowledge is value-mediated, and thus, is dependent on the interpretation of a particular interaction between the researcher and the researched (Guba and Lincoln, 1994). Methodologically, the formation of this knowledge requires a dialogue between the researcher and the persons of interest, of which the aim is to transform misapprehension and ignorance (acceptance that social structures are undisputable) into critical consciousness (i.e., seeing how structures may be changed) (Guba and Lincoln, 1994). Given its dialogical nature, critical research also requires an inherent understanding of language as neither neutral nor objective, and instead assumes that our linguistic descriptions of the world also serve to construct it. Thus, critical research must involve the study and critique of the ways in which language, in the form of discourses, serves to form oppression and domination; regulating not only who speaks and who listens, but also whose voices are deemed most valid (Kincheloe and McLaren, 2002).

Overall, the basic assumptions of this paradigm are valuable to guiding the collection and interpretation of data to ensure that the actual experiences of the low-income lone mothers who are food insecure are captured and interpreted in a manner that does not suppress their voices. This allowed for the identification of the social relations they enter that coordinate their food insecurity. Moreover, coming from a critical perspective is helpful in positioning this research within a larger context, as a transformative process in building awareness of food insecurity and thus addressing food insecurity for all Nova Scotians and beyond, to support the mission of FoodARC.

### 3.1.6 Integrating Three Conceptual Frameworks

This research project incorporated institutional ethnography, along with PAR approaches, critical theoretical perspective and Bronfenbrenner's Ecological Model (BEM) as conceptual and methodological frameworks to map the policies, unwritten rules and practices, and social stigma that shape the lives and thus influence the food insecurity, stigmatization and marginalization of low-income lone mothers.

This study benefits from the use of institutional ethnographic approaches because it assisted in highlighting how (and which) organizations and sections of society at large have influence on the activities and day to day life of a food insecure lone mother through its policies, unwritten rules, and practices. The organizations that were anticipated to be highlighted in this research were functionally specialized systems such as education, health care, and government that also shape the day to day experiences of individuals. By taking an institutional ethnographical approach it was also hoped to empower the mothers with the knowledge of what influences their stigmatization and marginalization.

Bronfenbrenner's Ecological Model was used to help guide data collection as well as organizing the analyses and interpretation of the collected data. BEM serves as a tool for understanding the encounter between societal, organizational and individual dimensions, and in the case of this study helped to look at low-income women's experiences with social marginalization and stigmatization in relation to the organizations and society at large (which were highlighted through institutional ethnographical approaches), and how it influences their food (in)security on each level of the model.

Finally, critical theoretical perspective is used as an overall lens to identify which dominant ideologies that are inscribed and sustained in social and institutional practice are

influencing the women's lives and thus their food insecurity. Then, using this framework allows the researcher to attempt to apprehend, challenge, and transform the process by which a completely unjust society or sphere within society uses historically constructed ideology to convince these women that oppression is normal, necessary or inevitable, and thus leading to increased critical consciousness of these women.

Integrating these three conceptual frameworks: institutional ethnography, BEM, and critical theoretical perspective is of value to this study because they acknowledge that organizations, as well as many other factors, shape the lives of individuals in society. These conceptual frameworks also challenge the 'status quo' in that they recognize the power and influence that people, particularly marginalized populations such as women, face in everyday life. They each have their own benefits and using each allows the researcher to uncover the policies, unwritten rules and practices, and social stigma that shape the lives and thus influence the food insecurity of low-income lone mothers.

## 3.2 Research Methodology and Methods

### 3.2.1 Methodology: Institutional Ethnography

As a means to ensure that the experiences of low-income lone mothers can be heard as they are, this research drew upon the qualitative research methodology of IE (Campbell & Gregor, 2002; Smith, 1987) to guide the exploration of social marginalization as it relates to the food insecurity of the mothers. According to Smith (1990), the methodologies of Institutional Ethnography do not look to identify the "truth", but rather "to know more about how things work, how our world is put together and how things happen to us as they do" (p. 34). Thus, like

the underpinnings of critical theoretical paradigm this methodology holds that our worlds are complex and fluid and are as a result of the interplay of many forces and relations. Institutional Ethnography also assumes it is the individual's working knowledge of her or his everyday world that provides the beginning of an inquiry (Smith, 1987). This then guides the inquiry to an analysis of how experiences enter a participant into social relations with others outside of her or his immediate environment (Travers, 1996). Aligned with a critical theoretical paradigm, IE is based on dialogical interplay between the researcher and researched. Institutional Ethnography also serves to highlight the connections among the contexts and happenings of an individual's everyday life, professional practice, and policymaking (Syracuse University Sociology Department, 2001).

In Institutional Ethnography, data are collected through various methods of research including interviews, observation, participation, and document analysis. In addition, there are two steps involved in data collection in institutional ethnography (Smith, 2006). The first step allows the researcher to fully understand and develop the research problematic. In addition, as the researcher begins to develop the problematic, a map will be drawn that sketches out initial thoughts regarding the forces that shape the day-to-day life of the research participants (Smith, 2006). During the second stage, forces that shape the lived experiences of the individuals in the study are examined. The second step in data collection for institutional ethnography allows the researcher to move beyond the individual and into understanding the institutional forces that shape the participant's lived experiences. As explained by DeVault and McCoy (2006), "Institutional ethnographic researchers are always interested in moving beyond the interchanges of frontline settings in order to track the macro-institutional policies and practices that organize those local settings" (p. 29). The second step in data collection requires that the researcher

expand her data collection beyond focusing on her primary participant(s). This step involves "interviews with institutional functionaries, observation of institutional work processes, or examination of key institutional texts" (Smith, 2006, p. 124). For the purposes of this thesis project, Photovoice (methods described below) was used as a starting point in exploring the everyday experiences of the lone mothers; the institutional practices and policies were highlighted through the interviews and participation in this stage informed the second phase of this project – the analysis of the findings as well as choosing a policy document from an organization that was highlighted to have ruling relations in many of the mothers' lives.

Following data collection, more intricate themes of the social relations that shape the day-to-day experiences of the research participant as it relates to will be drawn during data analysis. These themes provide understandings of how various forces are interconnected and how these social relations structure what happens to people (Campbell & Gregor, 2004). It is also hoped that through the understanding of the forces and institutional processes that mold the lived experiences of low-income lone mothers, these individuals will be empowered with new knowledge about their daily lives and how they are organized.

### 3.2.2 Methodology: Photovoice

Photovoice, which generates rich and detailed data that provide insight into participants' lived experiences (Thompson et al. 2008), was utilized to as a tool to explicate the everyday experiences and map the social relations of the lone mothers, with a focus on how organizations in their lives may contribute to their food insecurity, social marginalization and stigmatization. My aim was to provide an opportunity for participants to document their data through a photographic process that incorporates an introspective and dialogic component (Wang & Burris, 1997; Lopez et al., 2005;), thereby empowering participants to explore and examine the

structural factors contributing to their food insecurity, social marginalization and stigmatization. Participants were able to capture the ways in which they wish the issue at hand to be depicted as well as exploring their positionality in looking at certain issues. The participants also engaged in an interpretive process of giving the photograph context by telling the story behind it and providing a detailed caption (Lopez et al., 2005; Wissman, 2007).

### 3.2.3 Research Design

This study examines, through a critical lens, the everyday experiences of low-income lone mothers living in the Halifax Regional Municipality (HRM) of NS, and how their daily routines, interactions, and food-related work, as well as the social structures and organizations in their lives, contribute to the women and their families' household food insecurity through social stigma and/or marginalization. The research design for this study is qualitative in nature, drawing upon Institutional Ethnography, Photovoice and (elements of) participatory methodologies. A qualitative approach supports critical inquiry (Creswell, 2007) and processes of empowerment, in which typically marginalized individuals are able to share their stories and have their voices heard (Cresswell, 2007; Williams et. al., 2012b). Further to this, qualitative data offers rich, naturalistic descriptions of participants' experiences within their natural setting, providing understanding of their experiences with poverty and food insecurity relative to the social organizations in their lives, both descriptively, as well as in terms of the meanings that women bring to them (Creswell, 2007).

This research project involved two phases: 1) Photovoice project with lone low-income mothers experiencing food insecurity; and 2) analysis of findings and choosing a key social relation and accompanying policy documents to review. Phase 1 recruitment and selection of

participants over 8 weeks from July to August 2014. The initial meeting with each participant where the project was explained, and consent obtained; and information was also provided regarding the Photovoice component of the research (described below) took place over approximately 4 weeks from September to October 2014. Participants took photographs for the Photovoice project over the course of 4 weeks in October 2014. Then, a second interview took place to discuss the photographs that the participants took, and a discussion guide was used to help explore the meaning of the photos and how they represented the social stigma and marginalization they faced in society, and how that further impacted their food insecurity. Then second interviews were 2-3 hours in length, recorded with an audio recorder for later transcription, and took place after all photos had been collected from the participants, from September/October 2014. After all interviews were transcribed, participants were sent an interview summary to review for accuracy and give final consent for individual interviews and photographic data to be included in the study (Feb 2015). This process took approximately 4 weeks total. The initial analysis (described below) and mapping (described previously) of data took place in February 2015, and themes that emerged from this phase helped to inform the steps taken in the next phase.

Stage 2 involved a second analysis of data to further map the themes and social relations that contributed to the mothers' social stigma, marginalization and food insecurity. Due to several life events that happened to the researcher, including taking a medical leave, this secondary analysis did not occur until April 2018. A document review (from an organization highlighted in phase 1 data collection/analysis) was also undertaken and incorporated into the discussion at this time.

### 3.2.4 Participant Selection and Sampling

In order to be situated in the local setting the researcher began in the everyday world of low-income lone mothers experiencing food insecurity. Purposive sampling was used to identify participants with certain characteristics, experiences, or behaviours that represented one or more perspectives deemed relevant to the research goals (Shepherd & Achterberg, 1992), specifically low income lone mothers in HRM. Many participants were recruited from Family Resource Centres /Programs (FRC/Ps) in the HRM funded by the Canada Prenatal Nutrition Program (CPNP) and the Community Action Program for Children (CAPC) that have an affiliation and history of research partnerships with my thesis supervisor and FoodARC. CPNP and CAPC are federally funded programs that offer funding to organizations based in the community that deliver prevention and early intervention programs promoting the health and social development of pregnant women and infants (CPNP), children aged 0 to 6 years (CAPC), and their families in at-risk circumstances. These programs reach populations that share many similarities with the households most at-risk for food insecurity in Canada (Williams et al., 2012b). Snowball sampling was also used as a way to recruit participants. This type of sampling may enhance recruitment of participants (Esterberg, 2002), as initially recruited participants and FRC/P staff were encouraged to share contact information to other women that may also be interested in participating. Participants were recruited from FRC/Ps and other low-income areas throughout Halifax Regional Municipality through posters in the Centres, personal and email invitations via FRC/P staff, and posters in other areas such as grocery stores. The inclusion criteria were highlighted in the recruitment materials and shared with the FRC/P representatives and staff and included the following: over the age of 18 years; at least one child under the age of 18 years who relies on them as their primary caregiver; the mothers' marital status be single; the mother self identifies as living in low-income circumstances (i.e., earning minimum wage or receiving

income assistance). Additionally, the six-item short form of the Household Food Security Survey Module (HFSSM) (Blumberg et al., 1999) was completed by each participant to determine food security status. Eligibility and food security status was determined with the instructions for using the HFSSM on the Government of Canada website (Government of Canada, 2012). Depending on the extent of the experience, households were either classified as food secure, moderately food insecure or severely food insecure. Using the HFSSM short-form, the number of questions that the respondent answered affirmatively on behalf of the household in each of the Adult and Child Scales was used to determine the food security status at the adult and child level, respectively. For details about the number of affirmative responses required for classification into each of the food security status categories, see Government of Canada 2012.[8]

Although the mothers did understand that they had to experience food insecurity in the past 12 months to participate in the study, their exact food insecurity status was not shared with them as it was not deemed necessary.

The number of participants that were recruited for the interview and Photovoice aspect of the study were 14, with 11 who completed the full project. A relatively small sample size is appropriate for this study because the research will engage in in-depth data collection with each participant (Guest, Bunce & Johnson, 2006), which involved multiple periods of contact throughout the process of interviewing the participant, brief training in Photovoice techniques, and sharing back photos and information with the rest of the participants. Summaries of the interviews and some of the quotes to be used were already shared with the participants in 2015,

[8] https://www.canada.ca/en/health-canada/services/food-nutrition/food-nutrition-surveillance/health-nutrition-surveys/canadian-community-health-survey-cchs/household-food-insecurity-canada-overview/determining-food-security-status-food-nutrition-surveillance-health-canada.html

and any additional outcomes from the study (e.g. the final thesis, publications, presentations) will also be shared with the participants.

Given the parameters of this study, it was decided that a policy document from an organization highlighted from the first stage would be reviewed and incorporated into the discussion to help understand the discourses and ruling relations that may be helping to further the mothers' poverty and food insecurity.

### 3.2.5 Data Collection

**Stage 1 – Photovoice**

During the initial meeting with the participants, they were given the choice of borrowing a digital camera from FoodARC or using their own camera to complete the Photovoice component of the research. Participants were also given guidelines for completing the Photovoice project that included: suggestions about how many photographs to take (10 to 12 each); the research question to focus on; suggestion for selecting and captioning the photo(s); an explanation of the consent process and the photograph release form that subjects of the photographs were required to sign; and a self-addressed stamped envelope in which they can send their materials back once they are completed. Participants were given approximately 3 weeks to take photos and select the image they wish to focus on.

Once the participants completed the taking of photographs, the researcher picked up the materials from the participants. Participants' photographs were transferred to the researcher's laptop computer via email or USB memory stick/DVD. The data were compiled, and then the Photovoice interview(s) were scheduled with each participant to discuss the photos and the meanings behind them. A discussion guide (see Appendix H) was used to guide the conversation

to give elaboration and clarification on the photos and stories shared by participants, or to ask about specific issues if they had not been already broached (e.g., social support, education/work, etc.) and how the participants felt stigma and marginalization from organizations in their lives.

**Stage 2 – Analysis of Photovoice and Supplemental Data**

Data collection and analysis for this project had the ultimate goal of mapping, or at least the initial stages of mapping, the link between food insecurity, social stigma and social marginalization for the lone mothers. The process of analysis began with the Photovoice project data (participants photos and individual interviews). One-page summaries of each interview transcript was prepared to reflect the accounts of the mothers about how they feel food insecurity exists in their everyday lives and how this is linked to their food insecurity, social marginalization and stigmatization. Participants were mailed (electronically) their summary to ensure that they had the opportunity to review my reflection and initial interpretation of their responses, ensuring active participant involvement and member checking. All participants received and reviewed their summaries, and none provided changes or feedback, other than they felt it summarized their interviews accurately. The interview transcripts, photos and photo captions were imported into the qualitative data management and analysis software, MAXQDA 11 (QSR International, 2010). Throughout data analysis, the researcher asked the following: what is happening? Why? Who or what is really influencing what is involved? IE, BEM and critical perspective was used attempt to explain how this organization is occurring (at each level of BEM), describe the main influencing factors and institutional relations, and how and why these factors/relations contribute to food insecurity, social marginalization and stigmatization.

### 3.2.6 Trustworthiness of Data

While Yin (2014) refers to the criteria to ensure trustworthiness including credibility, confirmability, and dependability, he does not provide details on these criteria for qualitative research. Qualitative research requires processes to ensure the personal, theoretical, and methodological trustworthiness (the thinking and related actions) of the researcher themselves, not just the data collection and analysis processes (what the researcher is doing) are credible and trustworthy (Lincoln & Guba, 1985).

The quality criteria for developing trustworthiness proposed by Lincoln & Guba (1985) are often cited by qualitative researchers and was applied in this study. Four criteria include credibility, dependability, confirmability, and transferability. In addition, the quality criteria of reflexivity and 'catalytic authenticity' are absent from Yin's (2014), which are proposed criteria essential for quality qualitative research (Lather, 1986). Each criterion with corresponding techniques is described next.

**Credibility** refers to the truth of the data and interpretations of them (Lincoln & Guba, 1985). Strategies to enhance credibility included reflexivity, member checking, triangulation, and the use of participants' words. Member checking included debriefings and discussion of findings with study participants, to verify and clarify researcher interpretations. This process was completed during a follow-up individual phone interviews with some participants. All participants were sent an interview summary with intended quotes and photos that were to be used. Receiving and integrating feedback from the supervisor and committee members related to coded transcripts and development of themes was also done. Triangulation included the use of a variety of data sources (Photovoice, interviews, document review) and multiple theories to identify different ways the phenomenon was being seen.

**Dependability** refers to the stability (reliability) of the data over time and conditions (Lincoln & Guba, 1985). The use of the HFSSM as a screening tool, and semi-structured interviews provided a level of consistency in data collection (Polit & Beck, 2012). An audit trail provided rationale for both the process and product of the research study, which was examined by committee members.

**Confirmability** refers to the degree of neutrality or the extent to which the findings are shaped by the respondents and not researcher bias, motivation, or interest (Lincoln & Guba, 1985). Strategies to enhance confirmability were similar to strategies for credibility including: reflexivity, triangulation of data, use of participants' voice/words, and an audit trail. The audit trail provides detailed steps taken, the rationale for decisions taken, and identified internal consistency between the steps taken and the underlying philosophical assumptions of critical realism.

**Transferability** refers to the provision of descriptions that allow readers to judge whether the study findings have meaning for other settings and contexts (Lincoln & Guba, 1985), a feature of evaluation strategies especially important in critical paradigms (Giddings & Grant, 2009). Thick descriptions of the research context, the participants, and the experiences and processes observed during the enquiry will enhance transferability as readers have sufficient evidence to determine the extent to which the findings from the study are relative to other settings or public health units.

**Reflexivity** involved being sensitive to the ways in which I, in terms of experiences and prior assumptions, and the theoretical and methodological processes I have chosen, shaped the data collection and analysis (Giddings & Grant, 2009). In critical studies such as this research study, my pre-understandings, including my beliefs, values, and personal biases about the issue

being researched and my awareness of my standpoint in relation to politics, history, and culture given the political agenda of critical research were made plain at the outset of the study (Giddings & Grant, 2009; Polit & Beck, 2012). Regular reflection was important so that I was listening carefully and fully throughout, and that I analyzed critically. I also explain more of this in the 'Researcher Identity' section.

Reflexivity was primarily documented through the construction of field notes of analytic thoughts in a journal. The journal was to record my thoughts, observations, and reflections. As ideas or codes became apparent to me throughout the study process, I noted them in a separate section of my journal.

**Catalytic authenticity.** Given the political agenda of this critical research, catalytic authenticity was another criterion that was important for the quality of this critical research. Catalytic authenticity refers to the extent to which the research contributes to social change (Lather, 1986). Because critical research is committed to social change, the actual changes that result are important measures of the quality of the research (Lather, 1986). The contribution of this research study was to identify the social relations which may inadvertently contribute to the marginalization of low-income mothers through discourses and power relations. Insights gained will stimulate initiatives directed towards affecting policy change related to food security and inform actionable recommendations for for personal, organizational, and public policies across Canada and beyond.

### 3.2.7 Ethical Considerations

This study was expected to pose minimal risk to participants. Due to the nature of this study, there was no expected risk for physical harm, but the possibility of mental and social harm was acknowledged. Total anonymity was not possible; the identities of participants were known

to the researcher during the interview process and with the close relations of staff and participants of the Family Resource Centres/Programs (FRC/Ps) it was possible that those involved in the FRC/Ps may become aware of the participation of others. Identifying information was kept confidential through the use of pseudonyms in place of participant names. In addition, all electronic data has been password protected and kept on the researcher's personal laptop computer as well as on a secure password protected server at FoodARC, and all raw data (audiotapes, field notes, consent forms, transcripts) are being kept locked it in a secure storage unit located in FoodARC at Mount Saint Vincent University.

Emotional risks were related to the sensitive subject matter discussed in the qualitative component of this study. It was thought that participants may experience emotional distress when discussing their experiences with food insecurity. However, research has found that the women in their study who told stories about their experiences with homelessness (Washington and Moxley, 2008) and food insecurity (Knezevic, 2014, Williams et al., 2012b) experienced great benefits from sharing their stories including catharsis and empowerment. To minimize any potential discomfort, the researcher frequently monitored participant reactions and engaged in active listening with empathy and understanding. To further minimize the potential for emotional distress, interview guides were developed so that each interview included discussions of ideas for enrichment of the destitute circumstances were discussed. This helped to ensure that participants left the interviews feeling empowered, rather than disempowered, for change. The nature of the discussions caused some participants to be tearful, however, no participants brought up any serious emotional concerns.

Upon scheduling of an interview, the researcher read over a letter of information and consent form with each participant either in person or over the phone (whichever worked best for

the participant). These documents outline participant rights, including the right to decline any question or leave the interview or study at any time without penalty. Reading the letters with participants also helped to ensure that literacy did not pose a barrier to free and informed consent of participation in this study. Once the participant provided written, informed consent, both the participant and researcher received a copy of the form. All original data is being kept for a period of 5 years post publication, at which time it will be destroyed accordingly. Ethical approval was obtained from the Research Ethics Board (REB) at Mount Saint Vincent University, prior to the commencement of any data collection, and annual reports as well as a final report were submitted to the REB.

### 3.2.8 Knowledge Translation

This study will add to the body of knowledge that highlights women's experiences with food insecurity, particularly low-income lone mothers. Further to this, findings from this study will help create an understanding of the potential for social structures and organizations to address food insecurity at a variety of levels (microsystem to macrosystem), creating a platform in which the recommendations for policies across Canada, and further research can be based.

Participants were mailed (electronically) a one-page summary of their transcribed interview and asked to verify the summary of topics discussed and quotes used and were given an option to discuss further if they wished to do so. This process was to ensure that each participant had the opportunity to review his or her responses if desired, ensuring active participant involvement and member checking. Following data analysis, all participants, interested community partners and Family Resource Centres and Programs staff members will be invited to a presentation and discussion of the research findings and will also be given a copy of

the final thesis. These discussions will center on the interpretation of results as well as implications for future research and action.

A number of community-level dissemination strategies are planned to be used to mobilize the findings (including the participant's photographs and captions) from this research (i.e., dissertation, journal article, report to local support organizations, summaries distributed via social media, possible photograph exhibit, potentially conference presentations and posters, etc.). A broad range of audiences will have access to summary findings including the participants, Family Resource Centres and Programs, other researchers, community members, policy-makers, etc. Further to the above, a key community partner from a women's resource centre in NS has been involved throughout the research process on the thesis committee, to help inform the direction of the study and will continue to be consulted as part of the dissemination plan.

# CHAPTER 4: FINDINGS

## 4.1 Introduction

In this chapter I aim to organize the interpretation of the results into the high-level themes that emerged. Very little discussion has been interjected to allow first voice to be accentuated, thus remaining true to the experiences of my participants. This chapter will begin to meet the first objective, which was to explore the "everyday" experiences of low-income lone mothers facing food insecurity in HRM with an aim to explicate the ideological and power relations occurring at the institutional or local level that may contribute to ongoing stigmatization and marginalization. This objective will also be further examined in the discussion chapter.

**Section 1 of the findings** provides a profile of the women who participated in this study, followed by a thematic description of these experiences, as informed by the photos and photo captions provided by participants and subsequent in-depth interviews with each of the 11 participants. These results have been further organized within each of the interrelated environments described in Bronfenbrenner's Ecological Model (Bronfenbrenner, 1977; 1979; 1994) to provide a snapshot of the multiple factors that impact the lives of lone mothers in HRM experiencing food insecurity and marginalization and highlight the areas in which changes are needed to prevent the negative impact of social stigma and marginalization on low income lone mothers.

The second study objective was to identify the implications of stigmatization and marginalization on low-income lone mothers, the community, and society as a whole, thus stimulating initiatives directed towards affecting policy change related to food insecurity. The final objective was to use lessons learned from this research study to create an understanding of

the potential impacts that institutional and local level discourses may have on low-income lone mothers in HRM and apply these learnings to the development of recommendations for personal, organizational, and public policies across Canada and beyond. The second and third objectives will be explored in the discussion and conclusion/recommendations chapters.

## 4.2 Recruitment Results

Five Family Resource Centres (FRC) located in the HRM were contacted to distribute the study information, flyer, and researcher's contact info to participants of their programs. A total of 17 participants were recruited, and screened, and of these a total of 15 participants met the screening criteria, of which 11 total completed the full study which involved screening, first interview and brief training session on Photovoice, taking of photos, and then Photovoice discussion.

## 4.3 The Mothers

Of the 11 woman who participated, three were on employment insurance for maternity leave, six were on income assistance, and two were employed. The women had between one and four children. One of the women with three children was in her third trimester of pregnancy with her fifth child at the time of the study. Their level of education varied, ranging from some high school, to completion of high school, to some college/university; one participant completed college.

Additionally, screening questions (see Appendix C) established that all 11 mothers had experienced moderate to severe food insecurity in the 12 months prior to their interviews. Table 1 provides an overview of the descriptions of each of the mothers who took part in this project,

including her level of food insecurity experienced by the participant as well as that of their children in the last 12 months, as determined by the based on the HFSSM screening questionnaire. To ensure anonymity and confidentiality, all women participants have been assigned a pseudonym name.

**Table 1. Profile of mothers who participated in study.**

| Name | Employment | # Children in Household | Participant's Age | Level of Household Food Insecurity Experienced in the Past 12 Months[9] |
|---|---|---|---|---|
| Maggie | EI (Maternity Leave) | 4 | 33 | Children – Severely Food Insecure<br>Adult – Severely Food Insecure |
| Carmen | IA | 1 | 28 | Child – Moderately Food Insecure<br>Adult – Moderately Food Insecure |
| Deborah | IA | 2 | 25 | Children – Severely Food Insecure<br>Adult – Severely Food Insecure |
| Teresa | IA | 2 | 25 | Children – Moderately Food Insecure<br>Adult – Moderately Food Insecure |
| Shelby | IA | 1 | 34 | Child – Moderately Food Insecure<br>Adult – Severely Food Insecure |
| Susan | IA/Looking for Employment | 4 | 38 | Children – Moderately Food Insecure<br>Adult – Severely Food Insecure |
| Jolene | IA | 1 | 23 | Child – Moderately Food Insecure<br>Adult – Severely Food Insecure |
| Rhonda | Employed | 3 | 38 | Children – Moderately Food Insecure<br>Adult – Moderately Food Insecure |
| Lori | Employed | 3 | 26 | Children – Moderately Food Insecure<br>Adult – Moderately Food Insecure |
| Angie | IA | 2 | 46 | Children – Moderately Food Insecure<br>Adult – Severely Food Insecure |
| Miriam | EI (Maternity Leave) | 1 | 27 | Child – Moderately Food Insecure<br>Adult – Moderately Food Insecure |

[9] For details about the number of affirmative responses required for classification into each of the food security status categories, see Government of Canada 2012: https://www.canada.ca/en/health-canada/services/food-nutrition/food-nutrition-surveillance/health-nutrition-surveys/canadian-community-health-survey-cchs/household-food-insecurity-canada-overview/determining-food-security-status-food-nutrition-surveillance-health-canada.html

## 4.4 Social Relations Organizing Exclusion and Marginalization Relating to Food Insecurity

Figure 1 highlights those relations within the mothers' lives working to organize their exclusion and marginalization relating to their food insecurity. Within the microsystem those identified included money; the mothers' children; close and informal relationships, including the mothers' family, friends, neighbours, their children's school teachers, other parents, and healthcare professionals; and charitable organizations and volunteers within these organizations. The mesosystem included interactions between children and school teachers. The majority of the power that these relations had over the mothers' food insecurity came from the exosystem, such as income support policies and programs, media messages, food retail policies and organizations, and charitable organizations policies and programs, as well as the macrosystem, relating to the broader neoliberalist ideals in society. The chronosystem also had a significant impact, with regards to life events causing hardships, which contributed to the participants experiences with food insecurity and marginalization worsening over time. The macrosystem, chronosystem and exosystem relations themselves may not have been fully recognized by the mothers; however, this does not negate their presence and organizing power within the microsystem.

It may be helpful to share the struggle the researcher had with integrating Bronfenbrenner's Ecological Framework into the specific sections in the findings. This was in large part the priority to honour the mothers' voices by keeping the photo and photo captions and accompanying quotes together had complicated the organization of this chapter as each photo/caption/quote represents several themes. Therefore, the high-level themes will be outlined in the below chapter, and the level(s) of Bronfenbrenner's framework that corresponds with each theme will be indicated throughout the chapter as well as the discussion. Additionally,

organizing the photo captions under direct themes was challenging due to wanting to respect the how the mothers' wanted the photo represented. Because of this, there are some overlapping themes in each photo caption. Therefore, the photos are included under is felt was the theme that was most representative of the photo and the message the mother was trying to portray relating to the stigmatization and marginalization they face in society.

It is also important to note that the main organization that emerged most often as having a ruling impact on the mothers' lives was the Department of Community Services, more specifically, the Employment Support and Income Assistance (ESIA) policies as well as the workers who help enforce these policies. Thus, it was decided that the ESIA policy manual would be reviewed as part of the discussion to help explicate the *why* behind the social stigma and marginalization that these lone mothers face in society at the institutional level. Other organizations were also highlighted in the data, such as the Canada Revenue Agency, food banks, grocery stores, and the media, which will also be included in the data analysis and discussion sections to help answer the research objectives.

## 4.5 Key Themes

As the mothers candidly discussed the photos that they took to represent how they experienced social stigma and marginalization in society some distinct but overlapping themes emerged: *1) Guilt and shame of being unable to live up to 'society's standards'; 2) Shame from stereotypes typically placed on those who are food insecure; 3) Physical and Mental Health implications stemming from stigmatization and marginalization being food insecure; 4) Beggars can't be choosers' – Neoliberalist values of individual responsibility creating marginalization and further barriers; and 5) Pressure from the media via normalized discourse.* All of the women indicated feeling judgement and marginalization that stemmed from various layers of the ecological system in Bronfenbrenner's ecological framework, from self-blame and judgement from others at the microsystem, to interactions between children and school teachers in the mesosystem, how policies and programs contribute to stigmatization at the exosystem, to social ideologies such as neoliberalism that contribute to stigmatization and exclusion at the macrosystem, to life events, causing hardships, and the participants situations worsening over time at the chronosystem level.

### 4.4.1 Guilt and shame of being unable to live up to 'society's standards'

Much of the judgement and marginalization experienced by the mothers appeared to stem from the exosystem (from past experiences of being stigmatized by others) and the macrosystem (fear of being stigmatized) due to what was referred to by one participant as failing to "live up to societies standards". Fear of being judged and the shame that being judged produced, seemed to contribute to the women's powerlessness.

**Photo Caption (Miriam)*: "****Canada's Food Guide pushes for calcium intake through dairy. I'm lactose intolerant and I usually can't even afford the milk that I need. And just compare the price of pop versus price of milk, and just how ridiculous the difference in price is. I usually have to [reach to] the back of the fridge [at the grocery store] and get one that has the furthest expiry date, because I have to ration when I'm using milk. Right now, I have milk in there [at home] that I bought two weeks ago, and I can't have cereal every morning because I have to make sure that it will last me for a while. It's embarrassing because whenever I want to have people over I just feel bad that I have nothing to give them, or that the house is not fancy enough. I'm Arab, so for Arabs there are certain standards that you have to meet. For example, you have to have a certain china for guests, fancy furniture, a room that is just for guests, or certain foods that I have to have in order to have guests over who are Middle Eastern. I don't have any of that. So every once in a while my parents ask me where's your money going? I have two degrees and am almost done a masters, I have 3 minimum wage jobs, I'm trying so hard, and I can't even afford to buy milk for myself let alone entertain the way my culture usually does. So when people ask where my money is going is hurts even more*."

The judgement stemming from others and discourse in society also caused the mothers to internalize this and resulting in them blaming themselves for experiencing food insecurity, as demonstrated by:

> **Deborah:** *"My daughter just had an operation to get her front teeth out because she eats too much junk food. Well…it kind of is my fault but kind of not because I couldn't really afford it and junk food is cheaper. I did good for awhile but then money-wise it got hard again. If there are certain sales on food items at say Superstore, I would have to take two buses to get there and it just doesn't make sense. I'm afraid people would say "Shouldn't you give her healthy food? Aren't her teeth already gone? Why aren't you learning from your mistakes?"*

> **Jolene:** *(Unable to afford medicine) "That just makes you really feel horrible [laughing]…when you don't have the stuff need to be able to buy your child what she needs."*

**Lori:** *"Chicken and good meat is so expensive. Like [name] loves chicken, but chicken is expensive, and cheese, she loves cheese, but cheese is expensive. I feel, like people expect you to just…be able to feed healthy. Like, people always give me suggestions. Like oh, you can eat this, and that, but they don't understand that you know, you could eat that in maybe two meals and then that would be all the money that you have. Like when you're trying to feed someone with a tiny bit of money, you are gonna buy, like…junk."*

**Angie:** *"Sometimes it makes me feel less than, because I feel like in the food industry (healthy foods) cater to people that make more money, as opposed to [the] single parent. Junk food is constantly on sale, it's a dollar and under, two dollars and under, it's cheaper to feed my family with Kraft dinner and hot dogs as opposed to spending twenty-five or thirty dollars on all the other healthy items. Sometimes I do have to make those decisions, and it just makes me feel less than."*

Participants also expressed feeling judged by healthcare professionals for not living up to standards related to providing adequate nutrition, both for themselves and their child(ren). One participant represented this experience with a photo of a multitude of phrases she had heard from health professionals who were involved with her daughter's health care. She talked about the shame and hopelessness she felt for not being able to live up to these expectations and what she perceived as unrealistic demands.

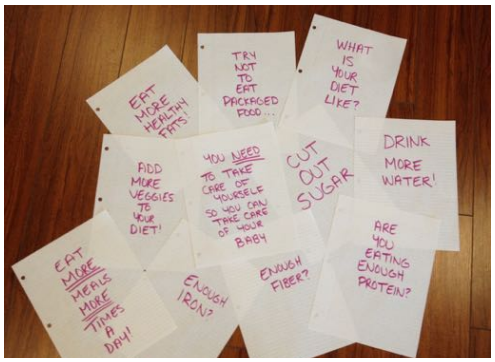



**Photo Caption (Carmen): "***Because of my daughter's [health] issues I was at the doctors and/or hospital more than expected, and I found the health care professionals judgmental. This picture displays a few of the questions and demands that were mentioned. I felt extremely judged and at a major loss. My packaged and fast food diet wasn't meeting the needs of breastfeeding or taking care of myself, let alone my new daughter. I felt hopeless, like this period of time would never end. I wished away her newborn stage to a time I could put her in a high chair just to cook real food.*"

Similarly, Deborah chose to take a photo of her income assistance manual to represent growing feelings of inadequacy and the judgement she has faced from not only being unable to provide healthy food for her daughter, but her growing inability to cope with increasing expenses and income assistance that has increasingly become inadequate to meet these needs. Like Carmen, she has internalized this blame resulting in feelings of shame an inadequacy.

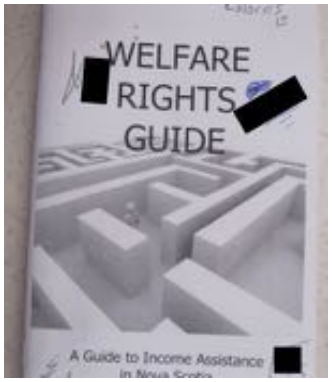



**Photo Caption (Deborah): "***This is my life. I am on social assistance and I don't have enough money to buy healthy food, or for transportation, social activities, education… nothing. I sometimes can't even afford to take the bus to the food bank or the grocery store. My daughter's front teeth fell out from eating too much junk food, and the dentist made me promise not to give her anymore junk. I did good for a little while, but money-wise it just got hard. I don't have time with a baby to take buses around to different stores to get the best sales, and junk food is cheaper. I used to be able to go to cooking classes, which was fun, and I got some extra food there, and now I just can't afford transportation or a babysitter. Every year my rent goes up but my welfare cheques do not, so that's less and less money that I have for food and everything else I need. All of this makes me frustrated, sad, angry, alone, and depressed."*

### 4.4.2 Shame from stereotypes typically placed on those who are food insecure

Several of the participants discussed at length the painful experience of being labeled (either directly or witnessing low income people in general being labelled) with common stereotypes that come from various levels of society – including other mothers, family, community members, teachers, and government workers. Some of the common stereotypes noted by the participants were that those in poverty are perceived as drug users, alcoholics, or generally unstable.

This judgement (both from self and others) caused painful feelings of guilt and shame.

Susan shared a powerful image of a withered rose, to represent the way she feels and looks when her diet lacks, and the judgement she faces because of this:

**Photo Caption (Susan): "***This represents all those times there's like a day or two where I didn't eat. I feel withered away. I'm not a very big person, so it doesn't take long before you start to look pale and thinner, and then people say well she's anorexic or she does drugs. But they don't understand that, it's the fact that the kids come first. I don't think people (the government/Department of Community Services) really understand the bigger picture and what it's like. Because if mom can't eat how much longer will it be before the younger ones can eat? I don't think people would enjoy a glass of milk as much as I do unless they went without it for so long. I don't think people really understand unless they've been there and wore that shoe."*

Angie took a heart-wrenching photo of trash, to represent how she felt treated by others in society.

**Photo Caption (Angie):** *"Being a single mother on assistance, I find that we are compared to the bottom of the barrel, scraps in a garbage can, and assumed that we all do drugs or alcohol. It's how sometimes I feel like I'm seen to the rest of the working class, or the middle to upper class. It's very hard on the self-esteem and makes you want to stay home and not do anything. Some of us have health issues, or mental health issues, and we still have children to feed. Recently my assistance went down because my daughter just started high school. Social assistance assumes that because she's getting older that they should give me less so to push me out and get me to get a job. But for a person like myself, who has health issues, who has mental health issues, I find it hard. They [Department of Community Services] shouldn't assume just because she's getting older that they're going to push me towards being out in society and trying to get a good job, because A) it's hard without lots of education, and two, you know, my health issues. I'm still working on my health, and I can't afford to buy my family a healthy diet, so how is that helping anyone? There are programs out there for people but they need to be updated – they have the same programs that they had twenty years ago. If they had more supports for single mothers, such life skills classes and ways to get better educated and get more experience, so that we can one day make a better income – things would be better for everyone in society. We might be the low-income of society but we have a right to eat healthy and live healthy just the same as anybody else."*

Some additional quotes came from the mothers' experiences with judgement and stereotypes from those in society. The general consensus was that people such as government employees and even some charitable organization workers did not understand what it was like to be food insecure and/or in poverty, and they felt marginalized from these individuals due to the circumstances they were in. Here are comments from three participants:

> **Erin:** *"I think that they think all people are like, bums. Everyone has bad days, and when people at the food bank or any other very taxing place, when they aren't having a good day and they aren't as friendly and they aren't as nice, that comes back in a tenfold on the person who's had to humble themselves to go and say "I need help". So while someone might not come out and say it [define] to you, it's definitely in their actions and the way that they contort themselves."*

> **Susan:** *"I think that the reason why that is being done, is so that there isn't any blame put on people from the middle class or people who work in government. Because then if you can find a fault in that person who is of low income who can't afford to eat a healthy diet, then if there's something wrong with them or what they're doing then, oh yeah, it's not applicable to everyone, it's just that persons fault because he is smoking, or he is drinking, or doing drugs."*

### 4.4.3 Physical and Mental Health implications stemming from stigmatization and marginalization being food insecure

Most participants elaborated on the effects of their low-income status and the judgement and marginalization they experienced because of this on their physical and mental health, and on family well-being. Depression, low self-esteem, and anxiety were frequently experienced due to the fear of how others in society would view them.

All of the participants experienced social isolation and exclusion, for many different reasons and at many different levels, and they indicated the affects that this had on their mental health. One of the large contributors to this was at the microsystem level – through their own personal shame, and/or fear of being judged by family, friends, or others in society at the

microsystem and exosystem level. Such feelings of shame and embarrassment led them to withdraw or isolate themselves from others for fear of being judged.

> **Maggie:** *"On a fridge day like this, I wouldn't even invite anybody over to my house. I wouldn't invite my best girlfriend over; on the off chance she would need something for the kids. You know what I mean? It's an all-over judgment – you're excluded because you don't let anybody in. You don't want anybody to know or see."*

> **Angie:** *"Again back to the bottom of the totem pole, I believe that we shouldn't all be judged in the same barrel. I find it makes it harder for me to get out and about. It makes me just want to stay at home – it beats up your self-esteem. It's very hard on your self-esteem [voice breaking], because I feel less than."*

A few participants shared photos of their refrigerator, with similar captions representing a fear of the stigma associated with not being able to provide enough food for their family, and the associated exclusion and isolation that came with it. They admitted that these circumstances lowered their self-esteem and led to depression and feelings of exclusion.

**Photo Caption (Maggie): "***This is my reality as a pregnant mother of four, almost five children. I have about fifty to one hundred dollars per week to feed my family, which just does not stretch. This is what my fridge looks like when I have more than a week left to feed six people. This means my children cannot just come and eat whatever they want when they want. If I have four apples to last a family of five for over a week, if the kids all want apples they have to share one. On a day when my fridge looks like this I wouldn't dare invite a friend over for fear that they would need something for themselves or for their child. This makes me feel isolated and excluded from others because of my food situation. I am also forced to make choices such as buying Kraft dinner and other processed foods when they are on sale to fill the bellies of everyone, and I feel judged at the grocery store when my cart has more junk foods than healthy foods, but as a mom you have to do what you have to do."*

**Photo Caption (Rhonda):** *"Normally I don't like pots and cups and stuff in the fridge, I usually keep everything in glass containers, but they take up more space and I don't want my kids to realize that the fridge is getting empty. So I'll just shove a whole pot in there. The eggs and salad dressings are usually in the door. The cups, I would normally just dump that down the sink, but I put it in there for two reasons: they take up room in the fridge; and also because I wouldn't dump milk down the sink these days because everything's tight. So I just like, if they don't drink their milk for supper then I'll just put it on my cereal in the morning. All of this drives me crazy looking at it, but my main reason for this is the kids. When I was a kid I knew times were tough, my mother never hid it from me and I always felt inferior. I never want them to feel the way I did when I was a kid. So I don't even want my children knowing that I can't afford more than that this week."*

Avoiding revealing the truth of their situation to protect themselves and their children from discrimination was also common. Rhonda also took a photo of her pantry, which contained food items received from the food bank, to represent her strong sense of internalized judgement from having to use the food bank, and she explained the lengths that she would go to hide her experiences from those in her life due to the fear of being judged.

**Photo Caption (Rhonda):** *"Most of the cans in my cupboard are from the food bank. It's hard for me to even talk about. The first time I felt so horrible inside, even though nobody else knew about it except my mother. I just felt, I was looking at everything and expiration dates were already past due, and I just felt awful, I felt like a gross human being – a gross mother I should say. A lot of the foods, such as flakes of ham and chicken, I've never even bought it before. I made the kids sandwiches the other week with the flakes of ham and my daughter just like brought it home and was like what was that?! I knew it looked like cat food and I felt bad, but at least it was something to put in their lunch box. My mother has to go to the food bank for me because I work, and I'm so thankful she does. I would never tell anyone at work that I have to get food from the food bank. People at work talk about people taking advantage of the*

*food bank and I just laugh along with them. My boss thinks people who go to the food bank are the lower class of society, sub-human even, so I couldn't even bare telling anyone at work because their opinions would change of me. I drive a car, I work, my children have good sneakers because Walmart ones would fall apart in two months, so I'd be afraid people would think I take advantage of it and milking the system."*

Some other participants expressed feelings of being alone and depressed due to poverty and food insecurity. Feelings of shame and embarrassment led them to withdraw or isolate themselves from others for fear of being judged. Although these strategies might preserve self-esteem by decreasing encounters of enacted stigma, isolating or withdrawing from others led to further exclusion from potential support.

> **Deborah:** *"Sometimes my friends ask me to go out sometimes and I don't have the money to go out. Like my friend asked me go to the movie, or somewhere for my birthday because my birthday is next week – I was like I can't do nothing. I have no money to do nothing. This makes me feel even more alone and depressed. "*
>
> **Shelby:** *"So I feel isolated because I can't go places or I can't see people, then it makes me feel bad. Because I feel like I'm alone, I feel separated from society, I feel isolated, I feel lonely, I don't feel like I have any support. Like who would want to – I have friends who I haven't seen in years, and how am I supposed to ever [participate in social events], if I need help with something, if I need a babysitter, for an emergency or anything."*

Shelby also wrote out her grocery list and took a photo as a way to capture her experience of how being food insecure makes her feel marginalized and socially excluded.

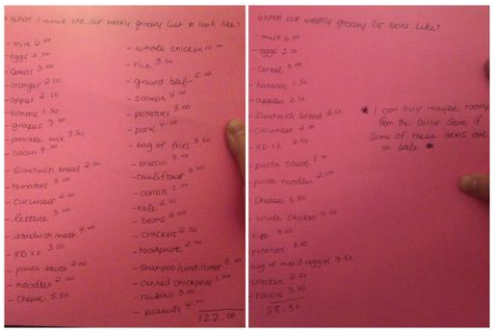


**Photo Caption (Shelby):** "*I get about $60 per week [from IA] for one adult and one child. That's including toiletries. We can't afford a taxi and usually not the bus so I carry the groceries home in a backpack. It takes us three trips for a week's worth of groceries. We walk 8.4km every week [in] rain, sun, or snow. Canada's food guide suggests we get 5-10 servings of fruits and veggies every day. With our budget we are lucky to get max 5 servings. We have given up many "luxuries" to make sure we have that $60 a week, including haircuts, social events, outings (e.g.,*

*the discovery centre). I have to save every little penny. I can't go out to the movies, we don't eat out, if a friend invites me to dinner we can't go. So I'm excluded a lot. We also skip a lot of foods such as ice cream, cream cheese, frozen dinners, etc. because we can't afford them. I feel judged for having very little groceries, for going to the food bank, and even for carrying home my groceries.*"

Susan took a photo of multi-coloured Goldfish® (fish-shaped crackers) to represent that we are diverse but we all want the same thing – to be healthy. She noted that the red fish stood out and represented those who are marginalized and excluded.

**Photo Caption (Susan): "***These goldfish are mixed all together and represent to me that we're all the same. We're all fighting for the same things, including healthy food. We should be working together to have better community supports. The red one's kind of stand out to me as some of us being in the red – a red flag. We're all in a little bit of jeopardy of being on the verge of not being able to access reliable food. Good foods equal healthy mind, healthy body, being able to work in the work force to provide a better future. When I feel that I don't have the supports to access these things, that I struggle to make ends meet I'm not eating a healthy diet, I kind of feel alone."*

Some of the negative health impacts discussed included inability to meet nutritional needs, sometimes even going hungry to feed their children, or not being able to adhere to special medical diets; inability to afford medications, dental care, and other noninsured health services; and the chronic stress of making ends meet.

Jolene decided to take a photo of her daughter with a food item that they commonly had to eat but didn't enjoy eating, and a bottle of vitamins to reflect that had to make choices that meant that her daughter did not meet her nutritional needs. She also used this photo to represent her fear of judgement surrounding not being able to meet the nutritional needs of her daughter, which was largely due to her (the participant) having to have an expensive medical treatment.

**Photo Caption (Jolene): "***This is what my daughter looks like when we have to eat Kraft dinner. We don't really like it but sometimes we have to eat it. The vitamins are there because she doesn't get as many fruits and vegetables as I'd like, so I always make sure she has her vitamins. It just makes me feel bad that I can't give her the food that I would like to give her. Sometimes I have to put stuff back at the grocery store and that's the most embarrassing thing ever. Also, when I have her with me, and I have unhealthy stuff because I can't afford healthy foods, I feel like people are looking at me like, how can she feed her kid that? People tend to be judgmental and they think, oh well I wouldn't do that, but people don't realize that if they were in that position you'd have to. If you only have twenty dollars to buy food for a week, you're gonna buy whatever is gonna feed your child. I have to have a very expensive medical treatment, and if I am not on assistance I won't get it paid for, therefore I won't be able to get the treatment. I'm at the place now you know, where it's either get this medical treatment, be off, not be able to work for a year because I'm gonna get really sick. Like I even feel like pushing that back and not doing that for myself because I really need a job."*

Angie took a photo of all of the healthy foods that she wished she could purchase, and in her caption explained the stigma and self-blame she experienced by not being able to purchase the healthy foods she required to be in good health.

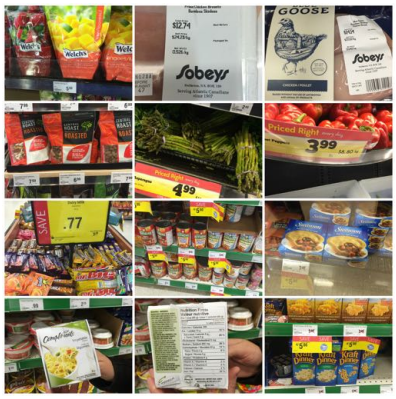



**Photo Caption (Angie):** *"I would love to eat healthy, to choose vegetables over canned and processed foods, but overall the foods that are the worst for you are the cheapest. I have Grave's Disease and I need a special diet, however when I pay my rent every month I only have one hundred and twenty dollars for groceries for the whole month. So I can't even get my special diet food items, so instead of taking that hundred dollars which will only get me say six meals because it's so expensive, I have to go get twelve or twenty-five meals – meaning you know, ten packaged meals, or canned veggies as opposed to fresh. Sure people say shop around, but being a single mom sometimes it's hard because transportation is hard when you're walking or taking the bus. Sometimes it makes me feel less than, because I feel like in the food industry (healthy foods)*

*cater to people that make more money, as opposed to single parent. Junk food is constantly on sale, it's a dollar and under, two dollars and under, it's cheaper to feed my family with Kraft dinner and hot dogs as opposed to spending twenty-five or thirty dollars on all the other healthy items. Sometimes I do have to make those decisions, and it just makes me feel less than.*"

### 4.4.4 'Beggars can't be choosers' – Neoliberalist values of individual responsibility creating marginalization and further barriers

Many of the mother's expressed strong feelings of helplessness and although they did not use this language directly, the experiences they expressed suggested feeling disempowered due to the normalized neoliberal mentality that places responsibility and blame on the individual who is food insecure. Overall, it felt that these values created blame from others (e.g. Dept. of Community Service Workers) and self-blame, both which may further contribute to barriers, and preventing the participants from bettering their situation.

Participants described themselves as feeling helpless in the face of the very system that is intended to support them:

> **Teresa:** *"Beggars can't be choosers. It goes back to – I'm giving it to you because you're a beggar. Be happy you got anything at all. You don't have the choice. You don't have an option. Be thankful and be on your way. You don't get to be respected for anything, because you are in need. So here I will help you, even if my help is of no use. Just say thank you."*

> **Susan:** *"Trying to go through or get resources is very draining. Like waiting for phone calls. You put in twenty-five phone calls and you're lucky if you get one back. [When talking to them] Kind of like, you're ours now so you take what we give you and deal with it."*

This theme was largely related to government as an entity, government employees, and social structures (exosystem), and it was clear that income support programs such as IA and EI and even the Canada Child Tax Benefit largely shaped the women's lives. But there were also

comments around these feelings coming from food bank workers, grocery retailers, and others in society (microsystem).

> **Teresa:** *"Sometimes they'll [others in society in general, but more specifically, food bank workers] say well you get what you get. Because if I need like – I'd rather have strawberries instead of tomatoes or something – but if I ask for both they're like no you can only have one."*

Teresa also discussed feeling like people with low income are treated as though they are "garbage" and don't deserve the same quality as those of higher income. She mentioned feeling this from many levels in society, but more specifically referred to food retailers in relation to how they priced their foods and presented their sale items:

> *"Well there's a clear message. Sent not only from food banks, government, Community Services, everybody else, our retailers - you're our garbage. Be thankful I gave this to you. There's a whole echelon of other [higher income] people that I wouldn't even feed it to. Be happy about that. You get my garbage."*

Lastly, Teresa took a photo of one of her foodbank experiences to highlight these feelings:

**Photo Caption: "***The difference in the used plastic bags you are given food from the food bank in always made me feel like I stood out like a sore thumb. It was a clear sign that you had not gone shopping for the items within [the bag] but that they were donated to you. For someone having little to no actual understanding of the numbers of people who have to make use of a food bank and live on the items other people don't want their natural line of thinking would begin to question the rest of that individual's life choices and make invalid judgements about character, and question the other visible pieces that might not in reality have anything to do with the circumstances that lead to food insecurity. "Well if you can afford those tattoos you should be able to afford groceries." "Why should I pay for someone to have a fancy cell phone like that; if you have a smart phone you should be able to feed yourself". "Look at that ring/necklace shoes." Because having items*

*that would have come at a substantial retail cost at one point must mean you are somehow subsidizing that want by way of abusing the food bank."*

### 4.4.5 Lack of understanding of individual circumstances from policies and support systems

A common theme reflected in the interviews was that the mothers perceived certain governmental employees and perhaps policies, most commonly the Employment Support and Income Assistance employees, to lack an understanding of the different circumstances that people face. This represents a line of fault between how support systems should be treating the mothers and how the mothers are being treated. The findings also suggested that the incongruency between how the mothers should be treated and how they were treated worsened their situation, instead of providing the support required to better their situation.

For example, Maggie shared that the Nova Scotia Department of Community Services would not sponsor her to go to college resulting in her having to rely on student loans; she understood their reasoning to be that her success rate in their opinion wouldn't be high enough because she had too many children to care for. This suggests an assumption and judgement being made at the employee or policy level resulting in Maggie feeling stereotyped as lazy and not valued. What she experienced resulted in her feeling disempowered - that the system was unjustly holding her back rather than supporting her to grow.

> **Maggie:** *"But keep in mind that I always worked and claimed my money through welfare. So, I'm not sure what part of my life they decided that I was lazy, but…there was no reason for it."*

Maggie also felt that policies and employees didn't take her personal situation into account when deciding how much she needed for her family. She explained that the Dept. of Community Services employees made her feel as though should be working, but that is was

extremely difficult to find childcare in the evenings and she was going to school during the daytime.

> **Maggie** *"I don't think they realize how hard it is. Like, one of them, this is when I was talking about getting a job. They were like well I know lots of single moms who work in the nighttime. OK – I don't have any family that can take her in the nighttime. What am I supposed to do? And well everybody is different. You know, it's not that easy. You can't just go to a job, any job and say this is when I can work, give me a job."*

Jolene felt that it was unfair that she had to remain on social assistance or her thirty-thousand-dollar medical treatment would not be covered.

> *[Amounts given by IA] "It makes you feel like, the way that they're looking at it is you know, if they're not gonna go out and work for it then you get what you get…but I wish I could work. I have to get a medical treatment – it's thirty thousand dollars for a year. I have to be on welfare or it's not gonna be covered. I can't work or I wouldn't be able to get it, you know? And even then I'm supposed to lose weight to get the medical treatment, and they give me like thirty dollars a month for a special diet? What's that? It's nothing. I can't lose when I'm eating crappy food."*

Shelby chose to take a photo of an excerpt from a letter from the Department of Community Services (DCS) to represent the pressure and fear that the policies can instill, especially when there is a potential to lose their only source of income.

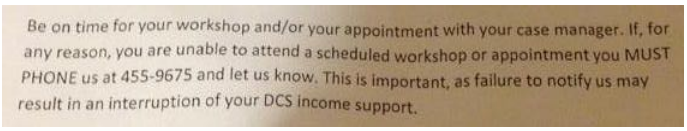

Be on time for your workshop and/or your appointment with your case manager. If, for any reason, you are unable to attend a scheduled workshop or appointment you MUST PHONE us at 455-9675 and let us know. This is important, as failure to notify us may result in an interruption of your DCS income support.

**Photo Caption:** *"This is an example of how income assistance stresses deadlines and puts pressure of losing my only income. They make everything a deadline, and if you miss the deadline then they stop your income assistance for six weeks. So that's rent, that's food, that's bills. We only get sixty dollars a week for food, so if we lose a big chunk of it, than that could be two weeks of food. It almost seems like they have this expectation that if you're on income assistance you're gonna be a drug addict or an alcoholic or something. It just makes me feel stressed out – it's a lot. And the sad part is I went to them. They didn't say, this is mandatory – you have to do it. I actually wanted to do better for myself so that I can get a job, even if it's part-time, so that we can have more money for food. Even another twenty dollars a month would help. I just had an issue with the Job Junction. I actually told them that I'm through income*

*assistance and this is why I'm doing it, and I need this evidence, and they said we don't even know what you're talking about. So our food situation is reliant on [other] people, and that's sad when you can't control it."*

### 4.4.6 Pressure from the media via normalized discourse

The media was a common social structure that was brought up several times by participants as playing a major role in the lives of lone mothers, and what contributed to their marginalization and exclusion. This included messages that they would see in advertisements, on television, or even on social media platforms:

> **Miriam:** *"It might sound like a cliché when I say this but media plays a big, big role. I know everyone blames the media for this but it's true. Wherever you look, certain things are projected on to you. So if you don't follow that you're thinking what the hell is wrong with me? Why am I not there yet? What did I do wrong? Where did I go wrong? All of it really makes me feel like a failure, because I'm not meeting any of those expectations."*

> **Lori:** *"I think it's been kind of knocked into us that organic is the way to go if we want to prevent long-term health problems, or if we want to be healthier in general. So the pressure is there to buy organic, and then you see seventy-nine cents and then ninety-nine cents, and it may seem like a little bit of money to some people but it does add up."*

Lori also took two photos to represent the pressure she felt from the media and society in general of what the huge focus on more nutritious, yet out of reach food options.

**Photo Caption (Lori):** *"On the side of the chicken it says 'Meals Made Easy'; yet chicken is not a cheap option to buy. As working mother of four children, to buy that it would probably cost me twenty to twenty-five dollars, just for the chicken alone for the meal. I often eat probably less than I should because I make sure my children get what they need. So when it comes to buying the healthy proteins it's a struggle. It's kind of a slap in the face and sets the bar for how society thinks people should live. I'm not the only one who's struggling to buy chicken at this point, and they just advertise it as it's*

*no big deal. Yet hot dogs we're $5 for a whole package and were sitting right next to the chicken. I feel like we've had a shift in society where we're expected to live up to this fitness, and health food standards, and no one can afford it."*

**Photo Caption (Lori):** *"Ideally I would love to buy healthy foods for my family, I would love to buy fresh, local produce, and the pressure is being put on us in society - advertisements, radio, media, social media, posters, people – but realistically and economically it's not an option. Both the quantity and the price of frozen vegetables make it much cheaper to buy than fresh. So I'm buying food out of a bag and a can to feed my family. I feel restricted. Apples use to be such an accessible food, as a kid that's what we got in our Christmas stocking. Now the most easily accessible food is junk. I'm left giving the apples or saving them for my children, and I don't eat them myself, because I can't afford to. Walking through the grocery store, the healthy options are about a third of the entire store and the rest is your junk foods. It's almost like we're being conditioned that these are the foods we should be eating…but if we want the other foods we need to pay more. I feel like I'm taken advantage of. And I know that when they price that they don't think specific social or economic situations. So I feel that because I don't have that extra income all the time to even just buy myself milk, it's kind of deflating. I mean…it's just milk. Bread, milk, eggs, fruits and veggies, should all be easily accessible options and they're not. Unless you want to get the frozen, or the two day old, over-due, best before and shop on the sale rack. It feels embarrassing that you have to make that choice, but I mean you have to choose between being embarrassed or feeding your family."*

Miriam felt a great deal of pressure from the media and others in society:

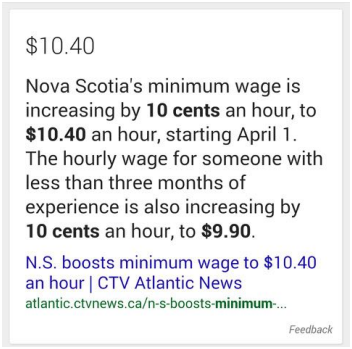



**Photo Caption: "***Before I had my child I worked pretty much three jobs for minimum wage at the same time. It still wasn't good enough. I can't afford to pay my bills or a healthy diet, I can't afford to go out and be social, and this is sad given my qualifications – I have two bachelor degrees and am finishing a masters. This puts a lot of pressure on me, and on my relationships, because I'm always stressed out. It makes me feel like a failure; like I didn't do something right. It also makes me feel a little bit useless, because as a member of the society I'm expected to be productive, to*

*provide for my family. Wherever you look, certain things are projected on to you…in advertisements, TV shows, movies, news articles, etc. So if you don't fit that you're thinking what the hell is wrong with me? Or you have those who assume that low-income people drink and smoke their money away, but I don't drink and I don't smoke. And if you do smoke because you're addicted or because you're stressed out and that's your only coping mechanism, you know what I don't blame you one bit. People think if they can find a fault in that person who is of low income who can't afford to eat a healthy diet, then it's just that person's fault and it's not their problem. So I end up staying inside, hiding my situation, and feeling excluded from the rest of the world because I feel like I'm trying so hard but still a failure."*

In summary, the findings indicate that stigma and marginalization contribute to individual and household food security at many levels of the ecological model.

# CHAPTER 5: DISCUSSION

## 5.1 Introduction

The purpose of this work was to explore how and why social ideologies, discourses and stigma at the institutional level contribute to the ongoing food insecurity and marginalization of low-income lone mothers in the HRM. Bronfenbrenner's Ecological Systems Theory provided a model to explore the women's immediate environments and then examine their situations more broadly so as to determine how their everyday actions (e.g., food acquisition and consumption) are mediated by stigmatization and marginalization at the various layers of the ecological framework, from self-blame and judgement from others at the microsystem, to how policies and programs contribute to stigmatization at the exosystem level, to social ideologies at the macrosystem level, such as neoliberalism, that contribute to the judgement, self-blame and exclusion experienced at the microsystem level. This served to help examine the meanings behind, factors that contribute to, and implications of, these women's experiences of marginalization and ongoing food insecurity.

Data for this study was derived from the, level of food insecurity as measured by the short-form HFSSM, Photovoice discussion with the low-income lone mothers and their photos and captions, as well as a document review which was incorporated into the discussion. The triangulation of these different sources of data was critical in identifying and linking the broader policies and programs of social organizations back to the everyday experiences and realities of low income, lone mothers experiencing food insecurity in the HRM. As such, critical analysis into how such organizations, through their policies and programs and/or worker-client interactions, contributes to the women's social marginalization and food security, included

continually making the connections between these findings and the 'ruling relations' (Smith, 1999) that underlie food insecurity for women in terms of the issue and programs aimed to address it. Overall, these data aimed to provide a holistic picture of low-income lone mothers' experiences with food insecurity and social marginalization in the HRM and the organizations in their lives that may contribute to this picture (knowingly or unknowingly). The experiences of the women were placed at the center of these investigations and using these experiences as a starting point in building a broader understanding of the organizations in these women's lives that through their interactions, policies and programs may contribute to their food insecurity.

The question remains around the power stigma and marginalization can have in organizing and further contributing to the mothers' food insecurity. This discussion will aim to highlight how social relations, more particularly, social stigma and marginalization, impact the mothers' food insecurity and eventually work to, seemingly unknowingly, create barriers, to the implementation of broader based long-term strategies that are needed to address the unacceptably high levels of food insecurity in HRM, Nova Scotia and Canada.

The discussion will begin in section 5.2 by examining the findings in relation to a key policy document which emerged from the data on the everyday experiences of the participants as the most significant social relation working to mediate the mothers' experience of food insecurity - the Employment Support and Income Assistance (ESIA) policy manual (Government of Nova Scotia, 2017). Exploring the relation of this policy document to the findings helps to address objective one of this study – explicating the ideological and social relations occurring at the institutional or local level that may contribute to ongoing stigmatization and marginalization of low-income lone mothers experiencing food insecurity. As noted above, one of the key

organizations that emerged most often as having a ruling impact on the mothers' lives was the Department of Community Services, more specifically, the ESIA policies as well as the workers who help enforce these policies. Thus, it was decided that the ESIA policy manual would be reviewed as part of the discussion to help explicate the *why* behind the social stigma and marginalization that these lone mothers face in society at the institutional level.

The following section (5.3) aims to address objective two; identifying the implications of stigmatization and marginalization on low-income lone mothers, the community, and society as a whole. This is done by exploring the findings with respect to the negative impact of judgement and stigma on the health of the lone mothers in this study, and how this further impacts their food insecurity. The other significant barriers that stigma and marginalization created for the mothers in this study will also be discussed, such as the inability to achieve higher education and thus improve upon their situation.

Finally, Chapter 6 that follows will provide conclusions with respect to the two objectives I will discuss in Chapter 5, as well as with respect to understanding of the potential impacts that institutional and local level discourses may have for their mothers, their children and for society as a whole, and importantly provide recommendations for policy change.

## 5.2 Understanding the Why: Explicating the ideological and social relations occurring at the institutional or local level that may contribute to ongoing stigmatization and marginalization

This section will begin to explicate the ideological and social relations occurring at the institutional or local level that may contribute to ongoing stigmatization and marginalization among low-income lone mothers in HRM, thereby exploring Objective 1. This builds on the

findings in Chapter 4, where I begin to examine how social stigma and marginalization was organizing the mothers' food insecurity. The questions remain: Why do they experience stigma and marginalization? What are the causes for this? The answer to these questions is, of course, multidimensional. A total explication is beyond the scope of this thesis. However, some of the most significant contributing factors can be identified when looking at other relations that exist within the mothers' exosystem, most notably, the policies and programs that work to determine the support they receive for family's nutritional health and overall health and well-being. These relations, the policies and programs that govern the mothers' incomes levels, fall within the mothers' exosystem; however, they were present within the mothers' everyday life more concretely in their regulatory power they had over their income levels and perhaps unknowingly, their food insecurity.

As previously noted, the most significant factor that influences the food insecurity and thus the stigma and marginalization of these mothers is their income. The main relations identified as having an impact on the mothers participating in this study were the ESIA Program at the provincial level, in particular the Income Assistance (IA) program, and the Employment Insurance (EI) and Canada Child Tax Benefit (CTB) programs at the federal level[10]; the IA program had the most significance as 7 of the mothers were receiving IA as their sole source of income. These were the main programs the mothers accessed income from to support their health

10 Enhancements to the child tax benefit were made in 2018. The Canadian government announced in their economic update they would be paying out an additional $5.6 billion over five years, between 2018-19 and 2022-23, to families with children aged 17 years and younger. As an example, the government said a family currently receiving the maximum amount of $6,400 for a child under six years old will, as of July 2018, see that rise to $6,496, and to $6,626 by 2019-2020. Retreived from: https://globalnews.ca/news/3822451/canada-child-benefit-changes-liberal-justin-trudeau/

and well-being, and where the mothers felt the most stigmatized when discussing their experiences with respect to food insecurity.

While both the IA, EI and CTB programs were vital to the mothers' overall income intake, and sometimes the CTB provided a greater portion, the mothers emphasized the IA and program (for those who were accessing this program) much more than the CTB program. Perhaps the mothers felt they had a closer tie to the IA program because of such things as their direct involvement with caseworkers. There were two participants who focused more on stigmatizing relations with the CTB, more notably, with the CRA employees and policies which then had an effect on the total amount of CTB they received.

One of the most notable organizing relations that affected the mothers' experiences of stigmatization and marginalization, were the feelings of being judged and stigmatized by workers in government as being "deserving" of what they get and stereotyped as being the "bottom of the totem pole" and "lazy, bums, drug users", etc. It is difficult to identify discourse in policies that would promote stigmatization at this level. In fact, the policy in the ESIA Manual states, ***"All clients within Employment Support and Income Assistance (ESIA) will be treated with compassion and respect."*** [ESIA Policy Manual, 1.1.1, revised June 9, 2017]. This leaves the researcher to believe that the reflection of this in the policy suggests a disconnect from what is expected from the ESIA case workers by those who develop the policies and what is the felt experience of the mothers. Nonetheless, these findings suggest that a significant contributing relation to the continued stigma of those are marginalized, in particular, lone mothers on IA impacted by this program, likely comes from the macrosystem level, which is the broader neoliberalist values that promote individualism, citizens' responsibility, and a 'commodified measure of citizenship' which leaves little room for 'collective solidarity' (Marston, 2008, p.

362). Based on findings of MacAulay (2005), Power (2005), McIntyre et al. (2011) and Williams et al. (2012b and 2010) that others in society, including IA case workers, then make assumptions based on these stereotypes, and those who are marginalized then experience internal and external stigma.

One aspect of the ESIA policy that could contribute to the mothers' ongoing marginalization is the expectation to work that is embedded in the policy. When they don't or can't work, they face judgements reflected in the value placed on employment and self-sufficiency in the ESIA policy manual. On a most basic level, the ESIA policy is simply a translation of the Act and Regulations that govern this program. The purpose of the ESIA Act was to ***provide assistance to persons in need and, in particular, to facilitate their movement toward independence and self-sufficiency*** [ESIA Policy Manual, 1.1.1, revised June 9, 2017]. Analysis of the ESIA Policy Manual indicates that government programs' continued focus on self-sufficiency, is prominently laced throughout many sections, and of higher importance than providing persons with the support that they need to meet their basic needs and human rights. For example, the very first guideline in the manual states: ***"1. independence and self-sufficiency, including economic security through opportunities for employment, are fundamental to an acceptable quality of life in Nova Scotia."*** [ESIA Policy Manual, 1.1.1, revised June 9, 2017]. Later in the document it states, ***"All persons applying for or in receipt of assistance are responsible to provide information and to pursue all other sources of support. The Department of Community Services is accountable to provide a program that does not create dependency but should support each individual's move to self-sufficiency."*** [ESIA Policy Manual, 2.1.6, revised June 9, 2017].

These findings suggests the persistence of neoliberalist ideologies within the ESIA policy with the goal of self-sufficiency through employability carrying considerable weight. Such a focus on employment is in line with the neoliberal ideology that has infiltrated social policies in recent years in Canada and presume that "every human being is an entrepreneur managing [her] own life, and should act as such" (Treanor, 2003 p-10). Such social and economic policies reflect what sociologists refer to as institutionalized discrimination (Calderhead, 2017, De Shutter O, 2012) against people living in poverty and convey a lack of understanding, acceptance, and social valuing of people in straitened economic circumstances (Calderhead, 2017, De Shutter O, 2012). In Nova Scotia, and indeed across Canada, welfare incomes fall far below the poverty lines, and minimum wages are inadequate to meet basic needs (National Council of Welfare, 2004, 2005, Newell et al., 2014, Williams et al., 2012c), indirectly through these policies and programs discriminating against people living in poverty (Feagin 1977), subjecting them to food insecurity, a most basic form of material deprivation (Tarasuk et al., 2014)

A significant statement regarding the self-sufficiency of applicants/recipients was, ***"The Employment Support and Income Assistance (ESIA) program must be administered in a manner that enables individuals to manage and control their own lives and, where possible, make the transition to employment."*** [ESIA Policy Manual, 2.1.6]. This was notable to the researcher because it revealed a contradiction. Recipients are expected to manage and control their own lives, yet this program is supposed to be there in a time of need to provide the support that participants need to manage and control their lives. However, research by Williams and colleagues has shown that the funds provided to recipients dependent on IA in Nova Scotia is inadequate to meet basic needs (Williams, 2012c; Williams 2014). When one is unable to meet

basic needs, this in and of itself is a lack of the ability to control and manage one's life, and a violation of the right to food (De'Shutter O, 2012)

Several participants commented on the ESIA policy that threatened to discontinue their income if they did not meet deadlines for providing information. Shelby took a photo of this to represent her feelings of being stigmatized. In fact, the ESIA Manual states: ***"If an applicant/recipient and/or spouse does not provide the required information/ documentation within the requested timelines, their application will be closed and/or their assistance will be discontinued.***" [ESIA Policy Manual, 5.1.3]. This language is particularly stigmatizing as it threatens to take away the recipients' livelihood, the income to support her and her family, for doing something that many in society can be guilty of at times – missing a deadline. This aligns with the neoliberalist values and the participants felt experience that they 'get what they get' and should feel grateful for this and it can be taken away at any moment.

Another social relation identified as a source of stigmatization and marginalization of the mothers' but not necessarily their level of income (although income does still play a role), was the media, also located at the exosystem level. The media play an important role in drawing attention to social issues such as inequality. While the media does not tell individuals what to think, it does influence what they think about, and paints a picture of how individuals are viewed in society (Anastasio, Rose, & Chapnam, 1999). The finding that the shame participants experienced in not being able to "live up to societies standards" was a common thread among participants linked to how they saw themselves reflected in the media. The media was brought up several times as a potential relation that triggers these feelings among participants, particularly the ideals and societal that are portrayed on many media outlets (e.g. social media platforms,

commercials, etc.). For example, participants felt as though they "should" be able to provide healthy, nutritious foods for their family. As seen through different media sources over generations, there is a unique standard set in neoliberal societies impacting public perceptions of those unable to succeed (e.g. earn enough income to provide for themselves and their family). The preservation of the belief that effort and honest work ultimately lead to success, due to the very nature of our country and economic system, creates the stigmatization of economic failure (Frankel, 1997). While the media may be situated within the exosystem level, these neoliberalist ideals stem from the macrosystem level. Neoliberal ideology in turn affects what is portrayed in the media, and influences people to look to other reasons such as individual failures as to why individuals cannot provide basic necessities for themselves or their family. It is inherent in our culture to not first blame external factors such as the government, educational system, or even the poor economic climate (Boas & Gans-Morse, 2009). Media framing of income inequality is particularly important because of the ambivalence most American's have about the causes and remedies for income inequality (Kluegel et al., 1995).

## 5.3 Implications of Stigmatization and Marginalization on Low-income Lone Mothers, the Community, and Society as a Whole

This section aims to further address the second objective of this project, which was to *identify the implications of stigmatization and marginalization on low-income lone mothers, the community, and society as a whole, thus stimulating initiatives directed towards affecting policy change related to food security*. The negative implications that have been highlighted by the findings of this study are significant - the negative impacts of stigma and marginalization on mental and physical health and related costs to society as a whole, and the further barriers that

this creates for low-income lone mothers to attain their goals, all of which creates further obstacles for improving their situation.

### 5.3.1 Negative Impacts of Stigma and Marginalization on Mental Health

The findings clearly demonstrate the compelling power that both stigmatization and the fear of being stigmatized contribute to feelings of guilt and shame, as well as isolation. This was evident throughout all interviews as the mothers discussed how they felt isolated, stigmatized and marginalized by various relations and organizations in society.

The findings that most of the women felt isolated from others and had feelings such as self-blame and not being able to participate in social activities due to fear of stigmatization align with other research that stigma plays a key role in exclusion at moral, relational, and economic levels (Kidger, 2004). Feelings of shame necessitated strategies such as self-isolating and concealing their experiences with poverty from family, friends, and others in society to preserve self-esteem, gain acceptance, and reduce fear of stigmatization. Not only is this type of mechanism damaging to mental wellness (Cattell, 2001, Keene et al., 2015) but it also compromises the social network that people experiencing HFI can draw on for support which can lead to further isolation (Jarrett et al., 2014). Aligning with this, feelings of shame, inferiority and low self-esteem have been associated with negative psychosocial health (Reid & Herbert, 2005; Wilkinson, 1996). The participants consistently internalized blame for not being able to "live up to societies standards" such as meeting their own and their child(ren)'s basic needs, for example by being able to afford mediations and a basic healthy diet, this was reflected in their self-esteem, and many seemed to question their self-worth. A number of empirical investigations of the relationship between stigma and self-esteem have been conducted over the past 20 years

(e.g., Branscombe et al. 1999, Crocker et al. 1991, Hatzenbuehler et al 2013, Verhaeghe et al. 2008). Moral exclusion is experienced when individuals perceive that they are undeserving because of individual characteristics that reflect on their worth as a person, as was apparent with the participants in this study. Crocker, Major, and Steele (1998) argued that stigmatized individuals "possess (or are believed to possess) . . . some attribute or characteristic that conveys a social identity that is devalued in a particular social context" (p. 505). Link and Phelan argued, "Stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination" (p. 367).

Almost all participants noted feeling some type of mental health effect from their food insecurity and the stigmatization and marginalization they face, such as feeling depressed, stressed, sad, anxious, or isolated. The health effects of chronic stress experienced by most people living in poverty are well documented (Brunner & Marmot, 2006, Kim et al., 2013), and especially with regards to the impact of food insecurity on mental health (Heflin et al., 2005). On top of this, shame, inferiority, and disrespect are important sources of additional stress or anxiety that might compound the stress of living with inadequate material resources (Reid, 2004). To summarize, stigma—especially stigma that is directly associated with living in poverty—can potentially influence health through such processes as psychological distress and damaged conceptions of self as well as inadequate access to resources that influence health and health-related services.

### 5.3.2 Negative Impacts of Stigma and Marginalization on Overall Health

It is clear that women facing poverty, and especially the mothers in this study, experience both subjective and objective stigmatization, as well as fear of stigmatization. The mothers consistently verbalized experiences of feeling "less than" others, and at the "bottom of the totem pole". This type of stigma (from oneself, others, and at the institutional level) can affect health indirectly via identity threat mechanisms (Walton & Cohen, 2007). Social identity threat is when individuals strive to maintain a positive perception of themselves and the group they align with (e.g. low income lone mothers). If these positive perceptions are challenged, individuals experience a sense of threat, manifesting as negative emotions or reinforcing behaviors that align with group norms (Walton & Cohen, 2007). Threats to identity can initiate a cascade of negative cognitions and emotions as well as physiological threat responses, including elevated cortisol, increased blood pressure, and other cardiovascular responses (Blascovich et al. 2000, Chen & Matthews 2003, Dickerson & Kemeny 2004, Petriglieri 2011). Although these physiological responses can be adaptive in the short run, they have adverse health implications if repeatedly experienced over time (McEwen 2000).

Subjective perceptions of stigmatization, such as when the mothers perceive that they are "less than" others or when they fear being stigmatized by others for their social status and their food insecurity, may be as important as objective exposure to discrimination in predicting adverse health-relevant outcomes among the stigmatized (Finch et al. 2000, Harrell 2000, Hatzenbuehler et al 2013). Subjective social status is positively related to health-related outcomes, even controlling for objective indicators of social status (Adler et al. 2000, Ostrove et al. 2000). Self-reported experiences of discrimination are positively correlated with psychological distress, and with self-reported physical health problems, such as hypertension, number of sick days, and chronic pain (Lebel 2008, Lewis et al. 2015).

The findings of this thesis that the stigma they experienced created feelings of powerlessness and impacted their physical health, corroborate other research (Hatzenbuehler et al., 2013, Hatzenbuehler, 2017, Major and Schmader, 2017)) showing that stigma and its resultant effects, clearly influence overall health and quality of life. Quality of life incorporates the concepts of being, belonging, and becoming, which include physical, mental, and social well-being; connections to others; and achieving personal goals and aspirations (Raphael, 2007; Raphael et al.,1997). Mothers in this study described feeling a multitude of health issues including feeling depressed, which can stem to other health issues (Moussavi et al., 2007), being underweight and "looking sick", Grave's disease, digestive issues, and generally feeling to be in "poor health". Almost all of the mothers were under 45 years (with the exception of one who was slightly older), and most of the mothers we're between 20 and 35. This indicates that although they may not experience more health complications currently, they could likely in the future if continued to experience food insecurity (Vozoris & Tarasuk, 2003).

These findings are certainly not surprising; compared to the non-stigmatized, members of stigmatized groups are at a greater risk for mental and physical health problems, such as depression, hypertension, coronary heart disease, and stroke (American Heart Association 2011, Hatzenbuehler et. al 2013, Krieger 1990, McEwen 2000). Additionally, discrimination directly affects the health of the stigmatized by exposing them to physical and social environments that are more toxic and by limiting their access to quality medical care and nutrition (Harrell 2000, Link & Phelan 2001).

In addition, the health consequences of social and economic policies that contribute to marginalization can be profound, as illustrated in this and other Canadian studies. For example, most (70%) households reliant on social assistance in Canada are food-insecure; almost a third

(29.4%) are severely food-insecure (Tarasuk et al., 2014). In NS, from 2011-2014, households with social assistance as their main source of income experiencing food insecurity increased from 69.3% to 82.1% (Tarasuk et al., 2014). The detrimental effects of policies influencing health care (in)accessibility for low-income people have also been identified (Williamson et al., 2006).

The findings of this study has significant implications for the cost of health care in Nova Scotia. Recent research by Tarasuk et al. (2015b) shows that household food insecurity takes a tremendous toll with respects to costs for the health care system. Moreover, these findings support what the Toronto Food Policy Council (1995, pp.29-30) suggested more than two decades ago:

*"The Canadian health care system, although committed to optimal nutrition in concept has failed to invest adequately in the provision of a nourishing affordable diet as a health promotion measure. As a nation, Canada is left with the paradoxical situation of a private sector driven food production and consumption system and a publicly funded health care system. The consequence is that all Canadians end up paying for health care expenses associated with malnutrition, such as hunger, poor food choices, and poor food quality."*

Beyond influencing such basic needs and the considerable costs to the health care systems in Nova Scotia and elsewhere of not doing so, policies can contribute to social exclusion from many, if not most, aspects of community life (Ocean, 2005; Stewart, Reutter, et al., 2008). Moreover, there is convincing evidence that participation in social activities, social networks, and groups or associations enhances health (Cattell, 2001; Lindstrom, Merlo, & Ostergren, 2002; Reid, Frisby, & Ponic, 2002). Given the findings that most of the mothers avoided engaging in

social activities due to either not having the means (e.g. income or transportation) or due to fear of stigmatization, they may experience diminished health effects.

### 5.3.3 Negative Effects on Attainment of Goals and Improving their Situation

These findings also highlight that social stigma and marginalization contribute to compounding the mothers' food insecurity by creating barriers for them to improve their income. If the mothers and others in society facing poverty and discrimination were able to make positive changes to their circumstances to improve their income, growing evidence suggests that they would be likely to improve their food security (Li, Dachner, & Tarasuk, 2016, Loopstra, Dachner, & Tarasuk, 2015, Loopstra & Tarasuk, 2013, McIntyre, Pow, & Emery, 2015). Moreover, these as well as other findings show that that discourses construct realities (Galasin ´ski, 2011; Jager, 2001), and can at times be so disempowering, that those who are marginalized can internalize the discursive values and interpret their own marginalization as justified (Reutter, 2009).

These findings suggest that negative social identities seem to be worn by these mother, and are legitimized by the media (Bullock, Wyche, & Williams, 2001) and government policies (Van Dijk, 2015). Many of the women felt shame and anxiety from the stereotypes that the feared were or would be placed on them by others, such as being an "abuser of the system", and not being a good mother. Findings pertaining to perceptions of a social identity suggest that participants living in poverty generally have a strong sense of stigma consciousness—a belief that they are viewed negatively, as a burden to society, and essentially deserving of what they get – *"you get what you get"* (Susan). One participant blamed herself for her daughter's dental issues and said "*it kind of is my fault but kind of not because I couldn't really afford it and junk food is cheaper*" (Deborah). This is particularly important because food is a material symbol of

both being able to provide basic needs and to nurture one's children (Devault, 1991). When a mother feels that she cannot provide these basic necessities for her children, it is apparent this would lead to stigma consciousness and a fear of being viewed negatively and as a 'failure'. One mother even feared having people in her home for fear that they would see her empty fridge and call 'child services' on her for "not being a good mother". Elsewhere in the literature, lone mothers describe living in constant fear that their case workers may cut assistance for not abiding by their extensive, and often times arbitrary, rules, or that their neighbours may call Children's Aid on them for being inadequate mothers (Power, 2005b; McIntyre et al., 2003).

The findings that the participants struggled with self-esteem, confidence, and their ability to measure up to societal standards and that they used coping strategies such as self-isolation suggests that coping with stigma often involves trade-offs. Such strategies used in the service of achieving one goal (e.g., protecting self-esteem) may inhibit attainment of other goals (e.g., academic achievement). Members of stigmatized and non-stigmatized groups differ substantially in measures of academic achievement (Brown and Lee, 2005, Frost, 2011). Situational cues increase the extent to which academic performance situations are appraised as threatening to social identity, and involuntary and voluntary responses to this identity threat may depress academic performance. For example, situational cues signaling that a negative stereotype is relevant as a possible interpretation for one's behavior (e.g., describing a test as diagnostic of ability, or as showing gender differences) impair the test performance of women (Cokley et al. 2015, Spencer et al. 1999, Guyll et al. 2010).

Aligning with the above findings of the mother's experiences with stigma, stigma-induced threats to one's identity resulting from negative stereotypes or fear of being a victim of prejudice can harm performance through involuntary stress responses such as anxiety and

decrements in working memory capacity (Blascovich et al. 2001, Bosson et al. 2004, Cokley et al. 2015, Schmader & Johns 2003). Emotion-focused coping efforts such as self-handicapping and withdrawing effort from negatively stereotyped domains can also impair performance (Davies et al. 2002, Keller 2002, McKown & Weinstein 2003). These findings suggest that negative stereotypes causing threats to identity can create barriers those who are marginalized such as impairing cognitive performance.

The layers organizing the stigmatization the mothers' faced can be seen in Figure 1. They described stigmatizing experiences through each layer of the ecological model; at the hands of family, friends, neighbors, strangers, and agencies, in both interpersonal and institutional contexts. In summary, the negative implications of stigma and discrimination of not being able to provide the necessities to oneself and their family, coupled with the overwhelming implications of poverty and food insecurity combined make it extremely difficult for low-income lone mothers take the necessary steps to move out of poverty and meet their basic needs, including adequate food necessary for health and wellness.

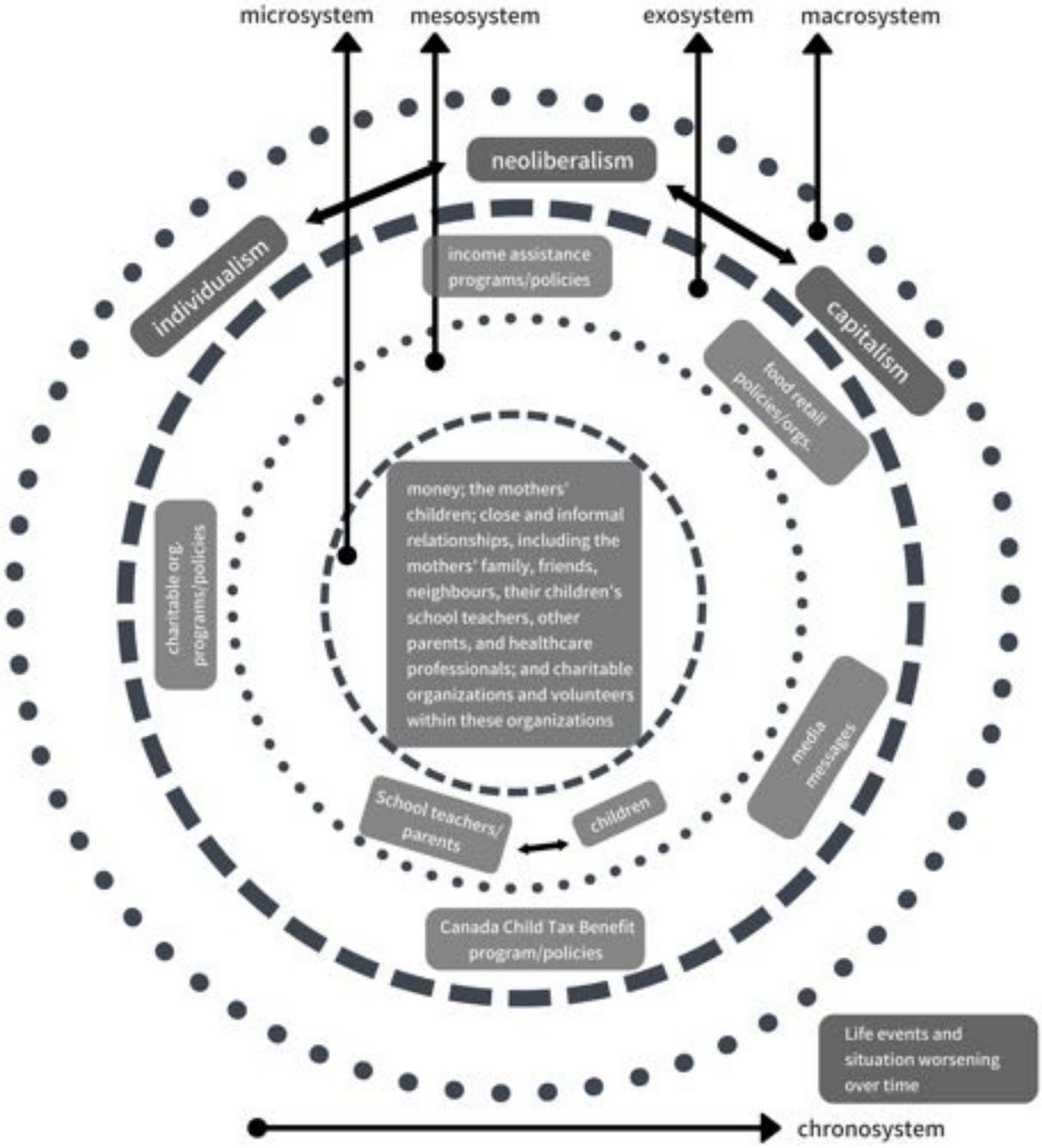



**Figure 1. Map of the identified social relations within the lives of the participating mothers working to organize their exclusion and marginalization relating to their food insecurity. Organized according to Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979).**

# CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS FOR PRACTICE, POLICY AND FUTURE RESEARCH

In this final chapter I address the third objective of this thesis research by highlighting the *lessons learned with respect to understanding the impacts that institutional and local level discourses may have on low-income, lone mothers in Halifax Regional Municipality*, and by *applying these learnings to the development of recommendations* for practice, policy, and directions for future research. These conclusions are considered in relation to other research, particularly other studies within the NS and Canadian context, while also highlighting the implications of findings that are unique to this research. Further, recommendations are made to address the key lines of fault between current policies and practices supporting lone mothers experiencing food insecurity, and the everyday experiences of these women with respect to the organizing power of stigma and marginalization. In addition, in this chapter I also discuss potential ways in which policy and practice could enhance supports provided to lone mothers experiencing food insecurity. Although this research specifically examined the experiences of mothers in HRM, these recommendations are framed more generally as they also likely apply to other lone mothers who experience stigma and marginalization in similar ways.

Consistent with this, Dr. Danielle Martin's recent book, Better Now (Martin, 2017) proposes "six big ideas" as the starting point for fixing the health-care system and improving the health of the population, four of which would go a long way to addressing the findings of this research to improve the health of Nova Scotians and Canadians and reduce the stigma they face: 1) ensure relationship-based primary health care for every Canadian; 2) bring prescription drugs under Medicare; 3) implement a basic-income guarantee; and scale up successful solutions across the country.

This study sought to integrate theory and research on the effects of social stigma—of being labeled, negatively stereotyped, excluded, discriminated against, and low in social status and power—on the food insecurity of low income lone mothers. Traditionally, members of stigmatized groups have been portrayed as passive victims of others' negative stereotypes, prejudicial attitudes, and discriminatory behaviors. Research reviewed here demonstrates that stigma does have direct and insidious negative effects on the stigmatized, including detrimental effects on mental health and physical health, and might lead to further exclusion and isolation from mainstream society. As indicated by the research highlighted in the discussion, poor policies not only create poverty but capture women and their families in a cycle of poverty from which it is difficult, if not impossible, to escape.

These findings provide compelling descriptive evidence of the higher risk of poor health and social, educational and employment problems that children from low-income lone mother-led families face, and, raise important questions for policy makers accountable for the escalating cost to society that we have been experiencing in Nova Scotia (Frank, 2010, MacEwen and Saulnier, 2010) when the cycle of poverty repeats itself. This is particularly concerning considering findings by Kirkpatrick et al., (2010) that children and youth who experience food insecurity are more likely to have poorer health compared with those who don't experience food insecurity, and that repeated exposure to food insecurity appears to be particularly damaging for children. While breaking the cycle of poverty take times, these findings provide evidence of the critical nature of this challenge and the need for adequate resources, and a multi-level policy approach. This will be discussed further in the policy recommendations section below.

## 6.1 Policy Recommendations

Accumulating evidence of the stigma and humiliation perceived by those who are impoverished along with the inadequate income supports make HFI, poverty, and social inclusion policy issues of the highest priority at all government levels because of their implications for health and quality of life. The strong curvilinear relationship between income and food insecurity implies that a significant reduction in food insecurity prevalence and thus the stigma and marginalization the participants and others who are impoverished face can be achieved by improving the financial resources of households currently with low incomes (Dietitians of Canada, 2016). Other organizations and leaders has called for action to address food insecurity and poverty in Canada. For example, in 2012, the UN Special Rapportueur on the Right to Food, Olivier De Shutter, called on Canada to live up to its international commitments to ensure the right to food, which means, at a minimum, that all Canadians should have enough money to purchase the food they need (De Shutter O, 2012). It is imperative that all levels of government to continue to strengthen their efforts to bring individuals out of poverty. Development and implementation of a comprehensive pan-Canadian strategy that includes a social policy approach to address and eliminate household food insecurity, with clear targets and accountability mechanisms, is needed.

Efforts to reduce the negative conditions to which impoverished people are exposed are important to help alleviate the negative effects of food insecurity. At the provincial level, this could include the provision of universal affordable child care, health and social services, and educational and recreational opportunities that are viewed as entitlements rather than as user-paid options. This decommodification of resources, services, and benefits has been the direction taken in many nations to reduce the detrimental effects of social stratification in general and the effects of material and social deprivation associated with poverty in particular. Perhaps the most

valuable means of reducing the effects of poverty would be to provide monetary resources to people so they will not experience poverty in the first place. In terms of further reaching policy implications, provincial governments in the context of this research, the NS government, must strengthen their current poverty reduction strategy. These findings along with others (Power, 2005, Williams et. Al, 2012, Williams et al., 2012b, Williams, 2014, Frank, 2015) demonstrate that NS's social policy to provide fixed and low-income households with resources to access a healthy diet in a dignified way is inadequate. although the NS government developed the NS Poverty Reduction Strategy to improve conditions for low-income groups, no reporting mechanisms or clear targets were developed to ensure follow-though (Andrée et al., 2016); and "lack of political will" was identified as limiting the realization of CFS in the province (Andrée et al., 2016, p. 21).

An effective "poverty reduction" strategy needs to include sufficient and consistent income, consideration of expenses that cause "budget shock" and provision of affordable accommodation (Che and Chen 2001, Herbert et al., 2012, Tarasuk, 2001, Tarasuk et al., 2012). Research by McIntyre, Patterson, and Mah (2016c) that examined Hansard records (transcripts of parliamentary debates) in British Columbia, Ontario, and NS, notably found agreement across political parties that inadequate income is the reason for HFI and appropriate economic policy (e.g., not neoliberal policies) is needed to effectively address this urgent issue. HFI was deemed by McIntyre and colleagues (2016b) an 'intractable problem,' a problem for which there is no straightforward simple solution, and one, in this case, that has not seen policy action to effectively address it. Some legislators even acknowledged HFI as contributing to shame and social marginalization, yet still, political leaders are more likely to agree on charity as a pathway to addressing HFI (McIntyre, 2016a). There is growing momentum in Canada for a guaranteed

annual income (GAI) (McIntyre, 2016, Przesiecki, 2015, Tarasuk, 2017), as well as living wages, as a key solution to HFI with the potential to eliminate social stigma associated with poverty (Calnitsky, 2016, Power, 2005, Williams et al., 2012; Williams, 2014, Newell et al., 2014, Loopstra, 2014); however, this is yet to be realized in public policy.

The institutionalized stigma experienced by participants receiving government support warrants special mention because of its policy implications. Accounts of negative experiences with social welfare agencies are commonplace in the United States and Canada (e.g., Collins, 2005; Kerr et al., 2004; Reid, 2004). Government departments and programs, including the Department of Community Services, as well as other organizations that provide services to the public, such as healthcare organizations, should commit to providing their employees with appropriate training to help foster empathy and to further uphold the policy guideline which states that recipients should be treated with the utmost respect and understanding.

**Table 2. Key recommendations for policy related to the social stigma and marginalization that low income lone mothers face.**

| | |
|---|---|
| 1.1 | Development and implementation of a comprehensive pan-Canadian strategy that includes a social policy approach to address and eliminate household food insecurity, with clear targets and accountability mechanisms, is needed. Strategy and policy measures focusing on long term solutions must be multipronged, considering the issue within the context of addressing poverty, healthy equity, social outcomes (i.e., affordable housing, education), precarious employment and ensuring adequate household income (for basic living costs and protection against budget-shocks). |
| 1.2 | There is a need to strengthen he NS Government's poverty reduction strategy to one that adequately provides fixed and low-income households with resources to access a healthy diet in a dignified way. |
| 1.3 | Efforts must be made at multiple levels (e.g., government, healthcare, community-based programs) to support the training of workers to help foster empathy and understanding for those who are marginalized. |

## 6.3 Recommendations for Practice

Cohen & McKay (2010) discovered that some public health nurses held negative attitudes towards, or stereotypes of, people living in poverty, viewing poverty as a product of laziness or some other individual deficit. Health and social service professionals have an important role to play in their practice in addressing the findings of this research related to the detrimental impact that stigma has on low income lone mothers and further keeping them in the cycle of poverty and food insecurity. There are key roles that health and social service professionals can play in working with low-income people to confront discrimination: directly through advocacy; being sensitive to how their actions and personal judgments impact marginalized individuals; improving services and programs, etc.

Advocacy for more equitable health and social policies that will reduce poverty and its effects, thereby fostering social inclusion rather than exclusion is of utmost importance. Given that individual attributions appear to be at the root of poverty stigma, it is important to disseminate evidence of the structural inequities that lead to poverty and its negative impact on health and well-being. Our elaborations of the personal identities of lone mothers living in poverty and experiencing food insecurity can be used to negate the myths that perpetuate stigmas and social identities. Highlighting the role that the media plays in misrepresenting the poor may also bring awareness of this to the public, and thus, impact their views of those who are impoverished. Thus, these findings suggest that professionals in health and social sectors need to be sensitive to low-income people's understandings of their social identity and their need to maintain a positive self-concept amidst the threat of stigmatization, perhaps starting with advocacy for policies that support this, as noted above.

**Table 3. Key recommendations for practice related to the social stigma and marginalization that low income lone mothers face.**

| | |
|---|---|
| 2.1 | Professionals in health and social sectors need to work together with those who are marginalized, to help build capacity and break down barriers. |
| 2.2 | Interventions must seek to challenge the stigmatizing views and practices of neoliberalist views, and/or they should target the power imbalances in society that allow. |
| 2.3 | Advocates must highlight the role that the media plays in misrepresenting the poor may also bring awareness of this to the public, and thus, impact their views of those who are impoverished. |

## 6.4 Areas for Future Research

Findings around persistently ineffective social policies suggest further research and action is urgently needed to shift public discourse and inform policy, programs, and everyday practice to achieve equity and social justice. Inquiry into the lived experience of poverty and barriers to/access to health care is also needed (McGibbon, 2008). We need more critical analyses of the economic, political, and social barriers to the implementation of public policies that address poverty. There is resistance within much of the health sector to the idea of such analyses, yet the carrying out of these kinds of research and the dissemination of the findings are essential, as is the implementation of recommendations resulting from these analyses. o date there has been some excellent work done to research the structural determinants of poverty (e.g., Che & Chen, 2001, Kirkpatrick & Tarasuk, 2008, Tarasuk et al., 2014, Tarasuk et al., 2015) and the means by which both poverty and its adverse effects might be ameliorated (McIntyre et al., 2016, McIntyre et al., 2016b, McIntyre et al., 2017).

Further efforts to investigate the relationship between low income lone mothers on IA and income support workers from the perspective of the worker similar to exploratory work in HRM by MacAulay (2005) is needed to expose and fully understand the contextual factors that influence this dynamic (Bullock, 2004).

Another area for future research would be to examine the impact of training of workers at various levels (e.g. government, healthcare sector, community-based organizations) to help foster empathy and understanding for those who are marginalized.

Several participants noted experiencing stigma from the food sector at the policy/procedure level. They felt that practices such as overpricing certain items, as well as the way that they displayed sale items in a disorganized fashion on in the middle of the store, was a "slap in the face" to those who are marginalized. Explicating this further was outside of the scope of this thesis but would be an interesting and important area for future research.

Lastly, all participants in this study lived in urban areas in the HRM. Moreover, participants were all affiliated with family resource centres in HRM and did not include women most marginalized, e.g. women who are isolated to the point that engagement is not possible, those from African Nova Scotian, immigrant and Mi'kmaq communities. The experience of poverty stigma and its subsequent role in exclusion might be quite different among those living in rural and more remote areas, which may have more conservative views and potentially fewer resources, and among those even more marginalized than the women in this study; this is an important area and should be a priority for future study.

**Table 4. Key recommendations for future research related to the social stigma and marginalization that low income lone mothers face.**

| | |
|---|---|
| 1 | Examine the impact of training of workers at various levels (e.g. government, healthcare sector, community-based organizations) to help foster empathy and understanding for those who are marginalized. |
| 2 | Undertake more critical analyses of the economic, political, and social barriers to the implementation of public policies that address poverty. |
| 3 | Investigate the experience of poverty stigma and its subsequent role in marginalization and exclusion in rural and more remote areas. |

## References


Achterberg, C., & Miller, C. (2004). Is one theory better than another in nutrition education? A viewpoint: more is better. *Journal of nutrition education and behavior*, *36*(1), 40-42.

Alwitt, L.F., & Donley, T.D. (1997). Retail stores in poor urban neighbourhoods. *Journal of Consumer Affairs; 31*(1):139-164.

American Heart Association. (2011). Heart disease and stroke statistics. Accessed May 8, 2018. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4418670/

Amero, M. (2010). Are Provincial and Federal Income Supports Adequate to Support The Consumption of A Nutritious Diet for Pregnant and Breastfeeding Women In Nova Scotia? NS. Master's Thesis. Dalhousie University.

Andrée, P., Langille, L., Clement, C., Williams, P., & Norgang, E. (2016). Structural Constraints and Enablers to Community Food Security in Nova Scotia, Canada. Journal of Hunger & Environmental Nutrition, 11(4), 456-490.

Anderson SA, ed. (1990). Core indicators of nutritional state for difficult-to-sample populations. *Journal of Nutrition,* 120, 1557-1660.

Apparicio, P., Cloutier, M-S., & Shearmur, R. (2007). The case of Montréal's missing food deserts: Evaluation of accessibility to food supermarkets. *International Journal of Health Geographics*; *6*(4).

Arai, A.B. (2000). Self-employment as a response to the double day for women and men in Canada. *The Canadian Review of Sociology and Anthropology, 37*(2), 125-142.

Aronson, J., & Inzlicht, M. (2004). The ups and downs of attributional ambiguity: Stereotype vulnerability and the academic self-knowledge of African American college students. Psychological science, 15(12), 829-836.

Atlantic Health Promotion Research Centre, Family Resource Centres/Projects & Nova Scotia Nutrition Council. (2004). Participatory food security projects phase I and II: Building food security in Nova Scotia: Using a participatory process to collect evidence and enhance the capacity of community groups to influence policy. Halifax, NS: Author.

Atlantic Health Promotion Research Centre. (2006). Understanding the Relationship Between Public Policy and Food Security in Nova Scotia: A Background Paper & Policy Lens.

Baker, M. (1997). The restructuring of the Canadian welfare state: Ideology and Policy. *Social Policy Research Center. Discussion Paper No. 77.*

Baxter, J. (1997). Gender equality and participation in housework: A cross national perspective. *Journal of Comparative Family Studies, 28* (3), 220-227.

Blascovich J, Mendes WB, Seery MD. 2000. Intergroup encounters and threat: a multimethod approach. In From Prejudice to Intergroup Emotions: Differentiated Reactions to Social Groups, ed. DM Mackie, ER Smith, pp. 89–109. New York: Psychol. Press

Blumberg, S. J., Bialostosky, K., Hamilton, W. L., & Briefel, R. R. (1999). The effectiveness of a short form of the Household Food Security Scale. *American Journal of Public Health*, *89*(8), 1231-1234.

Boas, T.C., & Gans-Morse, J. (2009). Neoliberalism: From new liberal philosophy to anti-liberal slogan. *Studies in Comparative International Development*, 44(2):137–161.

Bodor J, Rose D, Farley T, Swalm C, Scott S. (2007). Neighbourhood fruit and vegetable availability and consumption: the role of small food stores in an urban environment. Public Health Nutr,

Branscombe NR. 1998. Thinking about one's gender group's privileges or disadvantages: consequences for well-being in women and men. Br. J. Soc. Psychol. 37:167–84

Brofenbrenner, U. (1977). Toward an experimental ecology of Human Development. American Psychology, 32, 515-531.

Brofenbrenner, U. (1994). Ecological Models of Human Development. *In International Encyclopedia of Education*. Vol. 3, 2nd ed. Oxford: Elsevier.1643-1647.

Bronfenbrenner, U. (1979). *The ecology of human development: experiments by nature and design*. Cambridge, MA: Harvard University Press.

Brown, B. (2006). Shame resilience theory: A grounded theory study on women and shame. Families in Society, 87(1), 43-52.

Brunner, E., & Marmot, M. (2006). Social organization, stress, and health. In M. Marmot & R. Wilkinson (Eds.), Social determinants of health (2nd ed.; pp. 6-30). Oxford, UK: Oxford University Press.

Buchowski, M. (2010). 'Nie rzucimziemi skad nasz rod': Polish contemporary discourses about soil and nation. In A. Galasin ´ska & D. Galasin ´ski (Eds.), The post-communist condition (pp. 23– 45). Amsterdam: John Benjamins.

Bullock, H., Wyche, K., & Williams, W. (2001). Media images of the poor. Journal of Social Issues, 57, 229-246.

Calderhead, V. (2017). Poverty in Nova Scotia — not in our name! Vince Calderhead on the budget and the election. The Nova Scotia Advocate. Retrieved from: https://nsadvocate.org/2017/05/14/poverty-in-nova-scotia-not-in-our-name-vince calderhead-on-the-budget-and-the-election/#more-4740

Calnitsky, D. (2016). "More Normal than Welfare": The Mincome Experiment, Stigma, and Community Experience, Canadian Review of Sociology, 53(1), 26-71.

Campbell MK, & Gregor F. Mapping Social Relations: A Primer in Doing Institutional Ethnography. (2004). Walnut Creek, CA: AltaMira Press.

Canada's Action Plan for Food Security: A Response to the World Food Summit. (1998). Ottawa ON: Agriculture and Agri-Food Canada.

Canadian Medical Association. (2013). Health Care in Canada: What Makes us Sick?. Canadian Medical Association.

Carlson, E.D., Engebretson, J. & Chamberlain, R.M. (2006). Photovoice as a Social Process of Critical Consciousness. *Qualitative Health Research*, 16(6):836-852.

Casey, P., Goolsby, S., Berkowitz, C., Frank, D., Cook, J., Cutts, D., Black, M.M., Zaldivar, N., Levenson, S., Heeren, T. & Meyers, A. (2004). Maternal Depression, Changing Public Assistance, Food Security, and Child Health Status. *Official Journal of the American Academy of Pediatrics,* 113(2), 298-304.

Castleden, H. Garvin, T., & Huu-ay-aht First Nation. (2008). Modifying Photovoice for Community-Based Participatory Indigenous Research. *Social Science & Medicine*, 66:1393-1405.

Catalyst. Catalyst quick take: Canadian women. (2012). Available from http://www.catalyst.org/knowledge/canadian-women [cited August 20, 2013]

Cattell, V. (2001). Poor people, poor places, and poor health: The mediating role of social networks and social capital. Social Science and Medicine, 52, 1501-1516.

Che, J. & Chen, J. (2001). Food insecurity in Canadian households. *Health Rep*. 12, 11-22.

Chen E, Matthews KA. 2003. Development of the cognitive appraisal and understanding of social events (CAUSE) videos. Health Psychol. 22:106–10

Chui, T. & Tran, K. (2003). Longitudinal Survey of Immigrants to Canada: Progress and Challenges of New Immigrants in the Workforce. Statistics Canada. Retrieved from http://www.statcan.gc.ca/pub/89-615-x/89-615-x2005001-eng.pdf

Clay, E. (2002). Food Security: Concepts and Measurement. FAO Expert Consultation on Trade and Food Security. *Trade and Food Security: Conceptualising the Linkages.*

Code, L. (2000). *Encyclopedia of Feminist Theories* (1st ed.). London: Routledge. p. 346.

Cohen, B. E., & McKay, M. (2010). The role of public health agencies in addressing child and family poverty: Public health nurses' perspectives. The open nursing journal, 4, 60.

Cokley, K., Awad, G., Smith, L., Jackson, S., Awosogba, O., Hurst, A., ... & Roberts, D. (2015). The roles of gender stigma consciousness, impostor phenomenon and academic self concept in the academic outcomes of women and men. Sex Roles, 73(9-10), 414-426

Collins, S. (2005). An understanding of poverty from those who are poor. Action Research, 3, 9 31.

Colman, R. (2002). The Cost of Chronic Disease in Nova Scotia. General Progress Index for Atlantic Canada. Available from: www.gpiatlantic.org/releases/pr_chronicdisease.htm.

Crocker J. (1999). Social stigma and self-esteem: situational construction of self-worth. J. Exp. Soc. Psychol. 35:89–107.

Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. Gilbert, S. Fiske, & G. Lindzey (Eds.), Handbook of social psychology (Vol. 2, 4th ed., pp. 504-553). New York: McGraw-Hill.

Curtis, K.A., & McClellan, S. (1995). Falling through the safety net: Poverty, food assistance and shopping constraints in an American city. *Urban Anthropology*; *24*(1-2):93-135.

Curtis, L.J., Dooley, M.D., & Phipps, S.A. (2004). Child well-being and neighbourhood quality: evidence from the Canadian National Longitudinal Survey of Children and Youth. *Social Science & Medicine*, *58*:1917-1927.

Dachner, N., & Tarsuk, V. (2002). Homeless "squeegee kids": food insecurity and daily survival. *Social Science and Medicine, 54*, 1039-1049.

Davis, B. & Tarasuk, V. (1994). Hunger in Canada. *Agriculture and Human Values,* 11(4), 50-7.

De Schutter, O. (2010). Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development. Report submitted by the Special Rapporteur on the right to Food. UN General Assembly.

Devault, M. (1991). *Feeding the family: The social organization of caring as gendered work.* Chicago, IL: The University of Chicago Press.

DeVault, M.L. (2006). Introduction: What is Institutional Ethnography? *Social Problems*, *53* (3):294–298.

Dickerson S, Kemeny ME. (2004). Acute stressors and cortisol responses: a theoretical integration and synthesis of laboratory research. Psychol. Bull. 130:355–91

Diez-Roux, A.V., Nieto, F.J., Caulfield, L., Tyroler, H.A., Watson, R.L., & Syklo, M. (2004). Neighbourhood differences in diet: the Atherosclerosis Risk in Communities (ARIC) Study. *Journal of Epidemiology and Community Health*, *53*(1):55-63.

Dietitians of Canada (2016). Addressing Household Food Insecurity in Canada–Position Statement and Recommendations–Dietitians of Canada. Canadian Journal of Dietetic Practice and Research, 77, 159.

Dodds, C. & Colman, R. (2001) Income distribution in Nova Scotia. *Genuine Progress Index for Atlantic Canada*. National Library of Canada.

Drolet, M. (2002). New Evidence on Gender Pay Differentials: Does Measurement Matter? Business and Labour Market Analysis Division Statistics Canada. *Canadian public policy.*

Ellaway, A., & MacIntyre, S. (1996). Does where you live predict health related behaviours?: a case study in Glasgow. *Health Bulletin*, *54*(6):443-446.

Esterberg KG. (2009). Qualitative methods in social research. McGraw-Hill Higher Education.

Feagin, J. R. (1977). Indirect institutionalized discrimination: A typological and policy analysis. American Politics Quarterly, 5(2), 177-200.

Ferrao V & Williams C. (2011). Women in Canada: A gender-based statistical report, 6th Edition; Statistics Canada.

Florence, M.D., Asbridge, M., & Veugelers, P.J. (2008). Diet quality and academic performance. *Journal of School Health;78*(4):209-15

Food and Agriculture Organization. (1996). Rome declaration on world food security and world food summit plan of action, Rome, Italy, 1996; 1998 [cited 2013 May 26]. Available from: http://www.fao.org/docrep/003/w3613e/w3613e00.htm

Foucault, M. (1982). The subject and power. Critical Inquiry, 777-795.

Frank, L. (2010). The Nova Scotia child poverty report card 2010, 1989-2008. Halifax, NS: Canadian Centre for Policy Alternatives - Nova Scotia.

Frank, L. (2015). Exploring infant feeding practice in food insecure households: What is the real issue? Food and Foodways: Explorations in the History and Culture of Human Nourishment, 23(3), 186-209

Freire, P. (2002/1973). Education for Critical Consciousness. New York: Continuum.

Frost, D. M. (2011). Social stigma and its consequences for the socially stigmatized. Social and Personality Psychology Compass, 5(11), 824-839.

Fukuda-Parr, S. (1999). What does feminization of poverty mean? It isn't just lack of income. *Feminist Economics*, *5*(2), 99-103.

Glanville, N.T. & McIntyre, L. (2006). Diet Quality of Atlantic Families Headed by Single Mothers. *Journal Canadian Journal of Dietetic Practice and Research,* 67(1), 28-35.

Glanville, N.T. & McIntyre, L. (2009). Beverage Consumption in Low Income, "Milk-friendly" Families. *Journal Canadian Journal of Dietetic Practice and Research,* 70(2), 95-98.

Goffman, E. (2018). Stigma and social identity. In Deviance and Liberty (pp. 24-31). Routledge.

Government of Canada (2012). Determining Food Security Status. Retrieved from: https://www.canada.ca/en/health-canada/services/food-nutrition/food-nutrition-surveillance/health-nutrition-surveys/canadian-community-health-survey-cchs/household-food-insecurity-canada-overview/determining-food-security-status-food-nutrition-surveillance-health-canada.html

Government. of Nova Scotia (2013). Nova Scotia Income Assistance (IA). Available at: http://novascotia.ca/coms/employment/income_assistance/index.html

Government of Nova Scotia (revised 2017). Employment Support and Income Assistance (ESIA) Policy Manual. Retrieved from: https://novascotia.ca/coms/employment/income_assistance/ESIAManual.html

Guest, G., Bunce, A., & Johnson, L. (2006). How many interviews are enough? An experiment with data saturation and variability. *Field methods*, *18*(1), 59-82.

Guyll, M., Madon, S., Prieto, L., & Scherr, K. C. (2010). The potential roles of self-fulfilling prophecies, stigma consciousness, and stereotype threat in linking Latino/a ethnicity and educational outcomes. Journal of Social Issues, 66(1), 113-130.

Hamelin, A.M., Beaudry, M. & Habicht, J.P. (2002). Characterization of household food insecurity in Quebec: food and feelings. *Social Science & Medicine, 54,* 119-132.

Hamelin A.M., Habicht J.P. & Beaudry M. (1999). Food insecurity: consequences for the household and broader social implications. *Journal of Nutrition, 129*:525–528.

Hamm, H.W, &Bellows, A.C (2003). Community food security and nutrition educators. *Journal of Nutrition Education and Behavior, 35(1)*, 35-43.

Hatzenbuehler, M. L. (2017). Structural stigma and health. The Oxford handbook of stigma, discrimination, and health, 105.

Hatzenbuehler, M. L., Phelan, J. C., & Link, B. G. (2013). Stigma as a fundamental cause of population health inequalities. American journal of public health, 103(5), 813-821.

Hair, E. C., McGroder, S. M., Zaslow, M. J., Ahluwalia, S. K., & Moore, K. A. (2002). How do maternal risk factors affect children in low-income families? Further evidence of two-generational implications. *Journal of Prevention and Intervention in the Community, 23*:65-94.

Health Canada. (2007). Canadian Community Health Survey (CCHS) Cycle 2.2, Nutrition (2004), Income-Related Household Food Security in Canada, Office of Nutrition Policy and Promotion Health Products and Food Branch.

Health Canada. (2010). Household food insecurity in Canada in 2007-2008: Key statistics and graphics. Retrieved from: http://198.103.98.28/fnan/surveill/nutrition/commun/insecurit/key-stats-cles-2007-2008-eng.php.

Heart and Stroke Foundation of Canada. (2008). Position Statement. Access to Affordable, Healthy and Nutritious Food ("Food Security"). Available from: http://www.heartandstroke.com/site/c.ikIQLcMWJtE/b.4956487/k.ACE2/Position_Statements__Access_to_Affordable_Healthy_and_Nutritious_Foods.htm.

Heflin, C., Siefert, K., & Williams, D. (2005). Food insufficiency and women's mental health: findings from a 3-year panel of welfare recipients. Social Science & Medicine, 61,1971-1982. doi:10.1016/j.socscimed.2005.04.014

Huisken, A., Orr, S. K., & Tarasuk, V. (2017). Adults' food skills and use of gardens are not associated with household food insecurity in Canada. Can J Public Health, 107(6), 526-532.

Ipsos News Centre. (1999). Poverty in Canada. Retrieved March 29, 2007, from http://www.ipsos-na.com/news/pressrelease.cfm? id=916

Jacobson M, & Rugeley C. Community-based participatory research: Groupwork for social justice and community change. (2007). *Social Work with Groups*, *30*:21–39.

Johnson C, Williams PL. (2005). The value of participatory food costing: Views of the participants and support people, post spring 2002 food costing.

Jyoti DF, Frongillo EA, Jones SJ. Food insecurity affects school children's academic performance, weight gain, and social skills. J Nutr. 2005 Dec;135(12):2831-9.

Kabeer, N. (2008) Paid Work, Women's Empowerment and Gender Justice: Critical Pathways of Social Change, Pathways of Women's Empowerment Working Paper, available at: https://assets.publishing.service.gov.uk/media/57a08bc3e5274a27b2000d3d/Pathways P3- website.pdf

Keene, D.E., Cowan, S.K., & Castro Baker, A. (2015). "When You're in a Crisis like that, you don't want people to know": Mortgage Strain, Stigma, and Mental Health. American Journal of Public Health, 105(5), 1008-1012.

Kerr, M., Frost, D., & Bignell, D. (2004). Don't we count as people? Saskatchewan social welfare policy and women's health. Winnipeg, Manitoba, Canada: Prairie Women's Health Centre of Excellence.

Kidger, J. (2004). Including young mothers: Limitations to New Labour's strategy for supporting teenage parents. Critical Social Policy, 24, 291-311.

Kim, P., Evans, G. W., Angstadt, M., Ho, S. S., Sripada, C. S., Swain, J. E., ... & Phan, K. L.

(2013). Effects of childhood poverty and chronic stress on emotion regulatory brain function in adulthood. Proceedings of the National Academy of Sciences, 110(46), 18442-18447.

Kincheloe, J. L & McLaren, P.L. (1994). Rethinking critical theory and qualitative research. In N.K. Denzin & Y.S. Lincoln (Eds.), *Handbook of Qualitative Research* (pp.138-157). Thousand Oaks, CA: Sage Publications.

Kirkpatrick, S.I., & Tarasuk, V. (2010). Assessing the relevance of neighbourhood characteristics to the household food security of low-income Toronto families. *Public health nutrition*, *13*(07), 1139-1148.

Kirkpartick, S. & Tarasuk, V. (2003). The relationship between low income and household food expenditure patterns in Canada. *Public Health Nutrition*, 6, 589-597.

Kirkpatrick, S. & Tarasuk, V. (2008). Food Insecurity in Canada Considerations for Monitoring. *Canadian Journal of Public Health*, 99(4), 324-327.

Kirkpatrick, S. & Tarasuk, V. (2008b). Food insecurity is associated with nutrient inadequacies among Canadian adults and adolescents. *The Journal of Nutrition*, 138, 604-612.

Kirkpatrick, S.I. & Tarasuk, V. (2011). Housing Circumstances are Associated with Household Food Access among Low-Income Urban Families. *Journal of Urban Health: Bulletin of the New York Academy of Medicine.* doi:10.1007/s11524-010-9535-4. Available from: http://www.ncbi. nlm.nih.gov/pubmed/21286826.

Kirkpatrick, S. I., McIntyre, L., & Potestio, M. L. (2010). Child hunger and long-term adverse consequences for health. Archives of pediatrics & adolescent medicine, 164(8), 754-762.

Knezevic, I., Hunter, H., Watt, C., Williams, P., & Anderson, B. (2014). Food insecurity and participation: A critical discourse analysis. Critical Discourse Studies, 11(2), 230-245.

Kramarae, C. (2000). *Routledge International Encyclopedia of Women*. New York: Routledge. pp. 1374–1377.

Krieger N. (1990). Racial and gender discrimination: risk factors for high blood pressure? Soc. Sci. Med. 30:1273–81

Lahey, K.A. (2005). Women and employment: removing fiscal barriers to women's labour force participation. Ottawa: Status of Women Canada.

Lankenau, S. (1999). Stronger than dirt: Public humiliation and status enhancement among panhandlers. Journal of Contemporary Ethnography, 28, 288-318.

Latham, J., & Moffat, T. (2007). Determinants of variation in food cost and availability in two socioeconomically contrasting neighbourhoods of Hamilton, Ontario, Canada. *Health & Place*, *13*(1):273-287.

Leavy, P. (2009). *Method meets art: Arts-based research practice*. Guilford Press.

LeBel, T. P. (2008). Perceptions of and responses to stigma. Sociology Compass, 2(2), 409-432.

Ledrou I, & Gervais J. (2005). Food insecurity. *Health Reports* (Statistics Canada, Catalogue 82-003), *16*(3), 47-51.

Lent, M. D., Petrovic, L. E., Swanson, J. A., & Olson, C. M. (2009). Maternal mental health and the persistence of food insecurity in poor rural families. Journal of health care for the poor and underserved, 20(3), 645-661.

Lewis, T. T., Cogburn, C. D., & Williams, D. R. (2015). Self-reported experiences of discrimination and health: scientific advances, ongoing controversies, and emerging issues. Annual review of clinical psychology, 11, 407-440.

Li, N., Dachner, N., & Tarasuk, V. (2016). The impact of changes in social policies on household food insecurity in British Columbia, 2005–2012. Preventive Medicine, 93, 151-158.

Lindstrom, M., Merlo, J., & Ostergren, P. (2002). Individual and neighbourhood determinants of social participation and social capital: A multilevel analysis of the city of Malmo, Sweden. Social Science and Medicine, 54, 1779-1791.

Link, B., & Phelan, J. (2001). Conceptualizing stigma. Annual Review of Sociology, 27, 363 385.

Lopez, E.D.S., Eng, E., Randall-David, E., & Robinson, N. (2005). Quality-of-Life Concerns of African American Breast Cancer Survivors Within Rural North Caroline: Blending the Techniques of Photovoice and Grounded Theory. *Qualitative Health Research, 15*(1):99-115.

Loopstra, R. (2014). Household Food Insecurity in Canada: Towards an Understanding of Effective Interventions (Doctoral dissertation). Toronto, ON: University of Toronto.

Loopstra, R., Dachner, N., & Tarasuk, V. (2015). An exploration of the unprecedented decline in

the prevalence of household food insecurity in Newfoundland and Labrador, 2007–2012. Canadian Public Policy, 41(3), 191-206.

MacAulay, R. (2005). Mapping the Social Relations Shaping the Everyday Lives of Single Mothers Who are Food Insecure in Nova Scotia. Mount Saint Vincent University. NS. Master's Thesis. Mount Saint Vincent University.

MacEwen, A., & Saulnier, C. (2010). The cost of poverty in Nova Scotia. Canadian Centre for Policy Alternatives, Nova Scotia Office.

Major, B., & Schmader, T. (2017). 5 Stigma, Social Identity Threat, and Health. The Oxford Handbook of Stigma, Discrimination, and Health, 85.

Marcoux, Alain (1997) The Feminisation of Poverty: Facts, Hypotheses and the Art of Advocacy. (Rome: Food and Agriculture Organisation, Population Programme Service, Women and Population Division).

Marmot, M. G., Shipley, M. J., Hemingway, H., Head, J., & Brunner, E. J. (2008). Biological and behavioural explanations of social inequalities in coronary heart disease: the Whitehall II study. *Diabetologia*, *51*(11), 1980-1988.

Marston, G. (2008). A war on the poor: Constructing welfare and work in the twenty-first century. Critical Discourse Studies, 5(4), 359-370.

Martin, D. (2017). Better Now: Six Big Ideas to Improve Health Care for All Canadians. Penguin.

Maxwell, S. and Smith, M. (1992). 'Household food security; a conceptual review', in S. Maxwell and T.R. Frankenberger. (ed.) Household Food Security: Concepts, Indicators, Measurements: A Technical Review. New York and Rome: UNICEF and IFAD.

McCormack, K. (2004). Resisting the welfare mother: The power of welfare discourse and tactics of resistance. Critical Sociology, 30, 355-383.

McEwen, B.S. (200)0. The neurobiology of stress: from serendipity to clinical relevance. Brain Res. 886:172–89

McIntosh, C.N., Finès, P., Wilkins, R. & Wolfson, M.C. (2009). Income disparities in health adjusted life expectancy for Canadian adults, 1991 to 2001. Health Reports. Component of Statistics Canada. Catalogue no. 82-003-X.

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, 961-965.

McIntyre, L., Dutton, D. J., Kwok, C., & Emery, J. H. (2016). Reduction of food insecurity among low-income Canadian seniors as a likely impact of a guaranteed annual income. Canadian Public Policy, 42(3), 274-286.

McIntyre, L., Kwok, C., Herbert Emery, J.C., & Dutton, D.J. (2016b). Impact of a guaranteed annual income program on Canadian seniors' physical, mental and functional health. Canadian Journal of Public Health, 107(2), e176-e182

McIntyre, L., N. T. Glanville, S. Officer, B. Anderson, K. D. Raine, and J. B. Dayle (2002). Food insecurity of low-income lone mothers and their children in Atlantic Canada. *Canadian Journal of Public Health*, 93, 411–415.

McInyre, L., Glanville, N.T., Raine, K.D. & Dayle, J.B. (2001). Hungry mothers of barely fed children: A study of the diets and food experiences of low income lone mothers in Atlantic Canada. Halifax NS: Capital Health District Health Authority.

McIntyre, L., Officer S., & Robinson L.M. (2003). Feeling poor: The felt experience of low-income lone mothers. *Affilia*, *18*(3):316–331.

McIntyre, L., Pow, J., & Emery, J.C. (2015). A path analysis of recurrently food-insecure Canadians discerns employment, income, and negative health effects. Journal of Poverty, 19(1), 71-87. 6

McIntyre, L. & Tarasuk, V. (2004).Public Health Agency of Canada. The Social Determinants of Health: Food Security as a Determinant of Health. Available from: http://www.phafc - aspc.gc.ca/ph-sp/oi-ar/08_food-eng.php.

McIntyre L, Walsh G, Connor S. A follow-up study of child hunger in Canada. Ottawa, ON: Human Resources Development Canada, Applied Research Branch Strategic Policy; 2001.

McIntyre, L., Williams, P. & Glanville, N.T, (2006). Milk as metaphor: low-income lone mothers' characterization of their challenges acquiring milk for their families. *Ecol Food Nutr,* 46,263–279.

McIntyre L, Williams JVA, Lavorato DH, Patten S. (2012). Depression and suicide ideation in late adolescence and early adulthood are an outcome of child hunger. J Affective Disorders. http://dr.doi.org/10.1016/j.jad.2012.110029

McIntyre, L., Wu, X., Kwok, C., & Emery, J. H. (2017). A natural experimental study of the protective effect of home ownership on household food insecurity in Canada before and after a recession (2008–2009). Can J Public Health, 108(2), 135-144.

McLellan, D. (1986). Ideology. Minneapolis. University of Minnesota Press. McGlone, J.(1980). Sex Differences in Human Brain Asymmetry: A Critical Survey. Behavioural Brain Science, 3(2), 215-27.

Michalski, J.H. (2003). The economic status and coping strategies of food bank users in the greater Toronto area. *Canadian Journal of Urban Research, 12*(2), 275-298.

Mikkonen, J. & Raphael, D. (2010). Social Determinants of Health: The Canadian Facts. Toronto: York University School of Health Policy and Management. Available from: http://www.thecanadianfacts.org/.

Minkler, M., & Wallerstein, N. (Eds.). (2010). *Community-based participatory research for health: From process to outcomes*. Jossey-Bass.

Monteith, H. (2011). Impact on medium-term individual capacity building for involvement in participatory food costing (Unpublished BSc Nutrition Honours thesis). Acadia University, Wolfville.

Morland, K., Wing, S., & Diez-Roux, A. (2002). The contextual effect of the local food environment on residents' diets: The atherosclerosis risk in communities study. *American Journal of Public Health*, *92*(11):1761-1767.

Morton,L.W., Bitto, E.A., Oakland, M.J., & Sand, M. (2008). Accessing food resources: Rural and urban patterns of giving and getting food. *Agriculture and Human Values, 25*(1), 107-119.

Moussavi, S., Chatterji, S., Verdes, E., Tandon, A., Patel, V., & Ustun, B. (2007). Depression, chronic diseases, and decrements in health: results from the World Health Surveys. The Lancet, 370(9590), 851-858.

National Council of Welfare. (2004). Income for living? Ottawa, Ontario, Canada: Minister of Public Works and Government Services Canada.

National Council of Welfare. (2005). Welfare incomes 2004. Ottawa, Ontario, Canada: Minister of Public Works and Government Services Canada.

National Council of Welfare. Welfare incomes 2009. (2010). Ottawa, ON: Government of Canada, *129*.

Nelson, M. (2002). The challenge of self-sufficiency: Women on welfare redefining independence. Journal of Contemporary Ethnography, 31, 582-614.

Newell, F. D., Williams, P. L., & Watt, C. G. (2014). Is the minimum enough? Affordability of a nutritious diet for minimum wage earners in Nova Scotia (2002-2012). Can J Public Health, 105(3), 158-165.

Nova Scotia Advisory Council on the Status of Women. (2004).Women and economic autonomy in Nova Scotia: Facts and figures. Retrieved April 1, 2005 from: http://www.gov.ns.ca/staw/pubs2004_05/sommetdesfemmes_eng.pdf

Nova Scotia Department of Health (2007). Canadian Community Health Survey 3.1. Summary Report to the District Health Authorities. Canadian Community Health Survey (CCHS) Cycle 3.1, Statistics Canada.

Nova Scotia Participatory Food Security Projects. Cost and affordability of a nutritious diet in Nova Scotia: Report on 2012 participatory food costing. Halifax, NS: Mount Saint Vincent University; 2013.

Voices for Food Security in Nova Scotia. (2017). Can Nova Scotians afford to eat healthy? Report on 2015 participatory food costing. Halifax, NS: Food Action Research Centre (FoodARC), Mount Saint Vincent University

Nova Scotia Poverty Reduction Strategy Coalition. (2007). Framework for a Poverty Reduction Strategy in Nova Scotia. Available from:

Ocean, C. (2005). Policies of exclusion, poverty and health: Stories from the front. Duncan, British Columbia, Canada: WISE Society. http://www.cahhalifax.org/DOCS/prsframework2007.pdf.

Osborne, J. W. (2006). Gender, stereotype threat, and anxiety: Psichophysiological and cognitive evidence. Electronic Journal of Research in Educational Psychology, 4(8).

Peters, S. (1995). Exploring Canadian values: Foundations for well-being. CPRN Study No. F/01. Revised version. Canadian Policy Research Networks. Ottawa, Ontario, Canada: Renouf Publishing.

Petriglieri, J. L. (2011). Under threat: Responses to and the consequences of threats to individuals' identities. Academy of Management Review, 36(4), 641-662.

Pickett, K.E., Pearl, M. (2001). Multilevel analyses of neighbourhood socioeconomic context and health outcomes: a critical review. *Journal of Epidemiology and Community Health* 2001, *55*:111-122.

Power, E. (1999). Combining social justice and sustainability for food security. In M. Koc, R MacRae, J.A. Mougeot & J. Welsh (Eds.). *For hunger proof cities: Sustainable urban food systems.* Ottawa, ON: International Development Research Centre, 30-37.

Power, E. (2005). Individual and Household Food Insecurity in Canada: Position of Dietitians of Canada. Dietitians of Canada.

Power.E. (2005b). The Unfreedom of Being Other: Canadian Lone Mothers' Experiences of Poverty and 'Life on the Cheque'. *Sociology*, 39(4), 643-660.

Pressman, S. (2003). Feminist Explanations for the Feminization of Poverty. *Journal of Economic Issues*, 37(2), 353-361.

Pries, L. (2006). Transnational migration: New challenges for nation states and new opportunities for regional and global development. *Transnational migration–dilemmas*, 9-28.

Przesiecki, E. (2015, November 7). Guaranteed income urged in fight against hunger in Ottawa. OttawaCitizen. Retrieved from http://ottawacitizen.com/news/local-news/guaranteed income urged-in-fight-against-hunger.

Radimer, K.L., Olson, C.M. & Campbell, C.C. (1990). Development of indicators to assess hunger. *Journal of Nutrition*, 120, 1544-1548.

Raphael, D. (2007). Poverty and Policy in Canada: Implications for Health and Quality of Life. Canadian Scholars' Press: Toronto.

Raphael, D., Brown, I., Renwick, R., Cava, M., Weir, N., & Heathcote, K. (1997). Measuring the quality of life of older persons: A model with implications for community and public health nursing. International Journal of Nursing Studies, 34, 231-239.

Raphael, D., Bryant, T., & Curry-Stevens, A. (2004). Toronto Charter outlines future health policy directions for Canada and elsewhere. Health Promotion International, 19, 269-273.

Reid, C. (2004). The wounds of exclusion: Poverty, women's health, and social justice. Edmonton, Alberta, Canada: Qual Institute Press.

Reid, C., & Herbert, C. (2005). "Welfare moms and welfare bums": Revisiting poverty as a social determinant of health. Health Sociology Review, 14, 161-173.

Reid, C., Frisby, W., & Ponic, P. (2002). Confronting two-tiered community recreation and poor women's exclusion: Promoting inclusion, health, and social justice. Canadian Woman Studies, 21(3), 88-94.

Reisig, V.M.T, & Hobbiss, A. (2000). Food deserts and how to tackle them: a study of one city's approach. *Health Education Journal*, *59*:137-149.

Reutter, L., Stewart, M.J., Veenstra, G., Love, R., Raphael, D., & Makwarimba, E. (2009). "Who do they think we are, anyway?" Perceptions of and responses to poverty stigma. *Qualitative Health Research*, 19, 297-311.

Reutter, L., Veenstra, G., Stewart, M., Raphael, R., Love, R., Makwarimba, E., et al. (2005). Lay understandings of the effects of poverty: A Canadian perspective. Health and Social Care in the Community, 13, 514-530.

Reutter, L., Veenstra, G., Stewart, M., Raphael, R., Love, R., Makwarimba, E., et al. (2006). Public attributions for poverty in Canada. Canadian Review of Sociology and Anthropology, 43, 1-22.

Riches, G. (1997). Hunger, food security and welfare policies: issues and debates in First World Societies. *Proceedings of the Nutrition Society*, 56, 63-74.

Rideout, K., Riches, G., Ostry, A., Buckingham, D., & MacRae, R. (2007). Bringing home the right to food in Canada: challenges and possibilities for achieving food security. *Public Health Nutrition, 10*(6), 566–573.

Rose D., & Richards, R. (2004). Food store access and household fruit and vegetable use among participants in the US Food Stamp Program. *Public Health Nutrition*; *7*(8):1081-1088.

Ross, N.A., Tremblay, S., & Graham, K. (2004). Neighbourhood influences on health in Montreal, Canada. *Social Science & Medicine*; 59(7):1485-1494.

Ross, R. (2006). Struggling to Survive: Women on Employment Support and Income Assistance (ESIA) in Nova Scotia Provide their Priority Areas for Policy Reform. Status of Women Canada: Women's Program.

Saulnier, C. (2009). Poverty Reduction Policies and Programs. The causes and consequences of poverty: Understanding divisions and disparities in social and economic development in Nova Scotia. Canadian Council on Social Development: Ottawa, ON.

Seccombe, K. (1999). "So you think I drive a Cadillac?" Welfare recipients' perspectives on the system and its reform. Boston, MA: Allyn & Bacon.

Seligman HK, Laraia BA, Kushel MB. Food insecurity is associated with chronic disease among low-income NHANES participants. J Nutr. 2010 Feb;140(2):304-10. doi: 10.3945/jn.109.112573. Epub 2009 Dec 23. Abstract available from: http://www.ncbi.nlm.nih.gov/pubmed/20032485/

Shepherd, S.K. & Achterberg, C.L. (1992) Qualitative research methodology: Data collection, analysis, interpretation, and verification. Research Successful approaches. Mexico: American Dietetic Association.

Shohaimi, S., Welch, S., Bingham, S., et al. (2004). Residential area deprivation predicts fruit and vegetable consumption independently of individual educational level and occupational social class: a cross sectional population study in the Norfolk cohort of the European Prospective Investigation into Cancer (EPIC-Norfolk). Journal of Epidemiology and Community Health; 58:686-691.

Siegrist, J., & Marmot, M. (2004). Health inequalities and the psychosocial environment--two scientific challenges. *Social Science & Medicine*, *58*(8): 1463-1473.

Silver, H. (1994). Social exclusion and social solidarity: three paradigms. Int'l Lab. Rev., 133, 531.

Smith, D. E. (Ed.). (2006). Institutional ethnography as practice. Rowman & Littlefield.

Smith, D. E. (2005). Institutional ethnography: A sociology for people. Rowman Altamira.

Smith, D (1990). The conceptual practices of power: A feminist sociology of knowledge. Toronto, ON: University of Toronto Press.

Smith, D. E. (1987). The everyday world as problematic: A feminist sociology. University of Toronto Press.

Smith D. (2008). Institutional Ethnography: Online Resource and Discussion. Retrieved from: http://faculty.maxwell.syr.edu/mdevault

Snow, D., & Anderson, L. (1987). Identity work among the homeless: The verbal construction

and avowal of personal identities. American Journal of Sociology, 92, 1336-1371.

Sriram, U., & Tarasuk, V. (2016). Economic predictors of household food insecurity in Canadian metropolitan areas. Journal of Hunger & Environmental Nutrition, 11(1), 1-13.

Statistics Canada. (2007). 2006 Community Profiles Census Division. Statistics Canada Community Profiles, Retrieved November 4, 2010, from http://www12.statcan.gc.ca

Statistics Canada. (2014). Distribution of employment income of individuals by sex and work activity, Canada, provinces, and selected census metropolitan areas. Retrieved from: http://www5.statcan.gc.ca/cansim/a26?lang=eng&retrLang=eng&id=2060053&patterncsd=

Statistics Canada (2015). Economic Well-being, based on 2008 data. Retrieved from: http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11388-eng.htm#a4

Statistics Canada (2015b). Canada's rural population since 1851. Retrieved from: http://www12.statcan.gc.ca/census-recensement/2011/as-sa/98-310-x/98-310-x2011003_2-eng.cfm

Statistics Canada. (2009). Labour force survey. Retrieved from: http://statcan.gc.ca/pub/75-001-x/topics-sujets/minimumwagesalaireminimum/minimumwage-salaireminimum-2009-eng.htm

Statistics Canada (2008). Low income and family status, Women in Canada, A Gender-Based Statistical report, based on 2008 data. Retrieved from: http://www.statcan.gc.ca/pub/89 503- x/2010001/article/11388-eng.htm#a4

Statistics Canada. (2012). Low income in Canada: A multi-line and multi-index Perspective. http://www.statcan.gc.ca/pub/75f0002m/2012001/summary-sommaire-eng.htm

Statistics Canada. (2013). Persons living in low income after tax, 2012. Statistics Canada. http://statcan.gc.ca/tables-tableaux/sum-som/l01/cst01/famil19e-eng.htm

Statistics Canada. (2011). Women in Canada: a gender-based statistical report. Ottawa: Statistics Canada.

Steele, C., & Aronson, J. (1995). Stereotype vulnerability and the intellectual test performance of African-Americans. Journal of Personality and Social Psychology, 69, 797-811.

Stewart, M.J., Makwarimba, E., Reutter, L., Veenstra, G., Love, R., Raphael, D., & McMurray, S. (2009). Poverty, sense of belonging, and experiences of social isolation. *Journal of Poverty, 13*:173-195.

Stewart, M., Reutter, L., Makwarimba, E., Veenstra, G., Love, R., & Raphael, D. (2008). Left Out: Perspectives on social exclusion and inclusion across income groups. *Health Sociology Review, 17*(1): 78-94.

Stuber, J., & Schlesinger, M. (2006). Sources of stigma for means-tested government programs. Social Science and Medicine, 63, 933-945.

Tarasuk, V. (2017). Implications of a Basic Income Guarantee for Household Food Insecurity. Research Paper 24. Thunder Bay: Northern Policy Institute.

Tarasuk, V. & Beaton. (1999). Women's dietary intakes in the context of household food insecurity. *The Journal of Nutrition, 129, (*3), 672-679.

Tarasuk, V. (2001a). Discussion Paper on Household and Individual Food Insecurity. Available from : http://www.hc-sc.gc.ca/hpfbdgpsa/onpp bppn/food_security _entire_e.html#toc.

Tarasuk, V. (2001b). A Critical Examination of Community-Based Responses to Household Food Insecurity in Canada. *Health Education and Behaviour*. 28; 487-499.

Tarasuk, V. (2001c). Household Food Insecurity with Hunger Is Associated with Women's Food Intakes, Health and Household Circumstances. *Journal of Nutrition*, 131(10), 2670-2676.

Tarasuk, V. & Davis, B. (1996). Responses to food insecurity in the changing Canadian welfare state. *Journal of Nutrition Education,* 28(2), 71-75.

Tarasuk V, Mitchell A, McLaren L, McIntyre L. Chronic physical and mental health conditions among adults may increase vulnerability to household food insecurity. J Nutr. 2013 Nov;143(11):1785-93. doi: 10.3945/jn.113.178483. Epub 2013 Aug 28. Available from: http://www.ncbi.nlm.nih.gov/pubmed/23986364

Tarasuk, V., McIntyre, L. & Li, J. (2007). Low-income women's dietary intakes are sensitive to the depletion of household resources in one month. *The Journal of Nutrition*,137(8), 1980-1987.

Tarasuk, V., Fitzpatrick, S., & Ward, H. (2010). Nutrition inequities in Canada. *Applied Physiology Nutrition & Metabolism,* 35(2), 172-179. Retrieved from: https://www.ncbi.nlm.nih.gov/pubmed/20383227

Tarasuk, V. & Vogt, J. (2009). Household Food Insecurity in Ontario. *Canadian Public Health Association,* 100(3), 184-88.

Tarasuk, V, Mitchell, A, Dachner, N. (2016). Household food insecurity in Canada, 2014. Toronto: Research to identify policy options to reduce food insecurity (PROOF). Retrieved from http://proof.utoronto.ca/

Tarasuk, V., Mitchell, A., McLaren, L., & McIntyre, L. (2013). Chronic Physical and Mental Health Conditions among Adults May Increase Vulnerability to Household Food Insecurity–3. The Journal of nutrition, 143(11), 1785-1793. Retrieved from: https://academic.oup.com/jn/article/143/11/1785/4571730

Tarasuk V, Mitchell A, Dachner N. (2014). Household food insecurity in Canada, 2012. Toronto ON: Research to Identify Policy Options to Reduce Food Insecurity (PROOF).

Tarasuk, V., Mitchell, A., & Dachner, N. (2015). Household Food Insecurity in Canada, 2013. Retrieved from Toronto: Retrieved from http://nutritionalsciences.lamp.utoronto.ca/

Townson, M. (2009). Women's Poverty and the Recession. Canadian Centre for Policy Alternatives. Available from: http://www.policyalternatives.ca/sites/default/files/uploads/publications/National_Office_Pubs/2009/Womens_Poverty_in_the_Recession.pdf.

Travers, K.D. (1996). The social organization of nutritional inequities. *Social Science and Medicine*, *43*(4):543-553.

Travers, K. D. (1997). Reducing inequities through participatory research and community empowerment. *Health Education & Behavior*, *24*(3), 344-356.

Treanor, W. M. (2003). Introduction: Global Intellectual Property Rights: Boundaries of Access and Enforcement.

Treanor, P. (2003). Neoliberalism: origins, theory, definition. Retrieved from: http:web.inter.nl.net/Paul.Treanor/neoliveralism.html

UN Women. (2015). Summary Report: The Beijing Declaration and Platform for Action Turns 20, op. cit.

Vaillancourt, Y., Aubry, F., Kearney, M., Theriault, L. & Tremblay, L. (2004). The contribution of the social economy towards healthy socil policy reforms in Canada: A Quebec viewpoint. In D. Raphael (Eds). Social determinants of health: Canadian perspective (pp. 311- 329). Toronto, ON: Candian Scholars' Press Inc.

Van Dijk, T. A. (2015). Critical discourse studies: A sociocognitive approach. 2015). Methods of

Critical Discourse Studies, 63-74.

Vásquez, V. B., Lanza, D., Hennessey-Lavery, S., Facente, S., Halpin, H. A., & Minkler, M. (2007). Addressing food security through public policy action in a community-based participatory research partnership. *Health Promotion Practice*, *8*(4), 342-349.

Van Esterik, P. (1999). Gender and sustainable food systems: A feminist critique. In M. Koc, R. MacRae, J.A. Mougeot & J. Welsh (Eds.). For hunger proof cities: Sustainable urban food systems (pp.30-37).Ottawa, ON: International Development Research Centre.

Verhaeghe, M., Bracke, P., & Bruynooghe, K. (2008). Stigmatization and self-esteem of persons in recovery from mental illness: the role of peer support. International Journal of Social Psychiatry, 54(3), 206-218.

Vosko, L.F., Zukewich, N. & Cranford, C. (2003). Precarious jobs: A new typology of employment. *Perspectives on Labor and Income*. Catalogue no. 75-001-XIE

Vozoris, N.T., & Tarasuk, T.S. (2003). Household Food Insufficiency is Associated with Poorer Health. *The Journal of Nutrition*, 133, 120-126.

Walton, G. M., & Cohen, G. L. (2007). A question of belonging: race, social fit, and achievement. Journal of personality and social psychology, 92(1), 82.

Wang, C. (1999). Photovoice: A Participatory Action Research Strategy Applied to Women's Health. Journal of Women's Health, 8(2):185-192.

Wang, C. & Burris, M.A. (1997). Photovoice: Concept, Methodology, and Use for Participatory Needs Assessment. *Health Education & Behavior*, 24(3):369-387.

Wang, C., Burris, M.A., & Ping, X.Y. (1996). Chinese Village Women as Visual Anthropologists: A Participatory Approach to Reaching Policymakers. *Social Science & Medicine*, 42(10):1391-1400.

Weavera, R.D., Habibova, N. & Fanb, L. (2010). Devolution and the Poverty Reduction Effectiveness of Canada's Provincial Social Welfare Programs: Results from a Time-Series Investigation of a Canadian National Survey. *Journal of Policy Practice*, 9, 80–95.

Weber, M. (1991). The Nature of Social Action in Runciman, WG Weber: Selections in Translation. Cambridge University Press, 2, 111.

Whelan, A., Wrigley, N., Warm, D., & Cannings, E. (2002). Life in a 'food desert'. *Urban Studies, 39*(11):2083-2100.

Whitaker, R.C., Phillips, S.M. & Orzol, S.M. (2006). Food Insecurity and the Risks of Depression and Anxiety in Mothers and Behavior Problems in their Preschool-Aged Children. *Official Journal of the American Academy of Pediatrics,* 118(3), e859-e868.

Wilkinson, R. (1996). Unhealthy societies: The afflictions of inequality. London: Routledge.

World Economic Forum (2016) Global Gender Gap report 2016, op. cit.

World Health Organisation (WHO). (1998). Wilkinson R and Marmot M (editors). Social Determinants of Health: The Solid Facts. WHO Europe, Denmark

WHO. (2011). *Food Security*. Retrieved October 2011, from World Health Organization: http://www.who.int/trade/glossary/story028/en/.

Williams, P. W. (2014). I would have never…": a critical examination of women's agency for food security through participatory action research. Women redefining the experience of food insecurity: life off the edge of the table. In Page-Reeves J (Ed). Washington, DC: Lexington Books, 275 313.

Williams P.L., Amero M., Anderson B., Gillis D., Green-LaPierre R., Johnson C., et al. (2012a). A participatory food costing model in Nova Scotia. *Canadian Journal of Dietetic Practice and Research*;73(4):181-8

Williams P.L., MacAulay R.B., Anderson, B.J., Barro K., Gillis, D., Johnson, C.P, Langille, L.L., Moran, S., Reimer, D.E. (2012b). "I would have never thought that I would be in such a predicament": Voices from Women Experiencing Food Insecurity in Nova Scotia. *Journal of Environmental Hunger and Nutrition.* (2-3):253-70.

Williams P.L., Watt C., Amero M., Anderson B., Blum I., Green-LaPierre R., et al. (2012c) Affordability of a nutritious diet for Income Assistance recipients in Nova Scotia (2002 2010). Canadian Journal of Public Health. 103(3):183-8.

Williams, P., McIntyre, L., & Glanville, N.T. (2010). Milk Insecurity: Accounts of a Food Insecurity Phenomenon in Canada and its Relation to Public Policy. *Journal of Hunger and Environmental Nutrition,* 5(2), 142-157.

Williamson, D., Stewart, M., Hayward, K., Letourneau, N., Makwarimba, E., Masuda, J., et al. (2006). Low-income Canadians' experiences with health-related services: Implications for health care reform. Health Policy, 76, 106-121.

Willows ND, Veugelers P, Raine K & Kuhle S. (2009). Prevalence and sociodemographic risk factors related to household food security in Aboriginal peoples in Canada. *Public Health Nutrition*; *12*: 1150-1156.

Woo, Y. Y. J. (2008). Engaging new audiences: Translating research into popular media. *Educational Researcher*; *37*(6): 321-329.

Wrigley, N. (2002). 'Food Deserts' in British cities: policy context and research priorities. *Urban Studies*, *39*(11):2029-2040.

Wrigley, N., Warm, D., & Margetts, B.W.A. (2002). Assessing the impact of improved retail access on diet in a 'food desert': a preliminary report. *Urban Studies*, *39*(11):2061-2083.

Wrigley, N., Warm, D., & Margetts, B. (2003). Deprivation, diet, and food-retail access: findings from the Leeds 'food deserts' study. *Environment and Planning A*, *35*(1):151-188.

# Appendices

## Appendix A - Study Information Sheet and Informed Consent Form for Mothers

*Exploring the Link between Food Insecurity and Social Marginalization among Low-income Lone Mothers*

### Introduction

You are invited take part in a research project being done as part of the Applied Human Nutrition department, and also affiliated with the Food Action Research Centre (FoodARC) at Mount Saint Vincent University (MSVU). This study is being conducted by Felicia Newell as part of the requirements for the Master of Science Applied Human Nutrition program. The purpose of the research is to learn how judgments or exclusion from others in society, particularly at the organization level, affects the food insecurity of lone mothers. Dr. Patty Williams (MSVU) is supervising this research study and The Voices for Food Security in Nova Scotia has provided funding for aspects of this project.

Your participation in this project will involve two parts: 1) a Photovoice process that includes some training and taking photographs on your own time and; 2) your choice of participating in either a group discussion with the other participants or a one-on-one session with the researcher about one or more of your photographs. Both parts are described in more detail below in the section 'What am I asking you to do'.

Photovoice is a participatory research method, meaning that there is active involvement by the participants. This involvement includes taking photographs that represent your perspectives and experiences. The photos that you take will be shared with other participants and discussed in order to identify themes and patterns related to exclusion and judgements faced in society related to your food situation (you can choose to still share your photo anonymously if you do not choose to participate in the group session). You will be asked to provide a caption for your photograph that explains its importance to you.

Whether or not you take part in this project is your choice, and you may withdraw at any time. If you do choose to take part you should make sure you know the details about this project. If at any time during or after the interview(s) you feel that you would like to talk about or ask questions about any part of this study please feel free to contact myself, Felicia Newell, or my advisor, Dr. Patty Williams.

### Purpose of the Study

The purpose of this project is to better understand what lone mothers who are struggling to get enough food for themselves and/or their family face in their daily lives. We are interested in hearing about the judgements and/or exclusion you may face in society with regards to the food situation in your household, and your ideas on whether and how certain factors, such as community programs and government policies, contribute to this.

## Why have you been invited to participate in this study?

You have been invited to take part in this study because you are a lone mother with children under the age of 18 years who finds it hard to get enough food that for you and/or your family. To participate in this study you must: have at least one child under the age of 18 years who relies on them as their primary caregiver; your marital status be single; you self-identify as living in low-income circumstances (i.e., earning minimum wage or receiving income assistance); and food insecurity status identified by administering a food security questionnaire during screening.

## Who will be conducting this research?

I, Felicia Newell, will be the primary researcher for this project. However, my research committee will have input into how I carry out this project and in describing the information that I collect.

## What I am asking you to do

If you agree to participate in this project, you will have the opportunity be involved in few steps. We will go through a screening questionnaire over the phone to determine your eligibility for the study. Then we will haven in-person meeting to go over informed consent, and do a mini training session on the first step of this Photovoice project. The meeting/training session will take approximately 1 hour. During this time I will give you an overview of the Photovoice process, along with some materials to help guide you along this process. This will involve taking photos of how you may feel social marginalization and stigma (i.e., exclusion, prejudice, judgement) from others in society affects your food situation with a digital camera (which you may borrow from FoodARC if necessary). If you agree to continue with the project, part two will involve a 2-3 hour discussion with the other participants in the project about the photos that were taken. You can chose to opt out of the group discussion and instead meet one-on-one with the researcher (myself) if that would make you more comfortable. This will happen approximately 2-3 weeks following your first meeting, and following when you take and select your photos. After I type out and summarize any information that you provide through discussions and your Photovoice materials, I will send a transcript summary to you to allow you to read over it and make sure that I have captured what you discussed in the interview (this is optional for you, and we can also go through the transcript summary together if you prefer).

## Possible Risks and Discomforts

No physical risks or discomforts are expected during this study. There is a risk that you may become upset when talking about your experiences with getting, preparing and serving food for

yourself and your family and any judgements or exclusion you may face in your community. If this happens, the researcher (myself) can give you a break period during the interview and a list of counseling services and other resources will be provided. If this happens after the interview please feel free to contact myself, the primary researcher, Felicia Newell, or my thesis advisor, Dr. Patty Williams. You are free to choose not to answer any questions you are not comfortable with, and again you are free to withdraw and end your participation in the interview or Photovoice process at any time. If you choose to withdraw, you can also choose to withdraw your photos or have them and the accompanying captions remain as a part of the study.

## Possible Benefits

Although no benefits can be guaranteed, and you may not experience a benefit right after your interview, the information you provide will be used to help us understand the experiences of individuals in our community. It may allow us to identify parts of policy and programs that could be changed so that the problem of food insecurity can be better dealt with in Nova Scotia. Your participation might also lead to more community attention and research on this important issue.

## Compensation / Reimbursement

To thank you for your time and to help with any costs you may have because of your participation in the project, such as travel and childcare, you will be given a cash honorarium. If you arrive at the interview location and agree to take part in the interview you will receive the appropriate honorarium. If you choose to withdraw from the research study after you have started your interview you will still receive the appropriate cash honorarium.

## Confidentiality & Anonymity

All written material, such as the informed consent forms, transcripts, and notes, will be kept in a locked filing cabinet at FoodARC at MSVU. When the material is either scanned or transcribed into electronic format on a secure server at MSVU, all hardcopies will be destroyed. Access to original data will be limited to myself, Felicia Newell, and my research committee. Following the transcription of the audiotapes the researcher will destroy the tapes. When the project has been finished, data will be kept for five years after publication in the event that an audit of the project is conducted, or that the information is required for further analyses. Your name and personal information will not be connected to your responses or used in any research reporting. If you give the researcher permission to use one of your quotes a fake name or number will be used to identify you. The researcher will make every effort to protect your personal information but you should know that the researcher is obligated by law to disclose any information related to criminal activity to the appropriate authority.

## Other Considerations

Any information you provide as part of this study may be used in future publications.

## Questions

**Felicia Newell** of FoodARC at MSVU is responsible for the administration of this activity. You are welcome to write or phone if you have any questions:

Felicia Newell, MScAHN (c), Graduate Student and Primary Researcher

(902) 457-6333 / felicia.newell@msvu.ca OR

Patty Williams, Primary Researcher's Thesis Advisor, PhD, PDt, Associate Professor and Canada Research Chair in Food Security and Policy Change, Department of Applied Human Nutrition and Director, FoodARC, MSVU

(902) 457-5549 / patty.williams@msvu.ca

Mount Saint Vincent University, 166 Bedford Highway, Halifax, NS, B3M 2J6

## Problems or Concerns

This project has been reviewed and approved by the Mount Saint Vincent University Research Ethics Board. If you have questions about the study and wish to speak with someone not involved in the study, you may contact the Chair of the University Research Ethics Board (UREB) c/o MSVU Research Office, at 457-6350 or via e-mail at research@msvu.ca. Thank you for your consideration.

## Appendix B – Photovoice Project Participant Consent Form

*Exploring the Link between Food Insecurity, Social Stigma and Social Marginalization among Low-income Lone Mothers*

**Part I: Participant Consent**

I_____(please print your name) am 18 years of age or over and I have read about the study, or it has been read to me. I have had the opportunity to ask questions about the study and the researcher or research team has answered my questions. I understand that I am volunteering to participate in this study and that I can withdraw from the interview at any time.

**YES/NO**

I understand that this Photovoice project will consist of two parts: 1) will consist of a Photovoice mini-training session and then will involve me taking photos on my own time. The training session will be about one hour and the taking of photos should take about 1-2 hours; and 2) will involve either a group discussion with the other participants or a one-on-one session with the researcher, this will take about two to three hours to complete and if I agree, it may be audio-recorded.

**YES/NO**

I understand that anonymous quotations from my interview/discussions may be used in the final research report and publications unless I state otherwise.

**YES/NO**

Participant's signature:_____

Date: _____

I would like to receive a copy of the research results when the study is complete.

**YES/NO**

If yes, please provide your E-mail address or mailing address below:

_____

_____

_____

**Part II: Researcher Acknowledgment**

I have presented this information package to the potential participant, and ensured, to the best of my ability, that the participant understood the information presented. I confirm that the participant was given the opportunity to ask questions about the study, and all questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Printed name of researcher:_____

Signature of researcher taking the consent:_____

Date: _____

## Appendix C – Screening Questions

*Exploring the Link between Food Insecurity, Social Stigma and Social Marginalization among Low-income Lone Mothers*

If a participant does not meet the selection criteria, they will be informed of this in person, over the phone or in writing, as appropriate immediately after an interested participant inquires about the study or expresses interest in participating in the study.

Please answer the following questions:

Are you a lone parent?
Yes____ No_____

Are you the main person who buys the food and cooks in your home? Yes_____ No_____

Do you have one or more children? Yes_____ No_____ How many? _____

Are your children all 18 years or younger? Yes_____ No_____

What are their ages?

Are there any adults living with you? Yes_____ No_____ How many?_____

Statistics Canada considers that a family of _____living in this area is considered low income if they make less than_____ a year. Would you say that your income is less than that?
Yes_____ No_____

Low Income Cut-offs for Halifax (pop. B/t 100,000-499,999) based on 2009 Statistics Canada Data:

| Size of Family | Low income cut off ($) |
|---|---|
| 1 | 15,908 |
| 2 | 22,494 |
| 3 | 27,552 |
| 4 | 31,815 |
| 5 | 35,570 |
| 6 | 38,959 |
| 7+ | 42,093 |

## The Household Food Security Survey Module (HFSSM) [1]

The following questions are about the food situation for your household in the past 12 months.

Q1.Which of the following statements best describes the food eaten in your household in the past 12 months, that is since [current month] of last year?

1. You and other household members always had enough of the kinds of foods you wanted to eat.
2. You and other household members had enough to eat, but not always the kinds of food you wanted.
3. Sometimes you and other household members did not have enough to eat.
4. Often you and other household members didn't have enough to eat.

Don't know / refuse to answer (Go to end of module)

**The HFSSM begins here:**

Now I'm going to read you several statements that may be used to describe the food situation for a household. Please tell me if the statement was often true, sometimes true, or never true for you and other household members in the past 12 months.

Q2. The first statement is: you and other household members worried that food would run out before you got money to buy more. Was that often true, sometimes true, or never true in the past 12 months?

1. Often true
2. Sometimes true
3. Never true

Don't know / refuse to answer

Q3. The food that you and other household members bought just didn't last, and there wasn't any money to get more. Was that often true, sometimes true, or never true in the past 12 months?

1. Often true
2. Sometimes true
3. Never true

Don't know / refuse to answer

Q4. You and other household members couldn't afford to eat balanced meals. In the past 12 months was that often true, sometimes true, or never true?

1. Often true
2. Sometimes true
3. Never true

Don't know / refuse to answer

| IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q5 AND Q6; OTHERWISE, SKIP TO FIRST LEVEL SCREEN |
|---|

Now I'm going to read a few statements that may describe the food situation for households with children.

Q5. You or other adults in your household relied on only a few kinds of low-cost food to feed the child(ren) because you were running out of money to buy food. Was that often true, sometimes true, or never true in the past 12 months?

1. Often true
2. Sometimes true
3. Never true

Don't know / refuse to answer

Q6. You or other adults in your household couldn't feed the child(ren) a balanced meal, because you couldn't afford it. Was that often true, sometimes true, or never true in the past 12 months?

1. Often true
2. Sometimes true
3. Never true

Don't know / refuse to answer

**FIRST LEVEL SCREEN (screener for Stage 2):** If AFFIRMATIVE RESPONSE to ANY ONE of Q2-Q6 (i.e., "often true" or "sometimes true") OR response [3] or [4] to Q1, then continue to STAGE 2; otherwise, skip to end.

**STAGE 2:** Questions 7-11 - ask households passing the First Level Screen

| IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q7; OTHERWISE SKIP TO Q8 |
|---|

Q7. The child(ren) were not eating enough because you and other adult members of the household just couldn't afford enough food. Was that often, sometimes or never true in the past 12 months?

1. Often true
2. Sometimes true
3. Never true

Don't know / refuse to answer

The following few questions are about the food situation in the past 12 months for you or any other adults in your household.

Q8. In the past 12 months, since last [current month] did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

1. Yes
2. No (Go to Q9)

Don't know / refuse to answer

Q8b. How often did this happen?

1. Almost every month
2. Some months but not every month
3. Only 1 or 2 months

Don't know / refuse to answer

Q9. In the past 12 months, did you (personally) ever eat less than you felt you should because there wasn't enough money to buy food?

1. Yes
2. No

Don't know / refuse to answer

Q10. In the past 12 months, were you (personally) ever hungry but didn't eat because you couldn't afford enough food?

1. Yes
2. No

Don't know / refuse to answer

Q11. In the past 12 months, did you (personally) lose weight because you didn't have enough money for food?

1. Yes
2. No

Don't know / refuse to answer

**SECOND LEVEL SCREEN (screener for Stage 3)**: If AFFIRMATIVE RESPONSE to ANY ONE of Q7-Q11, then continue to STAGE 3; otherwise, skip to end.

**STAGE 3:** Questions 12-16 - ask households passing the Second Level Screen

Q12. In the past 12 months, did you or other adults in your household ever not eat for a whole day because there wasn't enough money for food?

1. Yes
2. No (IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q13; OTHERWISE SKIP TO END)

Don't know / refuse to answer

Q12b. How often did this happen?

1. Almost every month
2. Some months but not every month
3. Only 1 or 2 months

Don't know / refuse to answer

| IF CHILDREN UNDER 18 IN HOUSEHOLD, ASK Q13-16; OTHERWISE SKIP TO END |
|---|

Now, a few questions on the food experiences for children in your household.

Q13. In the past 12 months, did you or other adults in your household ever cut the size of any of the children's meals because there wasn't enough money for food?

1. Yes
2. No

Don't know / refuse to answer

Q14. In the past 12 months, did any of the children ever skip meals because there wasn't enough money for food?

1. Yes
2. No

Don't know / refuse to answer

Q14b. How often did this happen?

1. Almost every month
2. Some months but not every month
3. Only 1 or 2 months

Don't know / refuse to answer

Q15. In the past 12 months, were any of the children ever hungry but you just couldn't afford more food?

1. Yes
2. No

Don't know / refuse to answer

**Reference:**

**1)** See http://www.hc-sc.gc.ca/fn-an/surveill/nutrition/commun/income_food_sec-sec_alim-eng.php#appa. Reproduced from: Loopstra, R., Tarasuk, V. What does increasing severity of food insecurity indicate for food insecure families? Relationships between severity of food insecurity and indicators of material hardship and constrained food purchasing. Journal of Hunger and Environmental Nutrition. 2013. 8 (3): 337-349.

**End of module**

## Appendix D – Photovoice Basics Training Guide

# Photovoice Basics:
What you need to know![1]

## The Basics

**What is Photovoice?**
Photovoice was developed by Caroline C. Wang and Mary Ann Burris in the early 1990s as part of a Participatory Action Research (PAR) approach (1). Photovoice engages people who do not usually have a say in the decisions that affect their daily lives as a way for them to deepen their understanding of an issue (1,2). The goal of Photovoice is to support the self-empowerment of participants through by providing them with the opportunity to express their experiences and "speak" through photographs about issues that bother them, connect with others in their community, and advocate for change (1).

**Why use Photovoice?**
**Photovoice** allows people in a community to express the concerns and issues most important and relevant to them. Because "a picture is worth a thousand words", it can be a powerful way to help others understand and connect with the issues.

**Advantages & Limitations to Photovoice**

| Benefits | Considerations |
|---|---|
| • Empowering<br>• Allows community members to show how they view their community<br>• Allows people to think differently about themselves, others and the community<br>• Power-sharing research<br>• Involves community<br>• Creates a sense of belonging | • Time commitment<br>• Abstract ideas may not be easy to capture<br>• Flexibility and patience required<br>• Close examination of an issue can create negative feelings<br>• Not all participants will have the same amount of camera expertise<br>• Photography can be expensive (2,3). |

[1] Adapted from the Participatory Food Costing Project Photovoice Manual (October 2012), FoodARC

## Ethics

With Photovoice, there are ethical considerations for anyone whose private property or image may appear in the photograph taken by the participant (in this case, the "subject" of the photograph).

In a Photovoice project, the organizers, participants and facilitators must understand the ethics involved for both participants and potential subjects of the photographs. This involves thinking about some important areas of ethical consideration: privacy, being placed in false light by images and protection against use of a person's likeness for commercial benefit (3).

**Ethics for Those in the Community (potential subjects of photographs)**

*1. Privacy*
Photovoice participants must respect the privacy of those in the community. **This includes BOTH an individual's private space, such the inside or outside of a home or workspace, AND the individual's privacy while in a public space (1,3).** This means that Photovoice participants should get written permission before taking a photograph of: an individual (where the person is the main focus of the photo) AND inside or outside private property (again, where the property is the main focus of the photo). This includes family members and applies to places we often think of as "public", such as stores, but are really private. A participant is not required to get permission when taking a picture of a group of people where individual faces are not recognizable or if the photographer is taking a photo of something and a person just happens to walk into the shot (1).

*2. Being Placed in False Light by Images*
It is important that the subject's thoughts or feelings are not misrepresented by the photographer's narrative. The photographer must be sensitive of this during their Photovoice experience (3).

*3. Protection Against the Use of a Person's Likeness for Commercial Benefit*
Photovoice participants have the option to lend their photographs to the Photovoice project staff for safekeeping or for reproduction. It is unethical to use the photos on promotional brochures or websites without the participant's permission (3).

**Obtaining Informed Consent**
Participants can withdraw from project at any point in time. Withdrawing from the Photovoice project means that photographs and their associated captions are removed from the project as well as any of their contributions to the group discussion.

Please familiarize yourself with the following Informed Consent Forms; you may need Form #1 and/or Form #2 when taking photographs in the community.

- **Form #1: Photovoice Photography Subject Consent Form**
- **Form #2: Photovoice Private Property Photography Release Form**

## Basic Photography

Participants should be comfortable using a camera, so that they can feel confident in using images to represent their experiences of the theme. There are two aspects to this: 1) being familiar with the camera as a tool itself; and 2) thinking a bit about what makes a better or more powerful photograph.

***How to Use a Camera***

**For ease of printing and sharing photos and reduced cost of development, we will only be using digital cameras, not film cameras.** Camera basics include: turning it on/off, adjusting basic settings, using the flash, choosing the digital image size (making sure it's large enough to be of high quality when printed), deleting photographs, etc. The specific camera manual and hands-on practice are most helpful.

***How to Take Photographs***

Techniques like lighting, balance, contrast, composition and capturing the viewer's attention should be considered. This can help participants to engage in self-expression, be creative with their photographs, represent their experiences, strengths and struggles and feel proud about what they produce for the project (2). For more information about lighting, shooting and composition, please refer to the sheet **Tips to Consider When Taking your Photographs** (3).

***Number of Photographs to Capture***

Each participant will be responsible for choosing 1-2 photos to share as part of the Photovoice project. It is suggested that you capture 10-12 photos, then look through them all and choose the 1-2 photos that have the most meaning for you. The remaining photos will still be used as data and for reporting purposes.

It's important that you know that your photos do not have to be perfect and that you will be writing a caption to help bring out the message in the photo.

***Taking Photographs***

Please think of the following prior to taking photographs:

- Be respectful (i.e., be polite when approaching others, do not invade the private space of others);
- Use a buddy system such as a close friend or family member, especially when going to places that are unfamiliar;
- Don't do anything you wouldn't usually do (e.g., take a photograph while driving or taking a photograph in a location that puts you in danger);
- Don't go anywhere you wouldn't usually go;
- Be aware of your surroundings
    - Ask first before taking a photo and be sure that the subject signs the photo release form someone's personal property

****What should I take photos of?***

After you have received all of the information and education you need to begin taking photographs, you can start thinking more about the topic of social marginalization and stigmatization (e.g., judgments that you may feel in society with regards to your food situation) as it relates to food security, what you think you want to capture in a photograph and the reasons behind the photo (6).

***Writing Photograph Captions***

After going through the photos you have taken and deciding which one has the most significance, write small descriptions or captions for the photographs that help to explain the meaning behind them. These captions will be used during the group discussion, and useful when sharing the results of the study and/or exhibiting the photographs to others. Please fill out your photo caption sheet to help you think about the meaning behind the photo and what you may want to discuss during the group meeting.

***Group Discussion***

After the researcher (Felicia Newell) has collected the photos from all participants, a group meeting will be arranged (for those that feel comfortable) so that all participants can share and discuss the photographs that have been taken by the participants. Those who do not feel comfortable participating in the group discussion will have a second one-on-one interview with the researcher to share and discuss the photographs.

## Other Considerations

**Personal Safety**

Safety issues are important to consider before you enter the community to take photographs (1). This can often seem like "common sense," but it is important that people know that their personal safety is more important than anything else. Participants should always use their judgment and never put themselves in risky situations; meaning don't stand in the middle of the street for that "perfect" shot and be cautious about where you travel in the community, particularly by yourself, in the pursuit of a photo (1). If at any point you are confronted by someone aggressive (e.g. someone is upset with you for taking a picture or you are mugged or robbed), stay calm, do not resist and give up the camera (1).

**Confidentiality**

Participants should know that all conversations and discussions that are a part of the Photovoice study must be kept confidential and not discussed with anyone outside of this research project. If you have any materials related to this project, please do not share them with others.

**Anonymity**

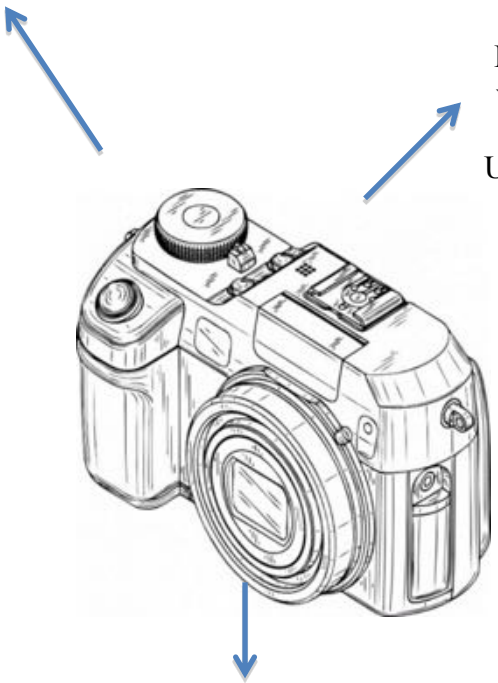
Sharing photographs of personal experiences can be emotional for some participants, especially in relation to the topic of food insecurity. Each participant is responsible for sharing their photo and their experience, either in a group setting with the other participants or in a one-on-one session with the researcher, during the sharing and discussion session. You will have the option

to be anonymous when it comes time to display/exhibit the photographs in a public space. Ultimately, the researcher is responsible for protecting the identity of the participant(s),

## Tips to Consider When Taking your Photographs

**Shooting**
Hold the camera with both hands, with elbows against your body and feet spread apart and release the shutter carefully. This helps to avoid camera shake or vibration that leads to blurry pictures.

Avoid putting your finger in front of the lens.



**Lighting**
Place the sun at your back when taking photographs.

Use the flash outdoors even on a sunny day.

**Composition**
Pay attention to how you arrange the people, objects, and the environment in your photograph and don't always think that you have to put the object in the middle of the frame.

Take a combination of posed shots and un-posed shots.

Consider your distance from the subject.

***Also check out the following YouTube video for more tips on how to take great photographs:**

http://www.youtube.com/watch?v=9zTQIPIl3Mk

## References


1. Photovoice Hamilton Ontario. Manual and resource kit. Hamilton: Hamilton Community Foundation; 2007.

2. Palibroda B, Kreig B, Murdock L, Havelock J. A practical guide to photovoice: sharing pictures, telling stories, and changing communities; 2009 [cited 2012 September 12]. Available from: http://www.youth.society.uvic.ca/sites/default/files/images/manual.pdf.

3. Shimshock K. Photovoice project organizer and facilitator manual; 2008 [cited 2012 September 12]. Available from: http://ssw.umich.edu/public/currentprojects/goodneighborhoods/PhotovoiceManualREVISED.pdf

4. Wang C, Burris MA. Photovoice: concept, methodology, and use for participatory needs assessment. Heal Ed Behav. 1997;24(3):369-387.

5. Wang C, Redwood-Jones YA. Photovoice ethics: perspectives from flint photovoice. Health Educ Behav. 2001;21:560-572.

## Appendix E – Photovoice Photography Subject Consent Form

*Exploring the Link between Food Insecurity, Social Stigma and Social Marginalization among Low-income Lone Mothers*

As part of a Mount Saint Vincent University Applied Human Nutrition thesis project, we are trying to learn more about what it is like for lone mothers to not have enough food for themselves and/or their family. Study participants are asked to take photographs that represent their experiences with these issues. The photographs you provide will help inform this part of the research.

I, _____ [Print name of photo subject] give permission for _____ [print name of Photovoice participant], as a Photovoice participant for Felicia Newell's thesis project with Mount Saint Vincent University, to take my photograph. By signing my name below, I understand and agree that this photograph may be used at some point in the future for a public display to raise awareness about food insecurity. I understand that researchers, policy makers, students and possible members of my community will see my photo. Each photo will have a caption explaining the significance of the image to the photographer. Names of individuals appearing in photos will not be associated with the photos.

**Signed**:_____ **Date**:_____

If subject is under the age of 18:

**Parental Consent (name printed)**:_____**Date**:_____

**Signature of Photovoice Participant**:

_____

If you have any questions, then please contact:
**Felicia Newell**, BScAHN, MScAHN(c)
(902) 457-6333 / felicia.newell@msvu.ca
Mount Saint Vincent University, 166 Bedford Highway, Halifax, NS, B3M 2J6

## Appendix F – Photovoice Photography General Release Form

*Exploring the Link between Food Insecurity, Social Stigma and Social Marginalization among Low-income Lone Mothers*

As part of a Mount Saint Vincent University Applied Human Nutrition thesis project, we are trying to learn more about what it is like for lone mothers to not have enough food for themselves and/or their family. Study participants are asked to take photographs that represent their experiences with food insecurity, social stigma and social marginalization (i.e., judgements, exclusion). The photographs you provide will help inform this part of the research.

I, _____ give permission for Felicia Newell, Mount Saint Vincent University Graduate Student, to use and publish my photographs collected during her Photovoice project.

☐ The project is free to use my photographs for photo exhibits, editorials, journal articles, newspaper articles, websites and educational awareness, but I also ask that my photographs be credited to me.

☐ The project is free to use my photographs for photo exhibits, editorials, journal articles, newspaper articles, websites and educational awareness provided that my identity is not associated with the photograph(s).

**Signature**:_____ **Date**:_____

If you have any questions, then please contact:
**Felicia Newell**, BScAHN, MScAHN(c)
(902) 457-6333 / felicia.newell@msvu.ca
Mount Saint Vincent University, 166 Bedford Highway, Halifax, NS, B3M 2J6

## Appendix G – Photovoice Private Property Photography Release Form

*Exploring the Link between Food Insecurity, Social Stigma and Social Marginalization among Low-income Lone Mothers*

As part of a Mount Saint Vincent University Applied Human Nutrition thesis project, we are trying to learn more about what it is like for lone mothers to not have enough food for themselves and/or their family. Study participants are asked to take photographs that represent their experiences with food insecurity, social stigma and social marginalization (i.e., judgements, exclusion). The photographs you provide will help inform this part of the research.

I, _____ [Print name of photo subject] give permission for _____ [print name of Photovoice participant], as a Photovoice participant for Felicia Newell's thesis project with Mount Saint Vincent University, to take photograph(s) of or on my property. By signing my name below, I understand and agree that this photograph may be used at some point in the future for a public display to raise awareness about food insecurity. I understand that researchers, policy makers, students and possible members of my community will see my photo. Each photo will have a caption explaining the significance of the image to the photographer. Names of individuals appearing in photos will not be associated with the photos.

**Signed**:_____ **Date**:_____

If subject is under the age of 18:

**Parental Consent (name printed)**:_____**Date**:_____

**Signature of Photovoice Participant**:

_____

If you have any questions, then please contact:
**Felicia Newell**, BScAHN, MScAHN(c)
(902) 457-6333 / felicia.newell@msvu.ca
Mount Saint Vincent University, 166 Bedford Highway, Halifax, NS, B3M 2J6

# Appendix H – PHOTOS Caption and Discussion Guide

*Exploring the Link Between Food Insecurity, Social Stigma and Social Marginalization among Low-income Lone Mothers*

The **PHOTOS**[1] method will be used to aid in the sharing and discussion of photographs. Participants will share their photograph and caption by answering the questions outlined on this Worksheet.

Photographer:_____

☐ **Photo Release Form** ☐**Photo Subject Consent Form** ☐ **Private Property Release Form**

| | |
|---|---|
| **P** | Describe your **picture** |
| **H** | What is **happening** your picture? |
| **O** | Why did you take a picture **of** this? |
| **T** | 1) What does this picture **tell** us about your life and how you feel social marginalization (feeling excluded from and less advantaged than others in society) and social stigma (i.e., judgments/prejudice/disapproval from others or even from yourself) affects you and your food security? |

[1] Hergenrather KC, Rhodes SD, Bardhoshi G. Photovoice as community-based participatory research: a qualitative review. Am J Health Behav. 2009; 33(6):686-698.

| | |
|---|---|
| | 2) What does this picture **tell** us about how organizations and structures, in society may impact personal and household food security through excluding or judging you? |
| **O** | How can this picture provide ideas about **opportunities** for us to improve the way that society views and treats those who may be experiencing? |
| **S** | Is there anything else that is not represented here that is important to **share**? |

*Caption:*_____
_____
_____
_____
_____

**Developing Themes**

During the discussion of the photographs, similar ideas or issues may come up repeatedly. These can be thought of as the overall themes that connect the participants' perspectives

and/or experiences. The group discussion will end with asking all participants to pull out the themes they heard come out of their conversations. This is important because it will help to define more clearly what you and the other participants believe are the most significant insights about whether and how social stigma and social marginalization (e.g., judgments and feeling excluded from others in society) influence food security. For those who have a one-on-one discussion rather than participating in the group discussion: participants will pull out themes from looking at a selection of pictures that they have taken, which will again help to define more clearly what the participants believe are the most significant pieces of how social stigma and social marginalization may be linked to food security.

## Appendix I – Recruitment Poster

**Do you have difficulty getting enough food for you and/or your family?**

**Do you ever feel judged and/or excluded by others in society because of this?**

If you answered YES, you may be eligible to participate in a research study and explore your experience through photos.

**Who are we?**

Researchers from Mount Saint Vincent University who are passionate about increasing food security for all Nova Scotians and beyond.

**Why are we doing this?**

We are interested in learning about what it is like for mothers living alone to face difficulty getting enough food for you and your family.

*Food insecurity means not being sure that every day you will have enough healthy and affordable food suited to the needs of you and your family.*

**If *you* are a lone mother who:**

- Is over 18 years old
- Has children under the age of 18 years
- Buys and prepares the food in your home, and
- Faces food insecurity from time to time

**We would like you to take part!**

**The initial meeting will last 1 hour, and the follow-up Photovoice session will last 1-3 hours. We value your time and will will cover provide you with a cash honorarium and cover any out-of-pocket expenses such as child care and transportation costs.**

Participation is limited. If you would like to know more about this research project or would like to take part, please contact Felicia Newell at 457-6333, or email: Felicia.newell@msvu.ca

## Appendix J: Certificate of Completion for the TCPS 2: CORE Course

PANEL ON RESEARCH ETHICS

*Navigating the ethics of human research*

TCPS 2: CORE

*Certificate of Completion*

*This document certifies that*

**Felicia Newell**

*has completed the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans Course on Research Ethics (TCPS 2: CORE)*

Date of Issue: **27 November, 2013**