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**CRITICAL NUTRITION EDUCATION FOR SOCIAL CHANGE:
TOWARD REDUCING INEQUITIES THROUGH PARTICIPATORY
RESEARCH
AND COMMUNITY ORGANIZATION**

by

Kim Denise Raine Travers

Submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy

at

Dalhousie University
Halifax, Nova Scotia
May, 1993

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Dedicated to the women of the Parent Centre and their families.

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Abstract

Evidence suggests that nutritional inequalities may be associated with inequitable opportunities for healthy eating, including structural inequities in access to nutritious food. An institutional ethnography, a qualitative research methodology grounded in critical social science, was undertaken with the following purposes: 1) to explicate the social organization of nutritional inequities among socially/economically disadvantaged women and their families, and 2) to empower research participants to initiate collective action for social change toward a reduction in nutritional inequities. Methods included participant observation of food and nutrition practices in the homes of five socially disadvantaged families and at a community drop-in center in a low-income neighborhood; in-depth individual interviews with family members; and group interviews with an additional 28 participants at the community center. Tape recordings and field observation notes were analyzed thematically, preserving the perspectives of the research participants. The explication began with the examination of the everyday household work of feeding the family which provided an entry point to broader social relations working outside of the households, but evident within them. At the household level, the gendered, "invisible" nature of feeding work became readily apparent. The class context of feeding work became particularly evident upon examination of the practice of procuring food. The apparently simple act of buying groceries was complicated by limited access to inexpensive stores. The families developed innovative strategies to enhance their abilities to procure food within their limited means. However, because of inadequacies of subsistence welfare policies, they frequently were sufficiently short of funds to necessitate reliance on charity for food. Analysis of such social policy revealed that public and professional discourses organizing nutritional inequities are informed by individualistic ideology. Yet, individualistic discourses could not provide an adequate understanding of the experiences of the research participants. In sum, the research revealed nutritional inequities as embedded within social constructs such as gender, class, commerce, policy and discourse. The educative nature of the participatory research process empowered study participants to initiate structural change in commercial pricing practices and welfare policies. Through making the analysis available to others, including policy makers, it may be possible to work toward changing the oppressive social organization which perpetuates inequities. The research calls for a reorientation in community educational practice from the dominant individual orientation to a social orientation.

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1.0 Introduction and Review of the Literature

1.1. Inequitable Opportunities for Health in Canada – A Problematic Notion

Current health policy as outlined in the Canada Health Act was designed to facilitate universal accessibility to medically necessary hospital and physician services through prohibition of any financial impediment to medical treatment (Health & Welfare Canada, 1986-87). Despite federal policy grounded in notions of a just and equitable health-care system in Canada, commitment to equal rights to medical care has not eliminated inequalities in the health of Canadians.

Inequalities in health have been defined by Rootman (1988) as “variations in health status among different population groups” (p.2). A 1985 Canadian health promotion survey revealed that health status and quality of life, measured in terms of self-rated health, activity limitation, and happiness, were clearly lowest among the poor, the less well-educated, and those not employed outside of the home (Wilkins, 1988). In other words, the socially and economically disadvantaged members of the Canadian population perceive themselves as disadvantaged with respect to health status.

This is not merely a matter of perception, however. Inequalities are evident in more objective measures of health status as well. For example, Wigle and Mao (1980) have demonstrated that mortality rates from cardiovascular disease, the greatest public health concern in Canada today, are significantly higher among members of lower income groups. Results of the Nova Scotia Heart Health Survey (1986) also revealed that cardiovascular risk factors are more prevalent among the disadvantaged (Nova Scotia Department of Health [NSDOH] & Department of National Health and Welfare [DNHW], 1987). The observation that behaviourally modifiable cardiovascular risk factors, such as obesity, physical inactivity, smoking, and certain negative dietary factors are more prevalent among the disadvantaged (NSDOH & DNHW, 1987; Millar & Wigle, 1986; Wilkins, 1988)

suggests that the inequalities in cardiovascular mortality among population groups are related to an apparent “predisposition” to living unhealthy lifestyles which may diminish opportunities for the achievement of health.

These observations are particularly relevant in light of the results of Canada’s health promotion survey which suggest that poor health habits are no longer the social norm. For example, 54% of adult Canadians report exercising regularly, and 71% report eating breakfast every day (Health & Welfare Canada, 1989a). The survey revealed that 64% of adult Canadians feel they are actively striving to improve their health, a concept that they are linking to the quality of life rather than simply the absence of disease (Health & Welfare Canada, 1987). Thus, the majority of adult Canadians are revising their visions of health, and are taking action.

However, a significant minority, predominantly the economically and socially disadvantaged¹, persist in practices not conducive to improved health (Wilkins, 1988). This is not to say these groups do not realize the value of a healthy lifestyle. The health promotion survey revealed that people with poor habits persist with their habits despite “knowing better” and despite aspirations for change (Health & Welfare Canada, 1987). It appears that among the disadvantaged, poor health habits continue despite individual desires and mounting social pressures from the majority to do otherwise. Rootman (1988) summed it well when he wrote:

In Canada, health inequalities exist among different socio-economic groups, not only in objective but also in subjective measures of health status, as well as in health practices. These inequalities appear to mirror the existence of inequities in the distribution of opportunities, resources, services or

¹ Social disadvantage is a complex, multifaceted concept, which makes it very difficult to estimate the proportion of the Canadian population which falls into this category. However, if one considers that economic status is one component of social disadvantage, and that in 1987, one in seven (3.5 million) Canadians lived below Statistics Canada's low income cutoffs (the "poverty line"), which is a debatable, and possibly conservative measure of poverty (National Council on Welfare, 1989), the numbers of socially disadvantaged Canadians are cause for concern.

environmental conditions that are conducive to health (p.3, emphasis added).

In light of the evidence linking social and economic disadvantage to inequalities in health, reducing inequities (in opportunities) has been named as one of three health challenges in Achieving Health for All: A Framework for Health Promotion (Epp, 1986), Canada's most recent, and perhaps revolutionary, guiding policy for health initiatives. Reducing inequities is the challenge and goal which frames this research.

1.2. Food, Nutrition and Inequities

Although there have been no large-scale Canadian nutrition surveys which have included clinical and biochemical indices of nutritional status since Nutrition Canada in 1972 (Health & Welfare Canada, 1975), there is still evidence to suggest that inequalities in nutritional health and nutrition practices exist among different population groups within Canada. Most recently, the 1990 Nova Scotia Nutrition Survey revealed that adults living in low income households were less likely to consume several nutrients in amounts consistent with current nutrition recommendations. Specifically, low income respondents consumed a higher percentage of energy from fat, a lower percentage of energy from protein and less dietary fibre than persons living in middle and high high income households (Nova Scotia Heart Health Program [NSHHP], Nova Scotia Department of Health [NSDOH] & Health and Welfare Canada [HWC], 1993). Unfortunately, the Nova Scotia Nutrition Survey data are still in the process of analysis, so it is currently impossible to report the adequacy of micronutrient intake by income groupings. Canadian estimations of nutrient intake are available however, from Statistics Canada's Family Food Expenditure Surveys, biannual surveys which record household food expenditures in sufficient detail to allow calculation of apparent nutrient intake. Campbell & Horton (1991) reported apparent nutrient intakes from the 1984 Family Food Expenditure Survey, and noted that apparent

caloric intake decreased as per capita income levels fell. The decreased quantity of food intake was accompanied by a decrease in dietary quality; the proportions of inadequate diets, particularly with less than recommended intakes of protein, iron, folate and calcium, increased with decreasing income. In sum, "Apparent nutrient intake for all the nutrients increased significantly with income as did the adequacy of that intake" (p. 377).

Although the previous data document inequalities in nutritional intake among different income groups within the Canadian population, they do not provide evidence of inequalities in nutritional health status. The Nova Scotia Nutrition Survey reported Body Mass Index (BMI) as an indication of body weight, and found that adults from low income households more frequently fell within both the underweight (BMI < 20) and overweight (BMI > 27) categories; only 40% of the respondents from the low income group fell within the healthy weight range (BMI = 20-27) as compared to 46% from the middle and high income groups (NSHHP, NSDOH & HWC, 1993). Recent data regarding nutritional status of infants reveal that iron deficiency anemia is more prevalent among infants from low income families (25%) (Lehmann, Gray-Donald, Mongeon & Di-Tommaso, 1992) compared with infants from middle to upper income families (3.5-10.5%) (Greene-Finestone, Feldman, Heick & Luke, 1989). In an American context, even within the low income population group, decreasing income associated with food shortages was a statistically significant predictor of increasing numbers of reported child health problems (Wehler, Scott & Anderson, 1992). These findings, combined with previously cited observations linking social and economic disadvantage to chronic disease with nutritional risk factors, suggest that inequalities in nutritional health among population groups exist in Canada. Furthermore, subclinical malnutrition of the magnitude experienced in Canada can be devastating with respect to its impact on the perpetuation of inequities. It may be rare (although not unheard of) for a child to die of malnutrition in Canada, but it is not uncommon that a malnourished child may fail to reach his or her maximum physical and intellectual potential (Nova Scotia Nutrition Council, 1990), thereby increasing his or her

risk of failure in school and decreasing the opportunity for adequate employment and income earning potential. Such inequities may actually begin before birth; those nutrients found by Campbell & Horton (1991) most likely to be lacking in the low income Canadian diet are those of most importance to the health of women of childbearing age, thereby increasing the potential for poor pregnancy outcomes among low income women.

This evidence does suggest that inequalities in nutrient intake and nutritional status may be linked to inequities in opportunities for healthy eating, including poverty-related inequities in access to food. Such inequitable access to food is frequently referred to as hunger, meaning “involuntary food shortages” (Campbell, Katamay & Connolly, 1988, p. 230). However, the word hunger is often associated with overt malnutrition in developing nations and conjures up images of emaciated children with bloated bellies. As these images may make it difficult for some people to seriously consider hunger as a problem in Canada, it has been proposed that the term food security be substituted, since it 1) connotes a more accurate description of the problem (Davis, Katamay, Desjardins, Sterken & Patillo, 1991) and 2) can create more constructive action towards problem solution through the use of a positive concept (Campbell, Katamay & Connolly, 1988; Campbell, 1991). Food security can be defined as:

access by all people at all times to enough food for an active healthy life, and includes as a minimum: a) the ready availability of nutritionally adequate and safe foods; and b) the assured ability to acquire personally acceptable foods. Food insecurity exists whenever food security is limited *or* uncertain for a person. (Campbell, 1991, p. 83, original emphasis)

One indication that food insecurity does exist in Canada is the rise of emergency food relief programs, namely food banks and soup kitchens. The first Canadian food bank opened in 1981. By 1989, over 130 food banks had sprung up across the country (Riches, 1989). By and large, the majority of food bank users are social assistance recipients whose income (which is well below the poverty line) runs out before the end of the month, leaving

them dependent on charity to obtain food (Riches, 1989; Burke, 1991). Recent American data indicate a statistically significant increase in reliance on emergency food programs with decreasing income (Wehler, Scott & Anderson, 1992). Yet, accessing food in this manner does not insure a nutritionally adequate diet, nor food security (particularly if one considers personal acceptability as a component of food security). Although little has been published in Canada regarding the nutritional adequacy of foods provided through emergency food assistance, recent data from the U.S. revealed that diets of homeless adults provided through soup kitchens and shelters were lacking in fruits, vegetables, grains and dairy products, and thus nutritionally incomplete (Cohen, Chapman & Burt, 1992).

These observations suggest that the socially and economically disadvantaged are experiencing very real “barriers” to healthful change, barriers to opportunity which appear to be inextricably linked to the social order. In other words, the strong evidence supporting the notion that those with the least power to control and change their environments have the least power to control and change their health suggests that inequalities in health are, at least in part, socially constructed. This assumption requires more careful consideration.

1.3. The Social Construction of Inequities in Nutrition and Health

The concept of social construction is theoretically complex, and multiple views of social construction exist. I will discuss and debate the theoretical underpinnings in more detail in Chapter Two. However, for the purposes of this introductory review, it will suffice to say that the concept of social construction suggests that ideas and actions are inextricably linked with the social milieu. Ideas about health, ideas about inequities, and actions with respect to inequalities in health are constructed by the ideologies, culture, institutional organization and political economy of society. As well as being socially constructed, ideas and actions also work in a reciprocal fashion - to reconstruct what is known as the “reality” of the social world. Thus, there is a dialogical interdependence

between people and the social structure. People live and work within the social structures we inherit, and yet at the same time, actively participate in reproducing and transforming them. In the following subsections, I will draw upon the literature to illustrate by example how inequities in nutrition and health are socially constructed by ideology, culture, institutions and the political economy. Within each subsection, I will also discuss how people are working (or can work) to reconstruct the social organization of inequities.

1.3.1. Ideology and Social Construction

In its most basic sense, what Guess (1981) calls the descriptive sense, ideology refers to the beliefs, ideas, or “world view” of the members of a society. Ideologies are functional in that they influence actions. For example, Canadians vote because we ascribe to a democratic political ideology. There is another sense of the term “ideology” however, that is particularly relevant to health and nutrition. Ideology in the critical sense is equated with delusion (Guess, 1981) or false consciousness (Fay, 1987)². Delusion occurs when people believe something to be true even when the evidence shows otherwise, or when an ideology is used to divert attention from contradictions which legitimize domination. These two types of delusion are quite complex and often interrelated, so I will illustrate by example how each is working within Canadian health care.

In Canada, dominant ideologies have emphasized biology and personal lifestyle as the major determinants of health and disease (Edginton, 1989). With respect to biology, Canadians have a great deal of faith in the power of curative medicine. Improvements in health over the last few centuries are assumed to have been primarily due to advances in medical technology which can harness the biological cause of disease. However, the evidence shows otherwise. McKeown’s (1979) historical analysis of changes in disease and health over the last three centuries revealed that the greatest reductions in mortality have occurred in response to public health measures such as improvements in sanitation and

² Although both of these terms are rather strong and could be interpreted as devaluing or obliterating people’s practical knowledge, this is not my intent. Instead, I introduce these terms simply to raise the possibility that ideology can distort people’s understandings of the complexities of their situations.

better nutrition. Although vaccination helped to eliminate many infectious diseases, the incidence of these diseases had declined dramatically before the development of the technological breakthrough of vaccines. McKeown argues that the role of medicine has been distorted, and that greater emphasis should be placed on finding ways to change the environmental and social sources of illness. But this knowledge of the social and environmental causes of disease is given very little consideration in health discourse. The idea that the social structures and social relations within which an individual is embedded are inextricably linked to a person's state of health and perception of that state has only very recently been recognized (at least rhetorically) as "legitimate" within modern Canadian health care. How is it that this knowledge has been sent underground?

Tesh (1988) argues that theories of disease causation are linked to ideologies. In the 19th century, the preferred theory for the cause of infectious diseases was the personal behaviour theory. It was believed that if an individual ate well and paid attention to personal cleanliness, they would decrease their chances of contracting infectious diseases. In fact, there was truth to this theory, as those who had enough money to eat well and to have access to clean water did indeed have some protection. However, this theory had very little relevance to the poor, who for lack of resources, had little chance of changing their nutrition and cleanliness practices. But, since the theory of personal behaviour advanced the belief in individual freedom and the work ethic that rewards those who work hard to get ahead in life (or in this case, to get a chance to keep living), the personal behaviour theory was preferred over the environmental theory which removed the source of disease from the individual. In fact, the personal behaviour theory was so pervasive that following the release of a report which clearly linked sanitation problems with ill health, it took 10 years of political struggle to implement the recommendations which helped all, not only the rich. Attention had been diverted away from the underlying source of disease in order to legitimate the freedom of the privileged individual, although the evidence lay elsewhere.

This pattern of diverting attention from the underlying sources of infectious diseases continued into the 20th century. With the discovery of microorganisms, the germ theory of causation began to take precedence over the environmental theory. The “real” cause of disease had been isolated in a laboratory, and the advent of vaccines was not far off. Tesh (1988) argues that with the cause of disease isolated in a laboratory, health became a technical problem, not a social problem, even though there continued to be a strong relationship between social conditions and the incidence of disease. The responsibility for health was therefore turned over to the technical experts, the medical profession who held the power of cure, the ability to isolate and treat the biological cause of disease. Biological cause and cure continues to be a dominant theme in Canadian health care. Thus, a look at the historical origins of what is “known” about the cause of disease reveals the role of dominant ideologies in constructing understandings of the determinants of health and disease. Attention has been diverted from the evidence which locates the underlying source of disease in the environment, first to legitimize the power of the individual, then the power of technical medicine.

More recent ideological positions assert that medical hegemony is no longer acceptable within Canadian society. People are now putting less faith in the ultimate power of physicians and taking responsibility for their own health by changing their lifestyles to decrease their risks of chronic diseases which are leading causes of death and disability. In Canada, the role of personal lifestyle in determining health status was given legitimacy in 1974 with the release of a then revolutionary document, A New Perspective on the Health of Canadians (Lalonde, 1974). The report emphasized that individual behaviours such as smoking, diet and exercise were major factors in the cause of disease. This “new perspective”³ shifted some of the ideological emphasis away from curative medicine and laid a foundation for nutrition and health education toward prevention of chronic diseases

³ “New” is really a misnomer. The Lalonde report represented a return to the 19th century’s personal behaviour theory described previously.

via self-responsibility. However, the report reflected an ideological commitment to personal control over health, and the “implicit assumption that the proximal causes of behavior⁴ [sic] and/or mechanisms for producing behavioral changes lie within the individual, rather than in the social environment” (McLeroy et al., 1988, p. 356). This assumption however, is inadequate. Causal relationships between behaviour and health are quite certain for populations, but the relationship between behaviour and outcomes are probabilistic, not deterministic, and thus much less certain when applied to individuals (McLeroy, Gottlieb & Burdine, 1987). In other words, an individual’s poor health cannot, with certainty, be attributed to his or her “irresponsible” behaviour, nor can a change in behaviour be guaranteed to ameliorate the condition. Although individual behaviour change may continue to be a cornerstone of preventive nutrition education practice as long as a relationship can be demonstrated between behaviours and disease risk, placing sole emphasis on individual behaviour change pays inadequate attention to the context within which people make their nutrition and lifestyle decisions.

The emphasis on personal control over one’s own health reflects acceptance of two pervasive values in a liberal society; individualism and upward mobility. To live a healthy lifestyle represents self-reliance and testifies to membership in affluent classes (Tesh, 1988). But are those who do not belong to affluent classes absolved from responsibility for their own health? Are the disadvantaged less healthy because they freely choose to act in “irresponsible” ways which pose risk to their health status or are their choices limited by their social situations? These questions deserve deeper consideration. The distinction between personal lifestyle choices and socio-economic inequalities in health is not easily made and is subject to heated debate.

Wikler (1987) examined some assumptions which are necessary to place sole responsibility for health with the individual. The first suggests that an individual can only

⁴ The preferred spelling of behaviour and its derivative words will be used throughout the original text. However, in direct quotations, the author’s choice of spelling will be observed.

be held responsible if he/she knows what to do to stay healthy. At this point in history, there is still a great deal of disagreement among “experts” as to what constitutes healthy behaviour. Charles & Kerr (1988) found that many women in their study were reluctant to change their eating practices because they were sceptical of conflicting advice from experts. The other consideration related to the “need to know” argument is, can people be held responsible for inappropriate behaviour if scientifically accepted health messages (which they need to know) do not reach them? For example, health professionals/educators frequently rely upon printed materials to disseminate information. Such materials cannot reach segments of the population disadvantaged by limited reading skills. Devault (1991) found that professional counselling is often seen by low income clients as contributing to a sense of inadequacy as there are significant gaps between the advice offered and what can be used with limited resources. These findings suggest it may be more appropriate for nutrition educators to examine our professional practice, rather than criticize the behaviour of our clients.

Wikler's (1987) analysis of the “individual ideology” locates a second assumption; that people freely choose their risks. However, inequalities in health may result from an inequitable distribution of choices. For example, a mother may prefer to send her child to school after having fed him/her a nutritious breakfast. But, if that family lives in Nova Scotia and is receiving social assistance, food allowance rates are insufficient to meet nutritional requirements in all but two municipalities (Nova Scotia Nutrition Council, 1988). In other words, the “choice” to send a child to school hungry is not freely made and therefore reflects circumstances beyond individual responsibility. The evidence suggests that those who do not participate in healthy lifestyles are not necessarily irresponsible, but may have limited choices, limited knowledge, or insufficient resources to facilitate acting on adequate practical knowledge. Thus, by failing to consider the context within which nutrition and health “choices” are made, individualistic ideology may have contributed to

the construction of inequities in nutritional health by diverting attention away from social contributions.

The realization that class-related inequities in health exist has led to two potential courses of action for members of the middle class. First, the poverty-stricken can be condemned for their own failure, assuming that they are to blame. Secondly, a more humanist approach can be taken, and the cultural environment that has produced the person's inadequacies can be condemned. The former alternative is becoming less popular. The latter alternative is what Ryan (1971) has coined "blaming the victim". The problem is seen as a failure of socialization, a cultural environment which does not provide sufficient stimulation or resources to enable its "victims" to escape their unfortunate circumstances. Rather than examine continuing victimizing social processes, programs designed to solve social problems are directed at individuals who "have" problems as a result of unusual circumstances. Therefore, programs are developed to teach the victims how to work to make the best of what they have without considering the possibility of environmental change. Teaching the poor how to budget for food without examining the adequacy of food allowances is an example of such a strategy.

However, neither of these alternatives questions the social structure which perpetuates poverty in a rich nation such as Canada. The first alternative assumes poverty to be a natural product of society in which only the fittest survive. The second alternative hopes for an end to poverty, but lays the responsibility for change upon those with the least resources. In effect, the blame the victim ideology absolves the state of responsibility for transforming the social and environmental problems which make "unhealthy" choices more attractive and accessible (Freudenberg, 1978; McLeroy, Gottlieb & Burdine, 1987; Wikler, 1987; McLeroy et al., 1988; Minkler, 1989). As Freudenberg (1978) so aptly put it:

the notion that individual behaviors are the main cause of illness leads to the position that changes in the health care system and the social and economic structure are less essential (p. 374).

This quotation makes particularly clear that reality is not simply constructed by ideology. Rather, people create ideologies, mostly unconsciously, to maintain privileged places in the current social system. People blame the victim, it is not done for us. People may be products of social circumstance, but people also create society. Society is not “out there”, people are a part of it.

This rather lengthy discussion of ideology has attempted to clarify how the ideas and illusions that people create or inherit can shape the everyday reality of the social world. However, the social world is not constructed on the basis of ideas alone. People will not change the world simply by dispelling delusions and changing their minds, although this can be a useful first step. Ideas usually arise from concrete experience; understanding concrete experience can be another step toward understanding and changing the social world. In the next few sections, I will explore some sources of these concrete experiences and ideas: culture, institutions and the political economy.

1.3.2. Culture and Social Construction

“Culture is a term used to describe the knowledge, beliefs, values, and practices that a group has learned and shared through generations” (Bryant, Courtney, Markesbury & DeWalt, 1985). Although culture is often equated with ethnicity, this is but one aspect of culture. Culture in a broad sense simply refers to people’s interactions with the multiple environments encountered.

Nutritional anthropologists have discovered that exploring cultural differences in eating patterns is an excellent way to examine the social construction of nutrition and health. Anthropological studies of dietary behaviour emphasize the complex nature of eating (Bryant, Courtney, Markesbury & DeWalt, 1985; Fieldhouse, 1986; Jerome, Kandel & Peltó, 1980; Peltó, 1981). Culture shapes our definitions of food (beef to a steak-lover, cattle to a vegetarian), the availability of food (white bread became available only following “advances” in milling technology), and values related to food and eating (the quest for thinness and prevalence of eating disorders in a society which equates slimness with highly

valued youthful beauty). Food is frequently consumed in a social context; eating is a major focus of celebrations and rituals, and meal time is often a time for interaction with family and friends.

Culture also shapes values which determine what is desirable or undesirable with respect to eating and health (Bryant et al., 1985). For example, the culture of a specific time influences what is valued as “good” food. Blaxter & Paterson (1983) found that women of prior generations considered good food to start with fresh ingredients and to be prepared at home, while their daughters were more accepting of processed and convenience foods. Even within a generation and within a household there can be cultural differences in the perception of what is good food. Murcott (1983) found that women, as primary food preparers, consider a good meal to be one that was cooked in the oven, with meat, potatoes and vegetables. Yet, if men participated in food preparation, they were more apt to consider their efforts to prepare sandwiches as sufficient to meet the standards of a good meal. It is extremely interesting to note, however, that the men would not accept their own standards when evaluating their wives’ cooking. So from different cultural standpoints, concrete practices and experiences are valued differently. Culture contributes to the construction of reality.

Today the mass media transmits images of slender, youthful beauty for women, and fit, muscular physiques for men. These images reflect the values of the culture, and play themselves out in everyday experience. Charles & Kerr (1988) found that women, who were primarily responsible for food preparation for their families, talked regularly about watching the weight of family members. Yet, as in the media images, there were definite gendered values with respect to weight within families. When women spoke of their husbands, they talked in terms of health, to avoid heart attacks for example. When they referred to themselves, their desire to lose weight was expressed in terms of attractiveness and sexuality. They played out the roles suggested to them by cultural images, and in doing so, reinforced their validity and perpetuated the images. The culture

people inherit, and cultural actions, contribute to the social construction of nutrition practices.

This type of production of culture through media images is part of what Horkheimer and Adorno refer to as the culture industry (Held, 1980). The culture industry produces for mass consumption, but it is not driven by the demands of the masses. Rather, through its techniques of promotion, the culture industry manipulates consumers into passive acceptance of messages. The messages urge people to identify with existing social relations. Just as the last example illustrated, women in society are expected to be attractive and sensuous, men strong and virile (healthy). Members of Western society have become so enamoured with these images that women starve themselves to death (anorexia nervosa) and men kill themselves with overdoses of steroids taken in pursuit of muscle. The culture industry constructs everyday experiences, and people participate by passively accepting the messages and actively identifying with them.

Structural constraints such as cultural norms carry the potential to further disadvantage the disadvantaged. For example, the consumer/media culture in Canada today urges people to spend money on high priced convenience foods which fit into hectic lifestyles. These foods become attractive to everyone, regardless of social position. Yet, those who do not have the luxury of disposable income for such purposes are penalized for succumbing to temptation when they are unable to stretch their food dollar sufficiently to meet the nutritional requirements of their families. For those with disposable income, such penalties do not exist; in fact, they are rewarded with the convenience they had sought when the purchase was made. In effect, "social organization plays an important role in determining one's options" (Freudenberg, 1978).

Culture starts as informally shared meanings, beliefs and practices. These meanings, beliefs and practices that people produce, help to construct the social world. The origin of these beliefs, meanings and practices are then forgotten, taken for granted, and not questioned. As culture becomes accepted as given, it is institutionalized. Culture is seen

as a “thing” that is “out there”, not a part of us. The culture industry reinforces this institutionalization process. Institutions contribute to the social construction of reality.

1.3.3. Institutions and Social Construction

Institutions become a part of people through the roles they are given and the roles they play (Berger & Luckmann, 1967). In this context, institutions are, therefore, not places but social processes. It is only within institutional life that roles develop; institutions define what people need to know to fulfil distinct and limited roles. Much of what is known about nutrition and health is mediated by the institutions within which people act. There are two institutions which are particularly relevant to nutrition and health: the family, and health care institutions (including professionalized health care practice).

Within the institution of the family, the role of looking after the family’s health and nutrition needs, which includes all of the work surrounding food purchasing, meal preparation and clean up, is predominantly held by women (Armstrong & Armstrong, 1987; Charles & Kerr, 1988). It is interesting to note that historically, this has not always been the case. Prior to industrialization, women and men shared in household work. Food production - the growing of grains and the raising of animals, and food processing - milling of grains and slaughter of animals, was domestic work and the responsibility of men. Gathering fuel for cooking over the open hearth was also a role assumed by men. Women were responsible for the cooking, usually a simple one-pot meal which could simmer all day while other domestic chores were attended to. With the advent of industrialization and its new technologies, food production and processing were removed from the domestic sphere; food preparation was not. Men’s roles were displaced to the commercial sphere, and they were freed to leave the home to pursue industrial work. Women continued with the responsibility for domestic labour, including food preparation (Cowan, 1983).

Now, domestic work has been institutionalized as women’s work. Although more and more women choose (or are compelled by financial necessity) to work outside of the

home, the burden of domestic labour, including food preparation, continues to rest on the shoulders of women (Armstrong & Armstrong, 1987; Luxton, 1986). Yet, women's domestic labour is not viewed as "work" as such, and therefore is given little value. The work of meal planning for instance, which may involve scanning newspapers for food specials or for new recipes, may appear to an observer as simply relaxing with the paper. The work part is invisible (Devault, 1987). Oakley (1974), Devault (1987) and Charles and Kerr (1988) argue that the maintenance of the gendered division of labour within the household supports the continued dependency of the "homemaker" on the "breadwinner", and this role is basic to the institution of family life. Yet, the institution of family life does not simply construct experiences for people, as homemaker or breadwinner, as valuable or invisible. People participate in the construction of experiences and the institution of the family. When women suppress their own food preferences for their husbands', and serve their husbands "higher status" foods (Charles & Kerr, 1988), and when men resort to violence for their wives' failures to prepare an adequate meal (Ellis, 1983), they construct reality. More positively, when men and women work together to equalize responsibility for domestic labour, a new reality is constructed.

Health care institutions and the professional practice which occurs within them play large parts in the social construction of knowledge about nutrition and health. If one considers that federal expenditures on health care in 1982 were in excess of \$30 billion dollars of public funds, or 8.4% of Canada's Gross National Product (Evans, 1984), their influence is not surprising. Health care institutions in Canada are built on the medical model. To illustrate, the Canada Health Act, the legislative framework for the health care system, was designed to overcome financial barriers to medical care, primarily in the form of medically necessary hospital and physician services (Health & Welfare Canada, 1986-87). Health care (meaning public health and preventive measures which aim to maintain health), accounts for less than 2% of total "health care" expenditures (Jackson, 1986). As the medical model is based on the practice of medicine, an examination of medical practice

can help to clarify how medical practice and health care institutions help to construct what is known about nutrition and health.

Friedson (1988) traced the historical origins of the professionalization (or institutionalization) of medical practice. It is interesting to note that medical knowledge has only recently (within this century) come to be regarded as authoritative. With the development of medical technology (for instance, the development of vaccines described earlier), medicine gained a scientific foundation. At the same time, medicine began to organize as an occupation. The profession was granted autonomy, that is, they were granted power to monitor their own practice. They were also granted the power to license their own members, which, for the first time, gave the medical profession a monopoly on healing. Although other health professionals (nurses, dietitian-nutritionists) play important roles within the health care system, their roles are subordinate to physicians who have the power to control or direct their practice. In the allied health professions' pursuit of autonomy, they have tended to model their practice after that of the physician, and have searched for scientific foundations that make their practice unique.

Friedson (1988) argues that the monopoly over healing granted physicians exclusive rights to define illness and to define how people should act to be treated as ill (i.e. their roles). He and Illich (1976) define this situation as social iatrogenesis, the ability to create a "sick role" and encourage people to become consumers of medicine. The lay person becomes dependent on the expertise of the professional, and is discouraged from using his/her own value judgements in making decisions about his/her own health. Illich (1976) believes that as more and more issues are brought into the health care arena (environmental issues for instance), the over medicalization of everyday life will result in cultural iatrogenesis, that is, destroy the potential for people to deal with their own weaknesses. However, this conclusion assumes that people do not participate in social construction, that they sit back and let overmedicalization do this "to" them. Changes over the past 20 years suggest this is not the case. As people have started to realize that health is

a product of social conditions, there has been a growing interest in self-help and alternate health care, such as feminist clinics (Fee, 1983). There has also been increased citizen participation in political movements to clean up the environment; in effect, a demedicalization of society (Fox, 1986). So although people's places within health care institutions construct their social world, through political action, people participate in the construction of institutions and their social world.

1.3.4. The Political Economy and Social Construction

Like society, politics does not exist external to people. Politics is not a thing. Political power is a relation in which people participate. A person, an institution, or a corporation does not simply have political power; political power only arises when it is exercised. An examination of who is exercising their power over nutrition and health can be helpful in understanding how politics works to construct health and nutrition practices.

Canada's political economy has a strong market base (Therborn & Roebroek, 1986). The corporate sector has political power, and nutrition and health are not immune from its effects. Corporate power also contributes to the high cost of food in this country which precludes many Canadians from purchasing sufficient food to meet their nutritional needs, or to even to stave off their hunger - but this assertion requires more explanation. The problem of hunger in Canada is not one of too little food; we are a rich agricultural nation. The problem is in how food is distributed. This is not unlike the world hunger problem. As George (1976) has argued, there is enough food to feed the people of the world, but the rich nations (such as Canada) get more than their fair share while the people in the poor nations die of starvation. In rich nations, the poor may not die of starvation, but they suffer ill health from chronic malnutrition (Physician Task Force, 1985). But who is responsible for the distribution of food in Canada? As small farmers' cooperatives continue to be gobbled up by agribusiness, and as independent retailers continue to be devoured by food chains (which are often connected corporately with agribusiness), it is the corporation

that inherits the power of food distribution (Mitchell, 1975; People's Food Commission, 1980).

Although the purpose of business is profitability, one must question the ethics of the food business when approximately 20% of food produced in Canada is wasted, surplus, never purchased or eaten, while Canadians continue to go hungry (Riches, 1986). However, the corporations have not lowered food prices as they have become bigger and more efficient (People's Food Commission, 1980). Instead, they have donated their surplus to food banks which attempt merely to put a dent in hunger through the redistribution of surplus food to the needy (Riches, 1986). In the process, the corporations better their financial position through tax write-offs, and better their image as corporate citizens through "charitable" action.

Corporations are not fully to blame, however. Government policy has contributed to the hunger problem as well. The rise of food banks out of the harsh reality of necessity came at a time when cuts in public spending coincided with rising unemployment in the early 1980s (Riches, 1986). Most food bank users are social assistance recipients whose cheques run out before the end of the month, leaving them destitute. Food banks are a last resort; most users have insufficient food in their homes to last one day (Riches, 1986; 1989). There are two pertinent questions to ask at this point: why are so many people on social assistance? and, why are social assistance benefits insufficient to meet the basic need for food?

It appears that the welfare state policies developed after the Great Depression assumed the possibility of full employment; unemployment benefits were designed to cover temporary gaps only. However, the problem of persistent, long-term unemployment means that more and more people move from unemployment benefits to social assistance. Social assistance rates are based on a subsistence approach; that is, they are intended to provide for only basic needs. They also must be less than the minimum wage, so as not to discourage people from working. Unfortunately, all provincial social assistance rates fall

well below poverty lines (Riches, 1986). Some type of relief is necessary, and charitable relief, such as food banks, must substitute for public benefits. Government policy is in effect failing to accept responsibility for an adequate minimum for its citizens. It is looking elsewhere, to charity and to the private sector which participates in this charity, to solve the problems it has created.

Therefore, it is becoming possible to see how political power is constructing the problem of poverty and hunger. Corporate and public policies want members of the public to believe that poverty is the cause of hunger, that the problem is a “natural” function of how the good things in life are distributed in a free market economy. People participate in this construction by donating to food banks without questioning why they exist. But, by peeling away the layers of political and corporate ideology through a critical examination of policies, it becomes possible to see that the political economy causes the problem of poverty which causes hunger. This new knowledge presents an opportunity for members of the public to exert political power by asking why, and to modify the blueprint in the reconstruction project.

Thus, the evidence supports the hypothesis that some inequalities in health seem to be related to social inequities. In other words, the argument that health inequities have both structural and individual determinants is justifiable. Should this assumption hold true, possibilities exist for a reduction of inequities through an education process which is grounded in notions of social change.

1.4. Nutrition/Health Education for Social Change

1.4.1. Nutrition/Health Education Practice: A Critique

It should not be surprising, then, that health and nutrition education programs have focused predominantly on informing individuals how to improve their health through modifying their lifestyle choices (Health & Welfare Canada, 1987). Educative practice has

taken the form of what has been termed by Freire (1970) as the banking concept of education in which the student (client) is a passive, empty vessel into which the teacher (nutritionist) deposits knowledge. It is curiously ironic that the banking concept of education has been named by Sartre (cited in Freire, 1970, p. 63) as the “nutritive” or “digestive” concept of education, in which knowledge is “fed” by the teacher to students in order to “fill them out”. The goal of nutrition and health education practice has been to improve Canadians’ knowledge of nutritional facts, assuming the facts would be sufficient to persuade people to change their “faulty behaviours” that were causing their ills. Such educative practice reflects a commitment to an ideology of scientific objectivity. By focusing on value-free science and objectivity, the roles of educators appear politically neutral; power arises from knowledge of the “truth”. However, accepting the belief that the cause of disease lies in individual health behaviours is a political act in that it ignores the possibility that the cause of poor nutritional health could lie in the environment beyond the immediate control of the individual. In effect, this belief denies the existence of constraints such as poverty. By denying poverty’s existence, education does nothing to help alleviate it. As Faden & Faden (1978) put it,

To the extent that health educators have ignored or denied the complex social origins of health and disease and inappropriately translated this view into programmatic efforts targeted exclusively toward achieving individual behavior change, they have contributed to social wrongs (p.190).

The inaction of “apolitical” educators is indeed a political act.

Assuming that individuals make nutrition and health choices within the context of available social and material resources, the possibility exists that traditional health and nutrition education strategies may have little impact on those who are constrained by their environments. Such strategies may increase the differential between the advantaged and the disadvantaged by increasing the availability of resources usable only by those already predisposed to healthy living (Health & Welfare Canada, 1989a). For example, reliance on

printed pamphlets has long been the mainstay of health education practice. However, if you live in an isolated area, it is unlikely that you will receive such information. If you have a low level of educational attainment, you may not be able to understand the recommendations written within the pamphlet. If you have insufficient income to act on the recommendations, you will become frustrated by your inability to make what you believe to be the best choice. In effect, social and economic disadvantage negates the usefulness of such material among those without the resources for health promoting change. To rely solely on this vehicle for health education is to deny the disadvantaged a choice, and to facilitate healthy practice among only those who currently have the resources for change. Inequities are perpetuated.

Targeting culturally-biased education programs toward a socially disadvantaged population group may also perpetuate inequities if the program fails to address (not simply consider) the environment within which the poor must shop, prepare and eat food. Recent ethnographic research by Devault (1991) found that women attending nutrition education classes specifically designed for low income mothers could only talk about what they learned in a very vague way. They remembered the experience as something to listen to, or that they were provided with booklets, and they were frustrated that there was no opportunity for them to tell their part or to ask questions, but only to listen. Devault also found that the mothers attended to media messages about health and nutrition, but that they were discouraged by their lack of resources to put recommendations into action. The messages therefore reinforced their perceptions of themselves as inadequate mothers. Such transplanting of programs from the educator's office to the low income community is equivalent to what Freire (1973) calls cultural invasion, in which the educator "seeks to penetrate another cultural-historical situation and impose his [sic] system of values on its members" (p. 113). The imposition of inappropriate education programs is more than simply an ineffective waste of time, it is a political act. "Helping" people to cope with their environments, without addressing the sources of inequities within the social structure,

accepts that they are destined to continue to work with only limited resources. In effect, it endorses the current distribution of social goods within Canadian society and sanctions an unjust social order.

1.4.2. Critical Nutrition/Health Education

It should not be surprising that the individual lifestyle approach to health education has had limited impact on the public's health as a whole (McKeown, 1979; McLeroy et al., 1988; Edginton, 1989). Evidence suggests instead that most major improvements in the public's health and their health behaviours have come through "movements" based on public issues. Cases in point: anti-smoking and anti-drinking and driving campaigns have combined education with legislation to create environments more conducive to healthy choices (Health & Welfare Canada, 1989a). Turn of the century campaigns to improve sanitation within industrialized nations took similar courses (Tesh, 1988). Although some may argue that legislation decreases one's options, it must be emphasized that such legislation only came about following intense public pressure arising from long-term, cumulative effects of changing public opinion and cultural values (Faden, 1987). In effect, democratic deliberations have played a large role in shaping what health promotion discourse has coined "healthy public policy". This is health education for social change.

Health education for social change identifies the health-damaging elements in our society. Its goal is to involve people in collective action to create health-promoting environments and life-styles (Freudenberg, 1978, p. 375).

Health education for social change is not a totally novel concept. Paulo Freire's ideas of empowerment education were originally conceived in response to Freire's experiences with hungry Brazilians who were illiterate, unable to participate in democratic processes, and oppressed by powerful land owners (Freire, 1970). In a way, his "pedagogy of the oppressed" was a form of politicized health education as its aim was to empower the hungry to improve their social conditions, and ultimately, to improve their

health and well-being. This was long before nutrition educators, such as Eide (1982), began to name conflict of interest as the cause for inequitable access to food within nations. Eide for one recommends the use of Freirian strategies in changing “the nutrition educator’s role in access to food from individual orientation to social orientation” (p. 14). As Kent (1988) so eloquently stated,

Nutritional literacy means more than knowing the technical aspects of nutrition...teaching of nutrition should include examination of the world which generates nutrition problems (p. 194).

Perhaps it is not coincidental that Freirian philosophies of education have been given recent attention in health education literature. Reports describe adaptation of Paulo Freire’s empowerment education as models for nutrition programs (Rody, 1988) and alcohol abuse prevention programs (Wallerstein & Bernstein, 1988).

Kent (1988) describes the purpose of these programs as “to support people in making their own analyses so that they themselves can decide what is good for them” (p. 193). However, participants’ analyses are not simply a regurgitation of the nutrition educator’s analysis. Instead, the educator poses problems to the participants, and the participants draw from their own experiences and practical knowledge to try to make sense of their situation on their own terms. They are free to challenge the educator’s (and each other’s) interpretations. The emphasis is on creating a dialogue among group members, and from the sharing of experiences and interpretations emerges a collective knowledge that helps people to uncover the “root causes of their place in society” (Wallerstein & Bernstein, 1988). As “consciousness-raising” progresses, participants begin to see ways of actively making changes in their situation. People become empowered to transform their reality.

In Canada, health movements, such as the women’s health movement and the ecology movement, have used Freirian-like strategies such as consciousness-raising groups to stimulate changes in health services and to initiate political action for health-promoting legislative changes such as maternity benefits. In Nova Scotia, for example, the Women’s

Health Education Network (WHEN) was formed in 1979 in efforts to coordinate isolated efforts to establish Well-Woman Clinics throughout the province. In their words,

We recognized the value of information sharing, but more strongly, we felt the need for a collective voice that could speak with some power to medical and political decision makers. (Campbell, 1989, p.4)

WHEN has had its share of failures as well as successes, but it remains active and committed to democratic participation among its members to decide its future direction (Catano, 1989). Such “politicizing” of health education has had a major impact on all women, not just those reached by traditional methods of information dissemination (Freudenberg, 1978).

1.4.3. Critical Nutrition/Health Education and Health Promotion

Health education for social change is consistent with the concept of health promotion, defined by WHO as “the process of enabling people to increase control over, and to improve, their health” (cited in Epp, 1986, p.6). Health promotion politicizes health education, recognizing the multitude of influences on health beyond individual lifestyle choice.

McLeroy et al. (1988) propose an ecological model for health promotion. Ecological models “view behavior as being affected by, and affecting the social environment” (p. 355). They are useful in the analysis and development of health promotion interventions as they divide the social environment into levels. However, ecological models do not intend the levels to be viewed as discrete, but as interconnected. The levels simply assist in the identification of the dominant emphasis of programs.

The first level, intrapersonal factors, focuses on characteristics of the individual, such as knowledge and attitudes, as being primarily responsible for health behaviours. Although individual knowledge and attitudes may be necessary for behaviour change, they are insufficient. As I have already discussed, interventions at this level fail to recognize the

complexities and social embeddedness of human behaviour, and not only blame the “victim” for problems within the social order, but have little effect on the public’s health.

The second level, interpersonal processes, focuses on social support as integral to health behaviours. Interventions attempt to change individuals through social influences. Weight control programs which focus on family participation, rather than isolating individual family members, are examples of interpersonal programs. Although this level does play a key role in social learning, it is insufficient to address the problem of inequities. People are likely to be influenced by members of a similar social group, and it is likely that larger structural constraints would impose similar barriers for all members of the group.

The third level, institutional factors, focuses on how organizational characteristics can be used to support behavioural changes. Organizations, such as worksites, provide economic and social resources and are transmitters of social norms and values. Interventions at the institutional level, such as the establishment of healthy menus in worksite cafeterias, can help to promote an environment more supportive of health practices for those who are members of organizations (Glanz & Mullis, 1988). However, for the extremely disadvantaged who are less likely to be employed or otherwise organized, such interventions would have limited value.

The fourth level, community factors, focuses on connections between individuals and the larger social environment. The community is composed of power structures which control issues to be placed on the public agenda. The problem of inequities is best accessed at this level, as

those with the most severe health problems within a community are often those with the least access to community power... such groups are often left out of the process of defining problems and developing programmatic solutions... An essential component of community health promotion, then, is increasing access by the disadvantaged to larger community political and power structures (McLeroy et al., 1988, p. 364-5).

As an illustration, in Nova Scotia, the Strengthening Community Health Project, a joint project of the Public Health Association of Nova Scotia and the extension departments of two universities, has established a Citizen's Health Council with the intent of increasing access to power by the disadvantaged. Meetings are organized to create an opportunity for citizens to speak out on health issues such as the report of The Royal Commission on Health Care (Nova Scotia Royal Commission on Health Care, 1989). Arrangements are made for travel subsidies and child care to facilitate maximum participation. To date, the majority of issues raised by citizens have been those dealing with poverty and unemployment (SCHP, 1990). It is apparent that the Citizens' Health Council is an effective medium for the disempowered to voice their concerns. As the Council maintains a high level of political visibility, the concerns reach the ears of the powerful.

It is important at this point to caution against accepting all community interventions as emancipatory. The rather general language used in documents such as Achieving Health for All (Epp, 1986) make it possible for agencies or programs to proceed as usual, while couching it in the language of health promotion (Hexel & Wintersberger, 1986). McLeroy, Gottlieb & Burdine (1987) reinforce this point:

One of the most critical issues in health promotion is the accusation that it is largely targeted to, and addresses the needs of middle and upper socioeconomic groups. As such, it is directed at the most advantaged segments of society and ignores the needs of the poor, the elderly, and minorities. To the extent that health promotion ignores social, economic, and cultural realities, this is a legitimate criticism. Moreover, by targeting health promotion at those who can afford to pay, we reinforce the idea that health is a commodity (p. 101).

Without active participation of the disadvantaged, even community interventions can continue to perpetuate inequities by creating a more healthy environment for those already predisposed to healthy lifestyles, while ignoring the impact (or lack of impact) on those

who most need environmental change. For example, Glanz & Mullis' (1988) review of environmental interventions to promote healthy eating reveals that most programs have focused on point of choice nutrition education in restaurants and supermarkets. Unfortunately, these programs have little impact on those who cannot afford to eat in restaurants or those whose food choices in grocery stores are necessarily motivated by price, not nutrition. Although this critique is not meant to begrudge the more fortunate their receipt of useful community interventions, it is meant to highlight the potential injustices created if community interventions ignore the needs of the less powerful to meet the needs of those already in a position to implement change.

The fifth level, that of public policy, follows logically from the community level. The community is a point of access to the development and reform of policies which can protect or inhibit the health of members of the community. Thus, increasing community participation by the disadvantaged segments of the population can have an impact on broader public policy.

Thus far, it appears that an educative process of community mobilization is an appropriate point of intervention for social transformation toward a reduction in health inequities. Theoretically, such a health education process is consistent with the broader tradition of critical social science (Fay, 1987). Theoretical perspectives on critical nutrition/health education practice and research will be explored in Chapter Two.

1.5. Aims of the Inquiry

It seems logical that a richer understanding of the contexts within which people must make their health decisions could have positive implications for health education practice by making it more sensitive to the needs of those with less power to control their environments. The complex nature of eating behaviour, the integral role of nutrition in health, and the universal nature of eating behaviour (everyone eats, but not everyone

smokes or exercises) make eating patterns an appropriate experience to problematize as a means of guiding and focusing an inquiry into health inequities and means of reducing them.

This research is based upon the assumption that inequities in opportunities for health, and particularly for healthy eating, are largely socially constructed. Inherent in this assumption is the notion that inequities in health can be overcome by changes in the social structure. With these assumptions in mind, the aims of inquiry are as follows:

1. To explicate the social organization of nutritional inequities among socially /economically disadvantaged women and their families, and
2. to empower research participants to initiate collective action for social change toward a reduction in nutritional inequities.

1.6. Implications/ Significance

The problem of inequities in health is a significant one which must be addressed before the vision of Achieving Health for All can be realized. Yet, the problem of inequities is much more complex than suggested by traditionally available empirical research. By reconceptualizing the problem from an individual to a social one, it is possible to see glimpses of the “whys” behind inequities, and possibilities for emancipatory action toward necessary change in social structures.

But glimpses and possibilities are not enough. There is a need for research which validates the assumption that inequities are indeed largely socially constructed. This need was not only elaborated upon in the rationale for this study, but the National Report on Research Priorities and Strategies for health promotion also emphasized the need for research on the nature of health and its determinants, and on the need for social, political and economic change (Nicholson, 1989). This project examines only one small part of what is known to influence health, that is, nutrition practices. However, if it is successful

in illuminating the organization of social relations which perpetuate the cycle of inequities through people's everyday eating experiences, it will open new possibilities for social change. Action is only possible if people can see what it is they ought to be acting upon.

In terms of action, this study has implications for action not only among study participants through the educative nature of the research process and group dialogue, but among health education practitioners and health policy-makers. The study findings can provide direction toward making health education practice more sensitive to the needs of those with less power to control their environments to facilitate optimal health. As the research examines the distribution of power with respect to nutrition practices among segments of the Canadian population, it is expected to speak directly to policy-makers who have the ability to redistribute power. Again, these implications are consistent with the National Report on Research Priorities and Strategies, which states:

The most pressing need is for research that translates existing knowledge into feasible strategies: action-oriented research that responds to the information needs of both practitioners and policy-makers (Nicholson, 1989, p.ii.).

A large part of this study's significance is therefore directly related to potential implications for social change.

2.0. Epistemological and Methodological Issues

Chapter One provided a preliminary analysis of how traditional conceptualizations of nutrition education practice are inadequate to address the problem of food insecurity in Canada. In this chapter, the practice of nutrition education research will be examined in order to determine the most appropriate methodological route to addressing the aims of this inquiry.

Throughout this chapter and thesis, I will be conceptualizing distinctly the terms “method”, “methodology” and “epistemology” following Harding (1987). Research methods are “techniques for gathering evidence” (p.2). Frequently in nutrition education research, the methods are chosen without apparent significant reflection on theoretical issues. Researchers assume that methods will be chosen from a limited number of techniques sanctioned within the domain of the “scientific method”. In this chapter, I will argue that the theoretical issues deserve deeper reflection. This chapter will deal, therefore, with methodological and epistemological issues. Methods will be discussed in Chapter Three. For our purposes, methodology will refer to “a theory or analysis of how research does or should proceed” (p.3), whereas epistemological issues will be defined as “issues about an adequate theory of knowledge or justificatory strategy” (p.2). In Chapter One I suggested that emancipatory nutrition education research and practice is theoretically consistent with the broader tradition of critical social science. My task now, an epistemological task, is to examine that tradition and the theories that inform it to assess the applicability of the critical research tradition to address the aims of this inquiry.

2.1. The Crisis: The Practical Failure of Nutrition

Education Research and Practice

The empirical, analytical sciences produce technical recommendations, but they furnish no answer to practical questions (Habermas, 1973, p. 254).

Nutrition educators' work is concerned with solving the perennial, practical problem of "what to do about achieving optimal nutritional health for all?". I call this a practical problem, in that its resolution must come through practice; the phrase "what to do" implies an answer can only be found through action. Yet, educational practice has frequently forgotten the practical "what to do about" and has become enamoured with the technical "how to" instead. The choice to practice in this way may reflect the emphasis of empirical sciences in the background education of nutrition professionals, as well as the hierarchy within places of employment which values natural sciences.

Practice has taken on the features of "applied science". Nutrition educators are concerned with translating scientific knowledge into simple rules and recommendations that we believe people can and should follow, and disseminating those recommendations in a technically efficient manner. Nutrition education has been reduced to solving the technical problem of finding a scientifically valid means (dissemination of scientifically sound information) to a scientifically desirable given end (compliance with our recommendations). This model "presupposes, normatively, that behaving in accordance with technical recommendations is not only desirable, but also 'rational'" (Habermas, 1973, p. 269).

Yet, the dissemination of information has been less than optimally effective; non-compliance with recommendations is widespread. Within the applied science approach there are two options. First, educators can deem the non-compliant "irrational" and forget about them, concentrating efforts on those rational beings who are receptive to instructions. This happens, but perhaps because of the discriminatory nature of such an approach, the

problem of non-compliance has been used as a departure point for nutrition education research. Instead of simply passing along research which has come from the upper echelons of nutrition science, in biochemistry laboratories and metabolic units, nutrition educators have become researchers, attempting to gain technical control over the problem of non-compliance. Nutrition education research has been modelled after that of the esteemed natural sciences. Theory has been borrowed from the science of behaviour (predominantly psychology), combined with theory from the science of nutrition, and tested for validity using controlled experimental trials. In these trials the education “treatment” is manipulated and its effectiveness in improving compliance measured. A treatment which improves compliance essentially improves the effectiveness of practice.

As previously stated, the technical approach to practice presupposes a given, scientifically valid end. Within this approach, research becomes reduced to questions about finding means to that end. In this scenario, compliance with recommendations remains the scientifically desirable end, but the means to that end have changed (psychological manipulation as opposed to information dissemination). But, perhaps even more importantly, the new means have not solved the practical problem of “what to do about optimal nutritional health for all”. What has been termed “non-compliance” is still a widespread phenomenon. Nutritional health continues to be poor, particularly among socially and economically disadvantaged populations. Is the goal of nutrition education to foster “compliance” to recommendations that have been framed within the perspective of predominantly white, middle-class values, or is it instead to work toward equity in nutritional health? If the answer is to work toward equity, a paradigm shift is in order.

2.2. A Growing Dissatisfaction with Positivism

Nutrition education research and practice has largely been influenced by positivism. Positivist philosophies of science arose from the Enlightenment and this “particular form of

reason, the scientific, is ascribed exclusive rights in the domain of theory” (McCarthy, 1978, p. 7). Technical, scientific knowledge is deemed rational and anything which cannot be measured or proven through empirical-analytic inquiry, values for instance, are deemed irrational. Positivism assumes that “all practical questions that cannot be posed and solved technically. . . cannot be rationally resolved” (McCarthy, p. 7). Does this mean that the practical problem of “what to do about nutritional health for all” cannot be resolved? The answer to this question need not be positive if the epistemological grounds of the positivist tradition can be refuted.

The critique of positivism preoccupied the early work of Jurgen Habermas (1971, 1973). Habermas began his critique by analyzing the “scientization of politics”. He argued that the Aristotelian sense of politics, a realm of the practical which concerned “what was to be done” and involved judgement resting upon practical deliberations, had been lost with positivism’s separation of facts and values. The practical problem of politics had been reduced to a technical problem; the answers to society’s troubles lay in increasingly sophisticated scientific technologies (the facts). As knowledge of these technologies became the exclusive domain of the elite “experts”, the unenlightened members of the public were no longer able to participate in political deliberations, but were resigned to become dependent upon the technocrats. Members of the public were denied their roles as autonomous moral agents (Habermas, 1973; McCarthy, 1978).

The parallels between the scientization of politics and the scientization of nutrition education research and practice are clear. Nutrition education, like politics, is concerned with the practical. Yet, as positivists assume that the only way of knowing is the scientific one, the technological advances in nutritional and behavioural sciences give precedence to the facts held by the “experts”, and the problem is reduced to a technical one. As health technology and scientific knowledge becomes increasingly complex, the role of the expert is strengthened and a dependency relationship is established. The “patient” is denied respect as an autonomous moral agent, as his/her “knowledge” of practical constraints and

nutrition-related values have no place in deliberations about the appropriate course of action; value judgements have no valid claim as knowledge.

Interestingly, as the technology and scientific knowledge have proliferated, some members of society have rebelled against “overmedicalization”. New social movements, such as the women’s health movement, are challenging traditional positivist views of health (Stevenson & Burke, 1992; Their concerns are being heard, and are contributing to the growing dissatisfaction with positivism. There appears to be a weakness in the positivist argument rooted in the ontological assumption of positivism as value-neutral.

Every single value appears as a meaningless agglomeration of meaning, stamped solely with the stigma of irrationality, so that the priority of one value over the other - thus the persuasiveness which a value claims with respect to action - simply cannot be rationally justified (Habermas, 1973, p. 265).

How can one claim to be value-neutral, and yet define the outcomes and the means by which the ends are realized? Are values not involved in determining that compliance with expert advice is a desirable end, and that information dissemination and psychological manipulation are the most appropriate means to that end? “Questions of means to ends, as much as questions about the ends themselves, are decidable only by reference to the values of the questioners.” (Fay, 1976, p. 52, emphasis added). Positivism is not value-neutral, it simply values technical control. Yet, to admit to an evaluative aspect of positivism is to question its foundation, as such an admission deems positivism irrational.

If positivism is indeed epistemologically grounded in a fallacious claim, the possibility still exists to resolve the practical problem of “what to do about achieving optimal nutritional health for all”. However, it is becoming apparent that an expanded conception of rationality is essential to the project. To resolve the practical problem with which nutrition education research and practice is concerned will necessitate developing a broader conceptualization of rationality than the means-ends reasoning of positivism. A

resolution requires a shift to a rationality which allows for practical deliberations among competing points of view (values), and action which is informed by these moral and political deliberations. The type of action required is what Aristotle would term praxis.

2.3. Making the Critical Choice

According to McCarthy (1978), in his critique of positivism, it was Habermas' intent "to develop a more comprehensive conception of reason" (p. 26) than positivism would allow.

The real problem, Habermas argues, is not technical reason as such but its universalization, the forfeiture of a more comprehensive concept of reason in favor of the exclusive validity of scientific and technological thought, the reduction of praxis to techne, and the extension of purposive-rational action to all spheres of life. The proper response, then, lies not in a radical break with technical reason but in properly locating it within a comprehensive theory of rationality (McCarthy, p. 22).

Habermas' "proper response" was to develop this comprehensive theory of rationality in his knowledge-constitutive interests (1971). This is where I was first introduced to the possibilities of the critical theoretical tradition for nutrition education research and practice.

Habermas delineated three human interests rooted in distinct media of social existence, each served by a different form of knowledge arising from a particular mode of inquiry. The technical interest, rooted in the domain of work, is served by instrumental knowledge gained through empirical-analytic inquiry. The practical interest, with its foundation in language, is served by the practical knowledge of understanding realized through historical-hermeneutic inquiry. The emancipatory interest, with its foundation in power, is served by emancipatory/reflective knowledge acquired through the inquiry of the critical sciences.

If one examines the problem of “what to do about achieving optimal nutritional health for all” in the light of the knowledge-constitutive interests, it is possible to see that the problem does include a technical interest. The instrumental knowledge of cause of disease and effects of nutrition derived from empirical-analytic inquiry does contribute to problem solution. The errors of the past have been related to the erroneous assumption that instrumental knowledge was not only necessary, but sufficient. However, as the practical action necessary for problem solution will be dependent upon mutual understanding of deliberations regarding the optimal course of action, there is also a practical interest to be served through hermeneutic inquiry. It will be necessary to explore the meanings people give to nutrition and health, and the values placed on these in relation to other valued pursuits in life. Lincoln (1992) argues that changing conceptions of health are inextricably linked with the move toward new hermeneutic paradigms for health research. However, neither empirical-analytic nor hermeneutic inquiry alone will be sufficient for problem solution. The problem of achieving nutritional health for all requires addressing power relations and reflection upon reasons for inequities. It requires reflection upon reasons why instrumental knowledge frequently conflicts with practical knowledge, and how it may be possible to turn conflict into collaboration. It is in the service of this emancipatory interest that critical inquiry, “a dialectical synthesis of the empirical-analytic and the historical-hermeneutic disciplines” (Bernstein, 1985, p. 10), is most appropriately employed.

But what is critical inquiry/science/theory? This is a difficult question to answer, as critical social science refers not to one distinct theory or method, but rather to several strands of social science that share common ontological and epistemological assumptions and values. I will now turn to the task of making these common assumptions explicit within the context of nutrition education research.

2.4. Explicating the Assumptions of Critical Social Science

According to Fay (1987), the ontology of a critical social science is tied to basic assumptions regarding, 1) the nature of the social world and 2) the nature of social beings. These ontological assumptions have epistemological implications in that they provide the foundation upon which an adequate theory of knowledge and justification for a critical research orientation can be built.

2.4.1. Rebelling Against Dualisms: The Structure/Agency Debate

Traditional means of theorizing about the social world and social beings are “dualistic” in nature. That is, the social world is seen as external to and separate from individual social beings. Depending upon one’s theoretical position, the social world could be seen as a malleable entity completely and readily shaped by social actors, or as an objective “given”, external to and “impacting upon” or “constraining” human action. Within the former theoretical stance, “social objects are seen as the result of (or as constituted by) intentional or meaningful human behaviour” (Bhaskar, 1989, p.74). Upon reviewing the preceding critique of positivism’s influence on nutrition education research and practice, it becomes possible to see how emphasis on individualistic behaviour change strategies implicitly accepts this theoretical stance. Individualistic strategies assume that individuals can change their behaviours regardless of social context, and thus imply that through those behaviours alone, individuals can voluntarily change that social context. Yet, this conceptualization is naive. McKinlay (1992) expressed it well when he said,

... public health interventions at the individual level are futile because they “decontextualize” at-risk behaviours and fail to take into account the ways in which such behaviours are culturally generated and maintained (p. S12).

To illustrate, when nutrition education for an impoverished woman concentrates on teaching her how to budget for food, she may indeed learn to manage her resources

effectively. But, neither her actions nor the actions of the nutrition educator address the social reality of poverty and inequitable access to resources.

The alternative dualistic conceptualization is a structuralist one. That is, social objects “are seen as possessing a life of their own, external to and coercing the individual” (Bhaskar, 1989, p.74). Giddens (1984) argues that traditional theories conceptualize social structure as something external to the human agent: a static, stable, concrete reality which acts as a barrier or constraint to action. Recently, with nutrition and health education being reconceptualized as health promotion, the structuralist argument has gained popularity within health circles (Raeburn, 1992). For example, within nutrition education research, poverty is now conceptualized as a barrier to healthy eating, as if it were a concrete wall that people must climb over in order to eat. As such, the “wall” of poverty assumes an ultimate power over the actions of the people. There appears to be little for the victims of poverty to do except to wait for some external greater power to come to their aid with a ladder, or ultimately, to knock down the wall. In Chapter One I discussed the social construction of nutrition and health at length, considering it necessary to de-emphasize the individualistic approach which still predominates in nutrition education practice. Yet, it was not my intention to negate the power of people to change the social structure, as a purely structuralist theoretical position would do. In fact, the weakness of the structuralist position is just that; it is overly deterministic in that it fails to account for the role of human agency in social change. If nutrition education/health promotion is viewed purely from a structuralist perspective, it risks becoming totalitarian, in that it “implies that structural and policy changes will do the trick, rather than action by the people themselves” (Raeburn, 1992, p. S21). As such, the role of education becomes secondary or perhaps even unnecessary. “Experts” can determine the structural “barrier” leading to the health problem and make recommendations to policy makers for change without even consulting the people who are “victims” of the oppressive structure. As such, health promotion actually becomes disempowering by denying victims knowledge of the root causes of inequities and thus

denying them opportunity to act as autonomous agents in initiating change. Manipulation remains the process by which health behaviours are changed. This time, however, it is environmental as opposed to individual manipulation.

Within the critical tradition, both of these extreme views are tempered. The social world is conceptualized as arising from a constant interplay between subject (social actors) and object (social structures) (Jay, 1973). That is, people are active participants (agents) in the construction of the social world, and once constructed, social structures, through human activity, actively construct the lives of social actors. Hence, critical social science makes an ontological commitment to an activist conception of social beings (Fay, 1987). People are not passive recipients of social “products” but are active (re)producers of the social world. Yet, the social structure/ human agency debate is much more complex than this introductory precis suggests. To say that there are structural “determinants” of nutritional health and that people are able to initiate action toward a change in that structure is a theoretical oversimplification which deserves exploration.

Critical theory/critical social science makes an ontological commitment to a dialogical interdependence between human agency and social structure. However, not all critical theorists are in agreement as to the nature of the relationship between social beings and the social world. In the simplified version presented above, “society forms the individuals who create society; society, that is, produces people, who produce society, in a continuous dialectic” (Bhaskar, 1989, p. 75). Proponents of this “dialectical” conception include Berger & Luckmann (1967). Although this dialectical conceptualization appears more useful to nutrition education research than either the individualist or structuralist conceptualizations, through its ability to consider context and to recognize the potential of human action in creating meaningful change, it has one major weakness. As human agents, we do not create social structure as this conceptualization suggests, but it already exists. For example, I did not create the capitalist system through my participation in the relations of exchange; it existed prior to my engagement with it. Socially disadvantaged

women did not create the welfare system; it existed prior to their entering into it. Nutritional inequities were not created by nutrition education practice emphasizing information dissemination; they existed previously. However, through our actions we do recreate, reproduce and transform the social structure (Bhaskar, 1989). Through my participation in relations of exchange I participate in the reproduction of the capitalist system. By challenging oppressive aspects of the welfare system, socially disadvantaged women participate in its transformation. I argued in Chapter One that traditional nutrition education research and practice reproduce inequities by failing to question the *status quo*. An emancipatory nutrition education practice can recreate and transform the social world toward a reduction in inequities. Research from a critical theoretical/social scientific approach can inform that practice and thus contribute to transformation.

Giddens' (1984) theory of structuration is a useful example of a critical attempt to overcome the dualistic tendencies of social scientific research while attending to the historical conditions which prevent our creation (but not recreation) of social structure. He does this by reconceptualizing social structure as structurings to signify their active, changing nature. Structurings are not walls to be overcome, they are constantly reproduced or remodelled by human consciousness and action. Giddens' concept of the "duality of structure" symbolizes that although people do reproduce and transform society through their actions, they also act within inherited social structur(ings). Thus, there are human limitations to social change.

In summary, within the framework of nutritional inequities, a critical perspective sees inequities as neither "natural" nor completely structured by social forces. That is, people do not choose to be poorly nourished through their inappropriate food choices, or through life choices which leave them with inadequate resources to make more nutritious food choices. Neither are they coerced by commercial images (although an element of manipulation may indeed be at play). Nutritional inequities are socially (re)constructed, but people themselves are drawn into the relations (re)constructing those inequities.

2.4.2. Historical Materialism and False/Fragmented Consciousness

Thus far, the nature of people's active participation in the (re)construction of the social world has been oversimplified, and the historical and material conditions they inherit underemphasized. The duality of structure cautions us not to conceptualize society as a malleable entity totally under control of human agency. The actions of people are at least partially mediated through the historical construction of material conditions¹. Thus, although the social world is a human product, people are working within their historical and material means. There are limits to human knowledge and there are limits to the human power to achieve social change.

Critical social science/theory assumes that one of the limitations of human power to achieve social change is grounded in the notion of ideological false-consciousness. That is, people come to have systematic self-misunderstandings of their being through their participation in a world in which public ideas, images and symbols distort reality in the interests of the dominant classes. In Chapter One, I reviewed at length how much of that which emphasizes biology and personal lifestyle as major determinants of nutritional health is ideological. It is ideological in that the bulk of the evidence places the blame for poor nutritional health on social and environmental conditions, not individual choices. This ideological discourse contributes to the construction of false consciousness, and false consciousness works to maintain the current social order which is a source of nutritional inequities.

The problem of fragmented (rather than false) consciousness is also a symptom of participation in a social world with organizational complexity. According to Habermas (1984), when specialized knowledge (such as nutritional knowledge) becomes the domain of experts (nutritionists, biochemists) and is removed from the world of the average citizen, cultural impoverishment (nutritional cultural impoverishment) develops. Although

¹ This materialist conception of history unique to critical social science has its origins with Marx in *The German Ideology* (1845).

information abounds (disseminated by “expert” nutrition educators), it is fragmented and diffuse, limiting its utility. “This splitting off of expert cultures helps generate a ‘functional equivalent’ for ideologies” (White, 1988, p. 117). That is, people’s consciousness may not be false in the sense that dominant interests have attempted delusion. Rather, technical knowledge is considered too complex for the “average” citizen, and thus is not shared or only shared in context-free fragments with little meaning for those who receive it. People come to know only partial truths by being granted access to only partial knowledge. With an inadequate foundation of knowledge for decision making, people make choices differently than if they had been fully informed. As such, their choices bear a striking resemblance to those influenced by ideologically distorted information.

Feminist thinkers, particularly Dorothy Smith (1987), describe women’s fragmented, specifically “bifurcated” consciousness. That is, women live in two social worlds; the public world of the institutions within which we work (in the economically productive sense) or which set policies (eg. welfare policies) which tell us how we can live, a world which has been constructed predominantly by male experience; and the private and personal world where we deal with the everyday, where we care for children, cook meals (work, but not in the economically productive sense), laugh, play and feel. These two worlds intersect; they are inextricably linked²; in a modern society it is difficult to cook meals without intersecting with the commercial distribution of food. But Smith would argue that the work of the everyday is absent from the discourse of public life. The public world (or “system” in Habermas’ [1984] terms) fails to legitimize the experience of women in the everyday world (or “lifeworld” in Habermas’ terms). Smith refers to this gap in social knowledge as a “line of fault” or

a point of rupture in my/our experiences as woman/women within the social forms of consciousness - the culture or ideology of our society - in relation

² To artificially separate the two worlds would be another example of falling into a dualism.

to the world known otherwise, the world directly felt, sensed, responded to, prior to its social expression (Smith, 1987, p. 49).

Whereas traditional theories of knowledge do not provide a “fit” between the experience of the everyday lifeworld (particularly the experiences of those excluded from the dominant classes) and the theoretical discourse available for understanding those experiences, critical theories of knowledge begin with lived experience and attempt to explain the larger social relations which work in structuring those experiences. The knowledge thus generated is critical of existing oppressive social structures, and becomes a resource for social change. The enlightenment function of a critical social theory is to initiate critical self-reflection on the nature of a group’s collective existence in order to dispel ideological false-consciousness and materialist fragmented consciousness toward self-clarity. “The purpose of scientific theory is to engender self-knowledge and so to liberate people from the oppressiveness of their social arrangements” (Fay, 1987, p. 89). In essence, for a critical social science to have practical force in social change, critical social scientific research must include an element of critique in order to dispel the delusions and work toward a critical consciousness of the underlying reasons for nutritional inequities. As such, critical inquiry must be educative in nature. Consciousness-raising is the educational aim.

In sum, critical social science is committed to the explicit recognition that theory (knowledge) and practice (human purpose and action) are inseparable (Fay, 1976). This is in contrast to both positivist and interpretivist conceptions, in which theory is a “higher order” knowledge removed from the practical domain, and which is the “privileged” knowledge of the elite intelligentsia. Like the artificial separation of subject/object and structure/agency, separating theory and practice is to fall into a dualism, a practice common in traditional social science, but which critical social science attempts to overcome.

2.4.3. Social Relations

By breaking free of dualistic conceptions of the nature of social beings and the social world, and by grounding itself in the historical and material context, the ontology of

a critical social science proclaims itself to be relational. The dialogical interdependence of subject/object, agency/structure can be termed social relations, a theoretical concept which also originated from Marx in *The German Ideology* (1845), as the following quote attests:

The production of ideas, of conceptions, of consciousness, is at first directly interwoven with the material activity and the material intercourse of men [sic], the language of real life. (Marx, from *The German Ideology*, in McLellan, 1977, p. 164).

Smith (1987) resurrected the concept of social relations:

Marx, in *The German Ideology*, proposes to ground social science in the activities of actual individuals and the material conditions thereof, more specifically in the forms of cooperation or social relations that arise from and organize their activities. Marx views history and social relations as processes that exist only in people's activities. . . .His own method insists on the discovery of relations and processes that arise in and only in the actual activities of actual people (Smith, 1990, p. 34, emphasis added).

This materialist and dialogical conceptualization of social relations is a key theoretical issue with methodological implications for a critical orientation to nutrition education research. The concept therefore deserves a thoroughly reflective consideration. Specifically, I will explore the concept of social relations as process, as practice, as social and as relational. In this exploration I draw upon the work of Smith (1987) and Manicom (1988).

Social relations are not “things” but processes. As such, people in their daily practices do not “produce” social relations, but enter into them. To illustrate, when a person purchases food by exchanging money for apples, they enter into a relation of exchange. This practice of buying apples does not produce a thing called exchange - exchange is not a concrete entity that can be seen or touched, it is a relation (a social one as it necessarily arises from human activity) between two practices - buying apples and selling them. The seller too, in the practice of selling, enters into the social relation of exchange, but from a

different perspective or standpoint. Thus, the relation of exchange is not “produced” by the seller, nor by the buyer (nor by the farmer who grows the apple, nor by the trucker who transports the apple, nor by the child who eats the apple. . .), the relation is entered into by the social practices of many people; it is the relation as process which connects people through their practices in the social world. It is through these sets of relations that the social world is constructed or organized. Yet, although each person’s (the buyer, the seller, the farmer, the trucker, the child) activity gives rise to the set of social relations which together produce the social construct of the commercial organization of food, not one of the individuals sees the totality of the relations. By not seeing the relations, but by seeing the constructs, the constructs themselves take on a determinate “reified” character - they are seen as external to action, as “barriers” to nutritional health, “impinging upon” food choices. By displaying the social relations that people enter into through their practices, it becomes possible to explicate the social construction of a phenomenon such as the commercial organization of food, and perhaps how social relations in the commercial sphere contribute to the construction of nutritional inequities (a possibility consistent with the first aim of this inquiry: briefly - to explicate the social organization of nutritional inequities). Such an explication provides opportunities for changing the relations and constructing an alternative social world (an opportunity consistent with the second aim of this inquiry: briefly - to empower victims through a radically reoriented nutrition education practice toward a reduction in nutritional inequities). How can these social relations be displayed? This is a methodological issue to which I shall return in section 2.5.

2.4.4. Summary of Assumptions.

Critical social science is committed to the explicit recognition that theory (knowledge) and practice (human purpose and action) are inseparable (Fay, 1976). A critical social science must reject positivist conceptualizations of rationality, objectivity and truth, and incorporate a hermeneutical element, accepting the necessity of interpretation (Carr & Kemmis, 1986; Fay, 1976). An element of critique must be included - some means

of overcoming ideological distortions implicated in the theory/practice, ideas/reality split (Carr & Kemmis, 1986; Held, 1980). In addition, a critical social science must also be grounded in material conditions. There must be recognition that some actions may be caused by social conditions over which the agent may have no immediate knowledge or control. A critical social science must therefore work “to expose those aspects of the existing social order which frustrate the pursuit of rational goals” (Carr & Kemmis, p. 130). Finally, a critical social science must be practical, its intent is not realized until it has become the catalyst for social change.

In summary, critical social science must be sufficiently scientific to provide an explanation of the nature of our lives, sufficiently critical to allow for evaluation of the situation, and sufficiently practical to stimulate action to change it (Fay, 1987).

To have the practical force it requires, critical theory must become an enabling, motivating resource for its audience - it must, in short, empower them. This empowerment has emancipation as its goal...The practical intent of critical social science is thus only achieved when all three phases of the tripartite process of enlightenment, empowerment and emancipation are completed (p. 29).

Critical social science addresses the practical problem of “what to do about achieving optimal nutritional health for all”. As such, it is an appropriate research orientation from which to confront the social organization of inequitable opportunities for healthy eating, and the radical reorientation of nutrition education practice for the reduction of inequities.

2.5 Methodological Implications of Critical Social Science

The preceding discussion of ontological and epistemological assumptions should not be viewed as separate and distinct from methodology - they are inextricably linked. My separation in the text is merely an organizational tactic. Recalling Harding's (1987)

definition, methodology refers to “a theory or analysis of how research does or should proceed” (p.3). I would now like to discuss how to proceed with research based upon critical theoretical assumptions and justifications.

It is worth reiterating that the aims of this inquiry can best be met through a display of the social relations that socially disadvantaged people enter into through their practices and which contribute to the organization of nutritional inequities. As a researcher I am living in the social world and participating in the social relations that are constructing these inequities. The research participants are living in the same world and participating in the same social relations, although their experiences and perspectives will be somewhat different from mine. Thus, the research process must necessarily be a reflexive one.

The first and most important step towards a resolution of the problems raised by positivism and naturalism³ is to recognize the reflexive character of social research: that is, to recognize that we are part of the social world we study (Hammersley & Atkinson, 1983, p.14).

Critical social research is reflexive research. The methodological implications of a reflexive research enterprise include the rejection of the notion of research from an “Archimedean” point external to society. “The only way of knowing a socially constructed world is knowing it from within. We can never stand outside it” (Smith, 1990, p.22). Knowledge cannot be grounded on an external, objective foundation, but arises from the everyday world of experience, experiences which are located within the political, economic and social order. As Smith (1990) explains:

The aim of an alternative sociology would be to explore and unfold the relations beyond our direct experience that shape and determine it. An alternative sociology would be the means to anyone of understanding how the world comes about for us and how it is organized so that it happens to

³ Naturalism, for all intents and purposes, can be considered equivalent to what I have termed “interpretivism” throughout this Chapter.

us as it does in our experience. An alternative sociology. . .makes the everyday world its problematic (p.27).

The meaning of making “the everyday world its problematic” deserves deeper reflection.

2.5.1. The Everyday World as Problematic

Referring to the methodology of making “the everyday world its problematic”, Smith (1987) argues that

inquiry does not begin with the conceptual organization or relevances of the sociological discourse, but in actual experience as embedded in the particular historical forms of social relations that determine that experience (p.49).

As such, an inquiry into nutritional inequities will not start with relevances of nutritional-sociological discourse, such as with an assessment of nutritional knowledge and attitudes toward healthy eating, as preconceived by a nutritionist or sociologist as important or legitimate knowledge or positive attitudes. Rather, it will begin with the everyday lived experience of the research participants. Unlike traditional interpretive ethnographies, however, analysis is not confined to the everyday; the everyday world is not made the object of study. The everyday experiences of the research participants are seen as a point of entry to “the problematic of the everyday world”.

The concept of problematic is used to relate the sociologist and the sociological inquiry to the experience of members of a society as knowers located in actual lived situations in a new way. It is used here to constitute the everyday world as that in which questions originate... The purpose and direction of inquiry is in part...an explication...of a problematic that is implicit in the everyday world (Smith, 1987, p. 91).

Everyday experiences, therefore, are a source of questions which focus and guide the inquiry to an analysis of how those experiences enter participants into local social relations,

and how they are shaped by social relations which are happening beyond those immediate experiences.

An analysis beginning with the everyday world and moving to larger social relations does not proceed by making leaps of faith, or as Smith (1990) would call them, by making “mystical connections” (p.49) between the “micro” organization of the local and particular to the “macro” organization of institutions and government. In fact, the macro/micro conceptualization is another dualism which this methodology attempts to overcome.

Locating the knower in the everyday world and constituting our inquiry in terms of the problematic arising from how it is actually organized in a social process enable us to see the “micro” and the “macro” sociological levels in a determinate relation (Smith, 1987, p. 99).

Thus, there are social relations which connect the local and particular to broader social constructs. We do not connect them by imposing a context-free framework from professional discourse. For example, in attempting to explain why economically disadvantaged families make “unwise” (from the nutritionist’s perspective) food purchases, such as expensive convenience foods, Lewis (1970) blames the “culture of poverty” which locks poor people into a “live for today” mentality. Such a claim fails to connect the reality of everyday life in poverty to broader social relations, but instead makes a “mystical connection” between everyday practice and nutritional discourse - from the perspective of the nutritionist.

To begin with the theoretical formulations of the discipline and to construe the actualities of people’s activities as expressions of the already given is to generate ideology, not knowledge...This ideological practice - the drawing of mystical connections - precludes the development of a body of knowledge resulting from the explication and theorizing of the actual

relations coordinating the particular sites of people's lives (Smith, 1990, p. 48-50).

Connections between everyday experience and broader social constructs are not made, they already exist as part of the social organization of those experiences. Connections are instead explicated, those relations which are present but not immediately visible to us because of ideological distortions or the taken-for grantedness of everyday experience are illuminated. By beginning with the everyday experiences of research participants, and by using that experience as a source of questions to focus the inquiry, it becomes possible to gradually move toward a vision of the broader social relations structuring that experience, and how people's everyday practices draw them into those relations.

2.5.2. Institutional Ethnography

The methodological procedure of "making the everyday world its problematic" and displaying social relations arising from and structuring everyday experience is what Smith (1987) refers to as institutional ethnography. "Institutional ethnography explores the social relations individuals bring into being in and through their actual practices" (p. 160). Smith uses the term "institution" to identify a set of complex social relations forming part of broader social constructs, thus, it should not be construed as an unchanging entity made of bricks and mortar, but rather a socially constructed one. The term "ethnography" makes a commitment to an indepth exploration beginning with people's lived experiences. Yet, as I have previously stated, the analysis is not confined to the particular. The combination of the terms "institutional" and "ethnography" implies the need to move beyond the particular to an explication of the intersection of local practices to practices beyond immediate experience.

In taking up the everyday world as problematic and developing institutional ethnography as a method of inquiry, we are, of course, attempting to map an actual terrain. The enterprise is one closer to explication than explanation, exploring actual social relations as these arise in the articulation of work

processes and work organization in one setting to those of others (Smith, 1987, p. 175).

Thus, in this study, I will begin with the everyday experiences, the “work” of feeding a family on a limited income, and move to explore the social relations which arise from this work, and how these social relations intersect with the work of people outside of the local context (professionals, corporate marketers, bureaucrats...). As such, it will be possible to explore how the mundane practice of eating, that activity which on the surface appears to put socially disadvantaged people at risk for poor nutritional health, is embedded within social constructs. Such an explication makes visible oppressive social relations; their visibility leaves them open to questioning and change.

2.5.3. Reflections

Methodology is never neutral, but “presupposes an understanding of what constitutes social and political life” (Bernstein, 1983, p. 45). Contrary to positivist research methodology which (erroneously) proclaims itself to be neutral, critical research methodology makes explicit the assumptions and values brought to the research project and allows those assumptions to be scrutinized rather than pretending to be value-free (Smith, 1987). Opening up the value perspective of the research to examination does not “bias” or “contaminate” the research, but can produce a more complete, less distorted account as it does not attempt to suppress knowledge which doesn’t “fit” with the dominant paradigm (Harding, 1987). By making explicit its value perspective and examining its own “biases”, critical research maximizes its objectivity:

A maximally objective science, natural or social, will be one that includes a self-conscious and critical examination of the relationship between the social experience of its creators and the kinds of cognitive structures favored [sic] in its inquiry (Harding, 1986, p. 250).

Critical research itself, true to the critical tradition, emancipates from the bonds of oppressive research traditions.

2.6. Integrating Theory/Method/Data

Throughout these first two chapters, I have been conceptualizing methodology as rejecting dualisms such as subject/object, structure/agency and theory/practice. Yet, when writing a thesis of this length, organizational separations of theory from method and from data may be interpreted as dualistic. However, this is not my intent. The next seven chapters embody the theoretical work developed thus far. Chapter Three describes methods, those data gathering techniques which helped to operationalize the epistemological and methodological issues explored in this chapter. Chapters Four through Nine present the data which are the embodiment of the theoretical work. Chapters Four and Five describe the “lifeworld” (Habermas, 1984) or “everyday experiences” (Smith, 1987) of the research participants. Everyday experiences are used as entry points to the “System” (Habermas) or broader “social relations” (Smith). Aspects of the social organization of nutritional inequities are brought into clearer view in Chapters Six through Eight by moving beyond the immediacy of the everyday while maintaining the perspective of the research participants. Chapter Six deals predominantly with the penetration of commerce into the participants’ everyday lives. Chapter Seven analyzes welfare state policies from the perspective of those they were designed to assist. Chapter Eight explores notions of false/fragmented/bifurcated consciousness through an examination of the public and professional discourses organizing participants’ experiences. In Chapter Nine, the practical outcome of the explicative aspect of the research reveals progress toward the emancipatory intent of critical social science. The theory, therefore, is not left here. It provides a rationale for proceeding to do the research in a particular way, and it provides guidance in and conceptual substance to data analysis. Hopefully, the research findings will also contribute to future theoretical conceptualizations.

3.0. Research Design and Methods

3.1. Research Design

Logically, the choice of research design must be philosophically and theoretically consistent with the aims of inquiry. Thus, this research must make clear, not only to an academic audience but also to those who experience inequities, how social and institutional arrangements are working to construct inequities in health. The research design of choice must provide sufficient information to describe naturally occurring events and to understand and explain the social phenomenon of inequities in health. In addition, if the goal of such an explication is to facilitate enlightened action toward resolution of the problem, the explication must be accessible to the people so that they may actively participate in planning for, instituting and evaluating change. Thus, the research strategy must be inherently educational.

The goals of description, understanding and explanation are best pursued through qualitative or ethnographic research strategies (Marshall & Rossman, 1989). Such strategies emphasize naturalistic inquiry, that is, studying the phenomenon of interest within the context in which it normally occurs in order to preserve the ecological integrity (validity) of the phenomenon. Guided by the assumptions that human behaviour is context-dependent, and that meaning cannot be separated from action, efforts in ethnographies are made to prevent the dissection of experience into isolated parts, and to preserve the holistic nature of activity in the research process so that we may gain access to the meanings guiding action in a given context (Hammersley & Atkinson, 1983).

Although the introduction of an observer into the natural setting may potentially decrease its “naturalness”, this apparent limitation can be a major strength in qualitative research through its ability to enhance the understanding of an everyday experience. An ecologically valid description of the phenomenon, in this case, of nutrition practices in

disadvantaged households, is only a starting point for the research endeavour. Dispelling some of the “taken-for-grantedness” of a phenomenon can actually enhance the productivity of the research enterprise by introducing an opportunity for reflection on situations and actions usually assumed to be given. Reflection opens up possibilities for understanding and explaining “why” the phenomenon described is as it is, in this case, why, in a prosperous country such as Canada, can some people not afford to eat?

In qualitative research, the subjectivities of the researcher and participants are attended to. The researchers/participants become involved in the research process, and are not simply objective observers or observed as objects. To involve the participants in the research process is to respect their common-sense knowledge of their “world”, which implies not “privileging” the researcher’s empirical and theoretical knowledge. The researcher accepts Berger & Luckmann’s (1967) argument that knowledge is socially constructed, and therefore people with different experiences will have different knowledge (Kirby & McKenna, 1989). As such, the research enterprise becomes reflexive. That is, there is a recognition that researchers are part of the social world we study, and not detached from it observing from some neutral “Archimedean” point (Hammersley & Atkinson, 1983). The reflexive research enterprise empowers the research participants by legitimizing their common sense knowledge.

The reflexivity of the research enterprise enhances its educative power. Through involvement of research participants in the critical analysis of empirical (not limited to quantitative) findings, researcher and participants can move beyond description, understanding and explanation to possibilities for transformative action. If researchers accept the assumption that “humans are viewed as integral components of their world both acting upon and being influenced by their environment” (Jacknicke & Rowell, 1987, p. 67), the educative power of critically reflective inquiry can tip the balance toward action from what appears as passive reception of society’s “influence”. This premise that adults “are capable of learning, of changing, of acting, and of transforming the world” (Tandon,

1988, p.5) is a cornerstone of participatory research which “attempts to present people as researchers themselves in pursuit of answers to the questions of their daily struggle and survival” (Tandon, p.7). Principles of participatory research emphasize valuing people’s knowledge, deriving questions from the perspective of the people, and helping the oppressed to reflect on their situation (Tandon, 1988). “Participatory research aims to develop critical consciousness, to improve the lives of those involved in the research process, and to transform fundamental societal structures and relationships” (Maguire, 1987, p.3).

One method of inquiry which maintains the ecological integrity of experience and thus makes its analysis available for critical education has been proposed by Smith (1987). In an institutional ethnography, “it is the individual’s working knowledge of her everyday world that provides the beginning of the inquiry” (p. 154, emphasis added). Thus, in the true spirit of an ethnography, emphasis is placed on preserving the actualities of experience, not on abstracting or dissecting them. An aspect of everyday experience is seen as a point of entry, as a source of questions. By constituting the everyday world as problematic, that is, by dispelling the “taken-for-grantedness” of an experience, researchers are given access to the possibilities for an explication of how institutional (bureaucratic, political, professional, legal) processes are embodied in peoples’ everyday experiences. Thus, the intent is not to forge links between the particular setting and the “macro” level institutional processes, but to display, to make explicit, a connection that is already there but has been obscured (Manicom, 1988). Freire (1973) refers to this process as codification.

Although people who share similar social contexts may note commonalities in their experiences, a person’s everyday experiences are not universal; experiences will be different depending upon one’s standpoint within the institutional arrangements and social relations. Since people’s everyday experiences are not universal, it is necessary to have multiple points of entry into the inquiry. By exploring a number of different sites of

experience, it is possible to piece together the partial views, to coalesce the standpoints to create a more total picture of the social and institutional structurings within which everyday experiences become embodiments of “barriers” to health. The larger picture that this process creates is sufficiently universal and coherent to educate, to raise the consciousnesses of the disadvantaged (and the advantaged), and to illuminate possibilities for transformative action from within the current oppressive structures. Thus, institutional ethnography is inherently educative.

3.2. Selection of/Gaining Access to the Research Sites

3.2.1. Site and Sample Selection

In order to explicate how people’s eating practices and nutrition experiences are structured, it was necessary to study a variety of sites so that a rich mix of experiences were drawn upon to illuminate the social relations articulating the everyday experiences. The appropriate choice of research sites and selection of participants was therefore integral to the success of the inquiry in meeting its aims.

Nutritional anthropology’s contributions to nutrition education research suggest that for this type of inquiry, the household level is an appropriate entry point for data collection, as it is at this level that cultural, social, technological and physical environments intersect with eating practices (Jerome, Kandel & Pelto, 1980; Pelto, 1981). In Smith’s language, the household is the site of everyday food and eating experiences. This is not meant to imply that all eating must occur within the household itself, but that the household is the local context within which “family” eating practices are managed. For example, Campbell & Desjardins’ (1989) Model of Household Food Management Strategies proposes that the system or wider environment “impacts upon” the household resource environment (resources include income, time, social support network, housing, health), which affects family provisioning strategies, of which one component is managing provisions for food.

Within the domain of household food management, food must be acquired (at the store, a restaurant, a food bank), it may be stored (if food acquisition is sufficiently secure), it must be prepared and allocated within the household, and finally, it is consumed. “The consumption category is the aspect of the household food activities that focuses on the individual and his or her food selection and preferences” (Campbell & Desjardins, 1989, p.165). Since consumption is so embedded within this household context, an examination of only individual food consumption practices without an examination of the household within the broader social context may fail to explicate the existing links between broader structural constraints and inequitable opportunities for healthy eating. As such an explication was integral to the purposes of the research, the household was chosen as the most appropriate entry point for data collection.

As discussed previously, a person’s everyday experiences, including eating experiences, will be different depending upon one’s standpoint within institutional arrangements and social relations. Since people’s everyday dietary experiences are not universal, it was necessary to have multiple points of entry into this inquiry. Therefore, it was appropriate to employ a number of relevant criteria in selection of a varied sample of household contexts so that a rich mix of experiences could be explored. Thus, by choosing households which represented various characterizations of socio-economic disadvantage, it was possible to create a picture of how disadvantages are working to construct inequitable opportunities for healthy eating.

According to Glaser (1978), at the initial stages of research, theoretical sampling should be guided by findings deduced from previous research. These deductive findings service inductive work by guiding toward potential sources of data. Once data collection begins, and concepts emerge through analysis, the research process itself guides continuing theoretical sampling. For this study, Maxwell & Simkins’ (1985) review of socioeconomic disadvantage and nutrition practices suggested several criteria for consideration in initial theoretical sampling. In this study, household income levels and source(s) of income,

employment status, educational achievement and work environment of household members, age of family members and family size were all considered as relevant criteria in selection of research participants.

A total of five households were studied in an intense fashion as described in section 3.3 (Data Collection). The experiences of members of an additional 28 households, studied in a less intense fashion through group interviews/ consciousness-raising (Section 3.3.3), enriched the individual household data with a broader range of perspectives. Sample size suitability was determined through saturation (Glaser, 1978); that is, sampling continued until no new themes or issues arose.

3.2.2. Gaining Access to the Research Sites

Participation in an institutional ethnography of nutrition practices requires close involvement with the everyday lives of the research participants. Only within an atmosphere of cooperation, trust, openness and acceptance is it possible to elicit rich, detailed data so integral to a thorough and accurate understanding of the settings and their interconnectedness with social and institutional structures. In order to obtain rich, detailed data regarding household nutrition practices, practices which are intimate and highly valued, it was necessary to elicit the cooperation and trust of key informants. As household food management practices are frequently the domain of women (GPMC, 1989), access to the research site was anticipated to be most suitably attained through the cooperation of women as key informants.

Initial contacts were proposed through women's groups which represent a variety of household contexts within a low income population. Although the primary limitation of using groups as sources of participants is the exclusion of people who are not members of groups, the advantages outweigh the disadvantages. With respect to entry, groups provide the opportunity to meet with several potential participants at once, on their "turf", but removed from the household to which access is being sought. Groups also open channels for explanation of research purposes and procedures in a non-threatening environment with

possibilities for dialogue between the researcher and potential participants, and among potential participants. Beyond the pragmatics of entry and access, it was also anticipated that group dialogue around research findings would be educative, and could thus play an integral role in data analysis and in meeting the second aim of the study, that is, in facilitating community organization and action for social change.

I began my search for women's groups in low income neighbourhoods by contacting colleagues who worked as nutritionists for social services departments in urban areas within the province. Late in June 1990, I had arranged to meet with a nutritionist and a home economist regarding possibilities for research in their city, hoping they could direct me to a women's group. We met at the home economist's office in a drop-in centre for low income parents (the Parent Centre). To my delight, they were very interested in my research, suggested that the Parent Centre would be an ideal place to recruit research participants, and specifically suggested an informal women's coffee group which met on Thursday mornings as a possible point of access. Having been granted access to the Parent Centre by the coordinator, it was now up to me to negotiate access to the women's group with the women themselves.

Approximately one month after gaining access to the Parent Centre, and following two weeks of intensive participant observation in the Centre (section 3.3.1), I informally introduced the purpose of my research to the Thursday morning women's group while they were waiting for the scheduled guest speaker to arrive. My primary purpose at this point was to create an interest among the women for attending the following week's session, which had been advertised in the Centre's calendar as "Special session with Kim Travers" - a title which was probably not particularly enticing. I therefore spent approximately 20-30 minutes talking with the women, explaining the perspective this research would take, how I was aware they had very valuable knowledge pertaining to the practicalities of trying to feed a family on a limited budget, and that their contributions could be invaluable in attempting to make changes for themselves and other people on limited incomes in the

future. At each subsequent meeting, I also spent some time explaining the research to new participants so they could choose freely whether or not to participate. For those who chose to participate, I obtained informed consent (Appendix A. Refer to section 3.5.1.- Ethical Considerations for details). During group sessions I also asked for volunteers for the individual component of the study as the need arose for new participants. Although it was never difficult to recruit volunteers, as the research progressed the women participated much more readily. Their readiness appeared to be enhanced as women who had not participated early in the study learned of the group's progress through their friends, or in one instance, through the newspaper.

Women who volunteered their households for the individual component of the study were already well aware of the research process from their time spent at the Parent Centre. However, gaining access to most of the households also required the consent of another adult member of the household who was less aware of the process. Therefore, I arranged to meet all adult family members at their home to explain the research and obtain informed consent (Appendix B and Section 3.5.1) prior to officially commencing the study of their household.

Although it was primarily through the Thursday morning women's group at the Parent Centre that I recruited research participants for both the individual and group components of the study, there were practical limitations of restricting the research to the group context. One of the women who participated in the individual component of the research worked full-time at the centre, and therefore did not usually participate in the group as she was otherwise occupied at the time. I grew to know April¹ well during the early participant observation stage, and recognized her situation as unique, and therefore of great value to the research. Her non-participation in the group was less of a detriment to the research than her exclusion. I therefore approached her to ask for her participation, and she consented. As well, six of the women's group participants worked or volunteered at the

¹ All names are pseudonyms

centre on a part-time basis, and frequently discussed the group's plans and progress at the centre but outside of the group context. Other centre staff therefore took an interest in the project, and willingly contributed their perspectives. Thus, although the Thursday women's group was the "official" route of access to the women's daily lives, practically speaking, the research was not limited to the group.

3.3. Data Collection

The choice of data collection techniques used in this study was necessarily consistent with the choice of qualitative methodology. According to Marshall & Rossman (1989), observation and in-depth interviewing form the core of fundamental techniques of data collection in qualitative studies as the rich data they provide help to describe and explain naturally occurring phenomena. In this case, I observed food purchasing, preparation, and consumption practices, and augmented observations with in-depth interviews, of both individuals and groups, regarding the assumptions, beliefs, and attitudes guiding these practices. However, keeping in mind that actions are guided by more than assumptions, beliefs and attitudes, but are largely socially constructed by the policies and practices of institutions and government, it was necessary to move beyond the household level to an examination of such policies. Each method and its application to this study deserves deeper discussion.

3.3.1. Participant Observation

"Observation entails the systematic description of events, behaviors, and artifacts in the social setting chosen for study. . . . An assumption is made that behavior is purposive and expressive of deeper values and beliefs" (Marshall & Rossman, 1989, p.79). One of the primary advantages of direct observation is that "behavior is observed as it occurs, which decreases the bias that can be introduced by an incomplete or inaccurate memory of the event" (Achterberg, 1988, p. 246). Yet, it is also possible that the presence of an

observer may actually influence behaviour, such that what is observed is not characteristic of usual occurrences. It is therefore appropriate for the researcher to develop a degree of rapport with participants so that they may feel comfortable and act naturally in the researcher's presence.

In this study, observation began even before I was officially granted access to the research site. As discussed previously, I had contacted a colleague, a nutritionist working with the city's department of social services, to discuss possibilities for the research. When I arrived for a meeting with her at the social services offices, I found myself waiting for approximately 10 minutes. During that time I began observing the other people who were waiting, listening to their discussions with the receptionist, watching social services staff come out to the waiting room to meet the waiting people. I also scanned the room, reading notices on the bulletin board, noting posters on the walls, feeling the discomfort of the chairs. Later, we both met with the city's home economist at the Parent Centre where access to the research site was negotiated. There too I made observations of the surroundings and the people. Once we had negotiated access that morning, I made arrangements to accompany the nutritionist on visits to her clients' homes that afternoon, just so I'd have an opportunity to observe a low-income household prior to negotiating access to a household for study purposes. I became acutely aware on this first day that although I had only intended to meet with these people to discuss research possibilities, the research process had begun. I spent the noon hour and my ride home that evening furiously recording my observations and reflections in field notes, a process which became a ritual procedure for recording observational data.

3.3.1.1. Participant observation at the Parent Centre. Once I had been granted access to the Parent Centre as a research site, more active participant observation began. As will be discussed in Chapter Four, most of the people who work at the Parent Centre are volunteers. I became a participant observer by becoming a volunteer myself. For two weeks in July of 1990, I volunteered at the Parent Centre on an almost full-time basis

(approximately 70% of the time that the Centre was open). During that time I helped serve meals in the soup kitchen, I unpacked food which had arrived from the food bank, I helped pack grocery bags of donated food for program participants, I accompanied other volunteers on shopping trips for a catering business they were running out of the Centre, I helped prepare food for the caterings, I ran errands, I answered telephones, and I participated in education sessions and field trips for the centre's women's group. I also participated in the "life" of the centre, helping to prepare and eating my noon meals with the staff and volunteers, taking coffee breaks and checking the newspaper for sales, talking and/or gossiping and/or asking questions. I spent a great deal of time helping to clean up, particularly doing the dishes. Other volunteers regularly kidded me about being barefoot (I was - it was July and hot), pregnant (approximately four months) and in the kitchen. During this time, very little reference was made to my research, although all of the other volunteers were aware that I was conducting/ going to be conducting a research project.

After this initial period of intensive participant observation, I was beginning to spend more time planning for and conducting interviews, both at the Centre and in women's homes. As such, I spent less time volunteering at the Centre. For the months of August, September and October, I was a volunteer/participant observer for approximately 30% of the Centre's open time. Participant observation at the Centre was temporarily suspended for most of November and December 1990 after the unexpected early arrival of my baby. From January through July of 1991, I spent an average of one day per week at the Centre. Since August 1991 I have tried to spend at least one morning per month at the Parent Centre; facilitating sessions for the women's group (this will be discussed in detail under section 3.3.3 on group interviews), observing, and/or simply visiting friends and acquaintances.

3.3.1.2. Participant observation with individual families. At the individual household level, participant observation primarily acted as a supplement to interview data (see section 3.3.2 on ethnographic interviews) rather than the primary source of data

collection. I also was less of a participant than I was at the Parent Centre, and more of an observer. This role seemed appropriate, as the purpose was not to become another member of the family (as I did become a member of the Parent Centre “family”), but to become familiar with general patterns of food consumption/related practices and the values and beliefs guiding those patterns. Therefore, discussion of usual practices combined with observation of the household (and worksite) food consumption, shopping, preparation and storage facilities, and observation of food in storage seemed sufficient to develop an adequate understanding of food related practices.

I spent the better part of five to seven days (or evenings) observing (often in conjunction with interviews) in each of the five households. Observations were spread throughout a monthly period (beginning, middle or end of the month) so that variations related to monthly income availability could be observed. In most (four) cases observations were spread over several months, instead of only one month as originally intended, for varying reasons which are discussed in Chapter Four.

Originally, I anticipated that observation of actual eating practices would be quite impractical, believing it would be highly unlikely that participants would feel comfortable at meal time while an observer sat at the table, not eating, but writing notes while watching them eat! I also anticipated that in some households, it would be likely that facilities and resources to accommodate a “guest” for a meal would be non-existent, and it would be unethical to impose extra responsibility upon participants. However, in all households, observation of eating (not necessarily meals) was not a problem. To begin, in four out of the five households studied, the majority of interviews took place at the kitchen table. (In the fifth household, the kitchen was too small to accommodate a table.) Since the majority of our time was spent in the kitchen, I was readily able to observe, for example, children running to the refrigerator for snacks. I was also often present during meal preparation - we would talk while we peeled potatoes to boil for supper or while a stew simmered on the stove. I therefore was able to observe some of the “nibbling” that goes on during food

preparation (as well as the preparation itself). In all of the households, I was immediately offered tea or coffee (and sometimes cookies or sweets) upon my arrival, and the interview usually proceeded as we sipped and nibbled. I usually felt very comfortable², always by the second visit, and felt very much that my visits were treated no differently than a visit from a neighbour for a tea and a chat. So, although I was frequently not present to observe an actual supper or breakfast meal, I did get to observe eating in all households.

In four of the five households, I observed at least one of each main meal (noon and evening). In the fifth household, the woman seldom consumed a noon meal, and the only other person at home was an infant; there was therefore no noon meal to observe. For the evening meal, the usual number of people present to eat numbered eight, so understandably I was not surprised nor offended when I was not invited to observe. In this household, I observed meal preparation and left just prior to the other adult members of the household arriving home to eat. In one household, I was invited to join them for an evening meal, but declined, sensing the invitation as coming from a sense of obligation or propriety. (I had also witnessed the contents of their cupboards and refrigerator earlier that day, and recognized that it would be inappropriate for me to stay.) In three of the five households, I did join the family for a 'last one main (evening) meal, at their insistence. I reciprocated with family-sized fruit baskets. In one of these three households, I joined them for four evening meals (three at home, one out) over the course of several months. As the woman in this household was a staff member at the Parent Centre, I was also able to observe and participate in many of her meals and snacks at her workplace. I also treated her to lunch out on occasion.

Participant observation was invaluable in studying food purchasing practices. By accompanying participants to grocery stores, it was possible to develop an appreciation of the complexities and differences involved in shopping in diverse settings. In addition, Campbell & Desjardins (1989) found that food expenditure data were the most difficult to

² I reflect upon my relationship with the research participants in greater depth in section 3.5.2.

collect via interviews and record-keeping in their study of low income families; only 55% of those studied were able to keep sufficiently informative records. Thus, participant observation has the advantage of decreasing reliance on tedious and perhaps difficult record-keeping on behalf of the research participants. Observation of shopping also gave me the opportunity to reciprocate for their assistance to me. As transportation was a difficulty in all but one of the five households studied, my ability to offer them rides to and from the store was an incentive for participation. In two of the households, my presence did alter usual shopping habits, as the women chose to shop in a larger store in a middle income neighbourhood when they learned I was offering transportation. I do not believe, however, that their choices within the different store varied from their usual purchases.

3.3.1.3. Participant observation elsewhere. Throughout the course of the research, I had the opportunity to meet with or simply “bump into” many of the women from the Parent Centre and the individual families studied outside of the research sites proper. I used these opportunities to add naturalistic depth to my observations and to “check” the reliability of the data I was collecting in a more “formal” research setting. For example, near the neighbourhood where most of the women lived was a shopping centre and a variety of fast food outlets. It was not uncommon for me to stop off at the shopping centre to pick up a few things on my way to or from an interview, and frequently, I would meet research participants shopping or relaxing together in the coffee shop. We’d chat about shopping (usually about the “good deals” on sneakers or Halloween candy or...), or I’d join them for coffee and we’d talk about everything but my research - children, men, Family Court. It was in these relaxed surroundings that I grew to appreciate even more the context of their lives.

One of the most memorable opportunities for participant observation was my invitation to a baby shower for one of the members of the women’s group. It was when I had realized that other volunteers from the Parent Centre were invited, but none of the professionals were, that the women had accepted me as a member of their group, not as an

outsider. I had to think long and hard about what gift to buy, or what type of food to bring (wanting to appear neither too cheap nor too lavish), but I eventually did make a decision as to what to bring and attended. I participated in the conversation, the games, and the food and I genuinely enjoyed myself.

Participant observation was a very valuable and enjoyable aspect of the research. One of the disadvantages of observation alone however, is it may not allow for discovery of meaning and thought processes attached to actions, especially in the study of such a complex behaviour such as eating. The risk of not seeing the forest while observing the trees becomes a possibility. As the discovery of meanings, beliefs and values are essential to this project, it was appropriate to supplement observation with in-depth ethnographic interviews.

3.3.2 Ethnographic Interviews

The rationale for employing ethnographic interviews as a data collection technique relates to the possibility that the assumptions, beliefs and values guiding behaviour may not be evident in their behaviour, but embedded in their thoughts. According to Lofland & Lofland (1984), "In that event, intensive interviewing or interviewing combined with limited observation may be the most felicitous, possibly the only way to proceed" (p. 14). Patton (1980) confirms this perspective in the following quotation:

The purpose of interviewing is to find out what is in and on someone else's mind...We interview people to find out from them those things we cannot directly observe (p. 196).

However, it should be made clear that intensive interviews are "in stark contrast to the predetermined choices, wording, and meaning imposed on respondents by the close-ended, fixed response, multiple-choice type of interview" (Achterberg, 1988, p. 246).

The interview technique of choice in this study was the semi-structured format. With this format, a list of topic areas to be addressed during the interview is predetermined, but the interviewer has the flexibility to change ordering and wording of questions to suit

the respondent and situation (Achterberg, 1988). Such a format is also consistent with the assumptions guiding this research, in that the theoretical knowledge of the researcher is not privileged, but the input of the participants is highly valued; individuals are free to add to the interview topics not addressed, or, to steer the interview in a direction more congruent with perceived reality, and thus outcomes are not limited a priori. Themes are allowed to emerge.

Disadvantages of the semi-structured qualitative interview are related to perceived “power” differentials between the interviewer and the interviewee. The possibility exists that participants will have preconceived notions of what the interviewer “expects” to hear, and attempt to search for the “correct” answer. With this in mind, I regularly assured participants of the value of their opinions and views. In addition, my time spent as a participant observer helped to increase my acceptance as a helpful friend rather than an objective professional. One advantage of conducting interviews on the participants’ “turf” (their homes or workplace) was to minimize differences between interviewer and interviewee.

A series of interviews (two to five) were conducted in each household. Individual interviews ranged in length from approximately 40 minutes to three hours; the majority of interviews were 60-90 minutes long. All interviews were tape recorded for later transcription. Generally, fewer but longer interviews were conducted in households within which I conducted frequent participant observation and made regular contact external to the household (usually at the Parent Centre). The bulk of the interviews (two to five) were conducted with the woman with whom contact had been made through the Parent Centre. In all cases, the woman held primary (if not sole) responsibility for household food management, making her a key informant with respect to food and nutrition practices. Supplementary interviews (one to two) and informal conversations during the course of observation with the remainder of household members (if applicable/appropriate) were carried out to enrich the data.

Interview guides (Appendix C) were developed according to the methods suggested by Spradley (1979). The purposes of the initial interview were to collect some descriptive data regarding the household that were relevant in establishing the household's "fit" with sample selection considerations (eg. income level, employment status, number of household members etc). In addition, the interview served to initiate the development of a rapport (where it had not already been established), and to discuss practical considerations such as arranging mutually convenient times for future interviews and observations.

Keeping in mind the principles of participatory research as previously discussed, it was essential to allow respondents the opportunity to participate in the future direction of the study to help determine the format of future interviews. Therefore, subsequent interviews were not totally predetermined as to their content but included only general areas of focus (Refer to Appendix C for interview guides). Early interviews focused on what participants actually do with respect to food and eating, while later interviews focused on trying to develop an understanding of why they proceed as they do. These interviews attempted to uncover values, beliefs, perceived barriers, and resources which shape their actions. Interviews provided entry points to broader institutional structures which are connected to the local context, structures such as advertising practices, food distribution/pricing policies, and welfare policies.

3.3.3. Group Interviewing/ Consciousness-raising

The rationale for use of groups is grounded in the assumption that people who share a problem "may be more willing to talk about it amid the security of others with similar problems" (Achterberg, 1988, p. 246-7). In this particular study, a group setting had the added advantages of efficiency, social support, and the potential for critical education. The group was not only the source of participants in the individual phase of the study, but it was possible to draw upon the experiences of several other women with similar, but unique, situations without necessarily spending an entire month studying each individual household intensively. Thus, group interviews were an efficient means to enrich

the data. In terms of potential for critical education, by sharing views with others in similar situations, the potential for enlightenment as a precursor for emancipatory action was present. Lofland & Lofland (1984) describe the advantage well:

Group interviewing may be most productive on topics that are reasonably public and are not matters of any particular embarrassment. It has the advantage of allowing people more time to reflect and to recall experiences; also, something that one person mentions can spur memories and opinions in others. Moreover, by allowing moments of not having to talk, of being able to listen to others, group interviewing allows each person to rethink and amend any initial account that, upon reflection, seems in need of amplification, qualification, amendment, or contradiction. Finally, people may not agree with one another on matters of opinion, providing instances of interchange between contrasting opinions (p. 14-15, emphasis added).

Thus, groups actually enlist the participation of respondents in data analysis, as they themselves may recognize connections, consistencies, and contradictions in their talk, and help to make the structurings of their everyday experiences more real to themselves and to the researcher. Such a process was evident in this study. Participation of group members was also helpful in exploring the administrative and political processes that structure eating practices at the household level. For example, several group members, most of whom were not participating in the in-depth phase of study, participated in a survey of grocery store pricing policies, policies which they recognized as entwined with their everyday experiences.

From August 1990 to October 1991 I was given the freedom by the Parent Centre's coordinator and staff to totally devote the Thursday morning women's group to the research project for a total of 13 times. This was an average of one to two weeks per month, excepting scheduled breaks in programming over Christmas and during summer months, and one unscheduled personal break in November 1990. Other weeks I visited and

volunteered at the centre, maintaining contact with members of the group. At times, I observed the scheduled session, particularly when it related to health and nutrition. As often as practically possible, I met with research participants to discuss the project for a short time after the week's guest speaker had finished. As a group, we met a total of 27 times over a 16-month period.

Over the course of the research the purpose and content of the sessions evolved. The content of early sessions resembled an organized forum for expressing frustrations. During the first meeting, I intentionally left the floor wide open to allow the women the opportunity to express whatever was on their minds. The next few sessions were similar in format, although our discussions were usually organized around a relevant theme; for example, we discussed purchasing food during the week that assistance cheques were issued. Although interview guides (Appendix D) were developed for the purpose of organizing discussions thematically and all of the themes included on the guides were covered, the women themselves were instrumental in guiding the direction of the sessions by introducing a theme through discussion of a relevant experience. Having had the opportunity to express their frustrations, the women were able to move to group exploration of specific problems and the group sessions provided an opportunity for consciousness-raising. The women began to reflect on their knowledge and experiences, and were able to discuss and plan possible courses of action for change. All group interviews/ consciousness-raising groups were tape recorded for later transcription.

3.4. Data Analysis

One of the disadvantages of ethnographic research is the difficulty associated with wading through reams of data. All interviews were tape recorded and transcribed so that a permanent record was available for analysis and interpretation. In total, approximately 1200 pages of interview transcripts were collected, plus nine notebooks of handwritten

observation notes and reflections. The use of a computer was indispensable, not only for recording and editing, but during analysis, for sorting and organizing data as common themes emerged.

Structuring data analysis actually started prior to initiating field work. Issues and concepts explored in the literature review helped in sketching a preliminary design of an institutional ethnography, which in turn was a useful focusing device for the study as it helped to sensitize me to some of the possibilities for data collection. It should be emphasized however, that the preliminary design was by no means a tightly organized inflexible data gathering and analysis scheme which may have filtered out unexpected results, but simply a conceptual guide which facilitated the initiation of various stages of the data collection/analysis cycle as fieldwork progressed. For example, previously published literature suggested that food prices are commonly higher in lower income neighbourhoods than in middle income neighbourhoods. The commercial organization of food was therefore included as a part of the preliminary design. When the women began to raise the issue of food costs in their local stores as an issue, I was sensitive to this possibility, and therefore was able to suggest that we investigate collectively food pricing within their neighbourhoods. We were therefore guided toward an area for additional data collection. These data were in turn analyzed, which led us to collect data on commercial policies even further removed from their immediate experience, but still evident in it. The preliminary design therefore helped to delineate routes of access from the entry point in everyday experience to broader social relations structuring that experience.

Raw interview data were transformed into data for analysis through transcription using computer word processing. Hand written field notes were not transformed. Data analysis was facilitated throughout the process of note keeping and transcription by recording reflections and insights on the data as they arose. Later, during review of interview transcripts or field notes, these insights and reflections helped to organize the

data, usually by helping to identify common themes or making more clear the relationships among the various themes.

The first level of analysis, data organization, was done in several ways. First, all interview transcripts, field notes, grocery receipts, budgetary information, etc. for each individual family studied were grouped together in a common folder. Thus, I had five folders of data collected from individual families. I also grouped all transcripts of group interviews and field notes/other associated with group activities together in one folder, arranging the data chronologically. This mode of organization reduced the reams of data to manageable chunks (Marshall & Rossman, 1989) and facilitated accurate description of each individual household situation and the progression of group activities. The intent here was not so much to interpret the data, but to display the everyday experiences of the families and the process of emancipatory education for the women's group.

Organization also proceeded on a more interpretive level by clustering data thematically (Miles & Huberman, 1984). It became evident early in the data analysis phase that certain issues and concerns were common among many of the research participants, although each experience was unique. These naturally occurring commonalities and differences were categorized using a combination of inductive and logical analyses (Marshall & Rossman, 1989). Inductive analysis revealed the emergence of several common themes from the data. These themes were used to revise the preliminary design sketched prior to data collection. Then, using logical analysis, the data were compared to the themes for a logical "fit". That is, data were not forced into predetermined categories, but were used to "test" the logic of the revised design. Appropriate chunks of data (usually paragraphs, sometimes sentences) were compared with the various categories within the revised design. This process was similar to the constant comparative method of Glaser & Strauss (1967). In some cases, the data confirmed the categorization of emergent themes. Frequently, data chunks logically fit with more than one category and thus were indicative of relationships among categories (Miles & Huberman, 1984). If two clusters consistently

overlapped such that neither category contained unique data, the data did not warrant the differentiation between categories, so particular categories were subsumed into the general (Miles & Huberman, 1984).

This entire process of clustering data was facilitated by the use of more advanced applications of word processing. As each chunk of data was categorized, it was copied from the transcript file to a new file(s) correspondent with that category. The result was data reorganized into thematically meaningful units, which facilitated a deeper level of analysis within (and among) clusters. At this level, inductive and logical analyses were used to refine meanings and relationships such that they were conceptually and theoretically coherent (Achterberg, 1988; Miles & Huberman, 1984). This level of analysis laid the foundation for the development of a heuristic depicting eating as embedded within social/institutional constructs.

3.5. Reflections on Method

3.5.1. Ethical Considerations

In order to develop accounts sufficiently detailed to enhance understanding of the research sites so that accurate analyses may be made, it was necessary to delve deeply into very personal aspects of participants' lives. Household finances, health and nutrition beliefs, and eating practices are all potentially sensitive areas of inquiry. It was therefore necessary for all participants to be fully informed of the nature of information being sought, the extent to which their involvement would be required, any potential risks of involvement, and steps I was taking to protect them. Therefore, I was open with regard to revealing my purposes, and worked with a volunteer at the Parent Center to develop a straightforward, understandable account of proposed research. The account was included as part of two informed consent forms; one for group participants (Appendix A), and one for those participating in the individual component of the study (Appendix B).

However, it is important at this point to recognize that the informed consent agreement does not absolve the researcher of ethical responsibility throughout the duration of the study. Thorne (1980) summed it well when she said, "The doctrine of informed consent does not do full justice to the complexity of ethical judgements field workers confront" (p. 294). Unexpected ethical concerns did arise throughout the research. In dealing with these, every attempt was made to respect each respondent as a human, not simply as a data source. Some examples of ethical dilemmas encountered follow.

During the gaining access and data collection phases, an ethical dilemma arose with participant observation at the Parent Centre. Although I had originally planned to collect data only during group/individual interviews and participant observation at homes which had granted me access, gaining access through the Parent Centre provided another source of data - observation of/ conversations with volunteers at the Centre who were not a part of either the group or individual phases of the study. Informed consent was not obtained from these people, yet I observed them, talked with them and recorded notes regarding my interaction with them. All of these people were aware of my role as a researcher, although most probably thought my research was what I did when I was in the room with the women's group, or out at someone's home, so they probably did not consider themselves a source of data. Yet, when I questioned them about the specifics of their experiences, they gave of themselves readily³. I did not consider the possibility of asking these people for informed consent until well after the process of data analysis had begun. I was obviously not fully conscious of the ethical sensitivity of this process until I began more frequent and deeper reflection on the data. Although I do realize now that I should have asked for their written consent, I do believe I had informal consent, by nature of their participation and willingness to share their experiences with me. To their advantage, I did not collect as detailed data on their situations as the others, and thus their presence in the account is much less obvious (for example, I have no direct quotations). Descriptions of their situations are

³ Please refer to section 3.5.2 for reflections on the researcher/research participant relationship.

also much less likely to be recognized by others. In sum, although these people did contribute greatly to the research process, it was primarily through their willingness to help me “fit in” and to help me to put my observations in more complete context. In return, I was someone to talk to, sometimes even a shoulder to cry on or a hug when they needed one.

The group interview process also raised a potential ethical problem with respect to confidentiality. As the researcher, I guaranteed the research participants that I would maintain their confidentiality in future writings or discussions of the research results or process. However, I could not guarantee that other members of the group would maintain the confidentiality of fellow group members. Although this issue was addressed within the consent form, and we decided as a group that confidentiality would be maintained by avoiding discussion of others’ personal experiences outside of the meeting room, this arrangement may not have sufficiently addressed the issue. I became aware that one of the group participants who was also involved in the individual component of the study was avoiding sharing certain information with the group when she shared them with me later in the privacy of her home. When I questioned her about sharing with the group, she responded that she didn’t have confidence that it would be held confidential, and she therefore felt vulnerable. I respected her decision, but at this point began to question if she had witnessed a breach of confidentiality, or if others were holding back for fear of disclosure, which may have compromised the integrity of the data. There was certainly no easy resolution to this dilemma. I addressed the issue by reminding group participants regularly of their confidentiality responsibility, respecting participants’ self-imposed limitations on disclosure, and by setting an example. Yet, even this became difficult, as as the research progressed to community participation necessitating discussion of the research outside of the meeting room, the lines dividing what was acceptable to discuss outside of the meeting room and what was not became more difficult to ascertain.

As one of the aims of the inquiry is to stimulate community organization, the ethics of community organization must be considered. One of the greatest criticisms of focusing on organizing the disenfranchised to take action to improve their own situations is that it places responsibility for change with those who have the least power to influence change (Minkler, 1978). It therefore cannot be overemphasized that my responsibility as a researcher did not end with data collection and analysis, but actually intensifies with communication of findings. It is not only appropriate but essential that I (possibly along with research participants) communicate findings to policy makers and other power brokers within the community.

Communication of research findings also posed ethical difficulties. I was careful to protect the anonymity of the city in the report, which in turn would protect the anonymity of the Centre and the research participants (whose names were also changed in the written report). However, for people living within the city, including the policy makers to whom recommendations are targeted, the location would be obvious. As such it may be possible to identify some of the research participants, especially those who participated in the individual phase of the study and who are described in detail in the report. When possible, I therefore shared my descriptions of the families with the women who granted me access to their households. When necessary, certain details were omitted or changed to more adequately protect the anonymity of the participants.

A threat to anonymity during the community participation phase of the research was also posed by the communications involved in disseminating their findings and requesting action. As a group, the women decided to send several letters to appropriate authorities following their research into grocery store pricing policies and the comparison of costs to social assistance food allowances. Signing their names to those letters exposed their participation in the study. We spent several hours discussing this dilemma. No one was fearful of signing letters to the grocery stores; in fact the women were quite eager to take a stand. However, there was some discomfort among some people in signing the letters to

the various welfare agencies, discomfort which appeared to arise from a fear of repercussions, particularly a fear of having their benefits cut. The women debated the issue back and forth for some time, some expressing their fears (some actually expressed concern that I may “get in trouble”), others reassuring them that their allowances could not be discontinued for such an action. As a resolution, I read the letters out loud to the group prior to asking for signatures to ensure that those who did sign were in agreement with the contents. Any group member uncomfortable with the process was not pressured to sign the letters.

As the community participation phase of the research progressed, I was contacted several times by media to do interviews on radio and television, and was frequently asked to supply names of group participants. Anticipating this and the threat to anonymity, I asked some of the more outspoken group participants for their permission to name them as a contact person. All but one granted that permission and went on to participate in a variety of media interviews. The others remained anonymous.

3.5.2. The Researcher/Research Participant Relationships

Thus far throughout the discussion, I have portrayed the relationships between myself and the research participants as harmonious ones, and for the most part, this was how I perceived them. I truly felt comfortable with these women and their families after the initial, characteristically awkward, “introductions” stage had passed. I became friends with some of the women and continue to maintain contact with them. Yet, there were aspects of my relationships with the research participants that were problematic. Some of these aspects may have arisen as a result of being accepted as part of an inner circle of “regulars” at the centre. I became privy to very personal and private aspects of some of these women’s lives that were unrelated to my research, and that in retrospect, I probably would have rather not known. Early in the research, when women freely shared their stories of, for instance, incest or rape with me, I listened intently and sympathetically, trying my best not to look as shocked as I really was. I justified my invasion into their privacy by

assuming that this information was helping to place my research in context, and that I could be a help simply by listening, although I was in no way qualified as a counsellor. I do not know if they expected more from me. I also was privy to other, less sensitive, information which placed me in a tenuous position. For example, the women who frequented the Parent Centre were not all the best of friends. There were rivalries and cliques among them. At one point, I found myself placed in the middle of a dispute between two of the women, as each of them shared her side of the story with me. It was a struggle for me to try to remain neutral and avoid taking sides so as not to alienate either of them. I am unsure how successful I was. At another juncture I was told stories of drug abuse within one of the families I studied individually. I personally did not observe any evidence of drug abuse so found myself in a quandary. Do I believe the storyteller, someone I had placed a great deal of faith in as a person and a data source, or do I trust my observations and instincts? Either way, a seed of doubt as to the integrity of some of my data was planted. Later in the research, when many stories had lost their “shock value” for me, I actually found myself becoming bored, even agitated, by some of the stories. At this point, I recognized the need to remove myself from the field for reflection, as I was beginning to slip away from researching from the perspective of the disadvantaged, to the perspective of their professional helpers.

My intent in the research and the accompanying education process was to minimize power differentials between myself and the research participants. I believe I did the best I could, but I would be naive to assume that we were all, at all times, on the same “critical plane” (Harding, 1987). There was a fundamental difference between me, as the researcher, and the research participants - material inequality. Although I attempted to draw attention away from the inequities by wearing inexpensive clothes and by riding public transit rather than driving the family car whenever possible,⁴ the research participants knew I had material advantages they did not. Patai (1991) argues that material inequality

⁴ As I write this I wonder, was my attempt to “minimize power differentials” a form of deception?

increases the possibility of exploiting research participants. Inequality raises questions of how much participants understand of the research process, and whether they would consent if they anticipated how their personal lives will be written about and described. I tried to address these concerns by working with the participants themselves to develop an account of their research for informed consent, and by sharing excerpts describing their families with the women when possible, as I have described earlier. Yet, the question remains - would they approve of/agree with the analysis? Although they participated in the analysis during our group sessions, a great deal of the analytical work which is displayed in the text happened when they were not present in body, but only in spirit, as I sat staring at interview transcripts in the solitude of my office.

Although Patai's arguments draw attention to the potential for exploitation associated with material inequities between researcher and researched, many feminist ethnographers emphasize the advantages of feminist ethnography in equalizing researcher/participant relationships (Devault, 1990; Oakley, 1981; Smith, 1987). As women researching women, we can understand what is unspoken and articulate "invisible" experiences which traditional research has ignored or discounted as superfluous. Yet, Stacey (1991) suggests that the image of equality can lead to heightened opportunity for exploitation. The research participant, feeling sisterhood with the researcher, may divulge secrets of their lives far beyond that necessary for the research process, and in doing so, open up the possibility for exploitation by the researcher. That possibility did arise during this research process, as I described earlier. Personal soul searching tells me I did not use my knowledge of intimate aspects of the participants' lives inappropriately, but the very idea that the possibility existed, and I did not recognize it until very late in the research process, is sobering.

3.5.3. Internal Validity/ Credibility

Internal validity refers to a method's success in measuring what was intended to be measured. Some researchers prefer to substitute the label "credibility" for internal validity,

to distinguish the constructivist assumptions accompanying this criterion of trustworthiness from the objectivist assumptions of the positivist paradigm (Guba & Lincoln, 1989). Internal validity/credibility, is a major strength of qualitative research. The methods used, interviews (individual and group) and participant observation, do not manipulate or distort experience, but attempt to create an understanding of the construction of experience within the existing social structures. However, threats to internal validity/credibility do exist in qualitative studies, and are largely related to bias associated with inadequate/inappropriate sampling, unfair “weighting” of data, and interpretation bias (Miles & Huberman, 1984). Attention to each of these threats throughout all stages of the research increases the internal validity/credibility of the findings.

The strengths of this particular study lie in the participation of respondents in directing the research. The interview process, and particularly, the group interview process, allowed for emergent themes to be reflected back to the participants as the research proceeded, so they, in turn, were given the opportunity of creating their own interpretations which become a source of dialogue for subsequent investigation. Guba and Lincoln (1989) refer to this process of enhancing credibility as “member checking” (p. 239).

In addition, the multiplicity of data collection techniques (interviews, group interviews, participant observation of various sites) acted as an internal validity/credibility check (often referred to as triangulation), such that data obtained by one method could be checked against that obtained by another (Miles & Huberman, 1984).

Researcher effects were minimized by the extended period of participant observation at the Parent Centre, by the commonality of experience with all research participants (except their families) that my pregnancy and infant provided, and by the choice to conduct interviews on participants’ “turf”. The risk of my identifying too strongly with the research participants, which is frequently considered a weakness of qualitative research (Miles & Huberman, 1984) was increased. However, although the intent of this

inquiry was to preserve the perspectives of the participants, I made efforts to consider their perspectives critically.

Representativeness was maximized by theoretical sampling and extensive use of group interviews.

Care was taken during analysis to avoid unfairly weighting the data contributed some of the more articulate research participants, to check for negative evidence and to consider rival explanations to minimize unintentional bias.

3.5.4. Generalizability/ Transferability

The type of generalizability characteristic of qualitative endeavours such as this, is referred to as naturalistic generalizability. That is, findings can be generalized/transferred (Guba & Lincoln, 1989) to those in similar situations, to the degree that the account rings true to experience. It is inappropriate for the researcher to make transferability claims, as only the receiver/reader of the data can claim transferability to his/her experience (Guba & Lincoln). However, the use of “thick description” (Geertz, 1973) or provision of a complete data base “can facilitate transferability on the part of others who may wish to apply the study to their own situations” (Guba & Lincoln, p. 242).

However, it is important to note that in an institutional ethnography, the attempt is not to generalize from a small sample to a broader population, as is the case with conventional definitions of generalizability. The intent is to demonstrate that the social relations which are structuring particular practices at the local context are generalizing, that is, they work in ways which affect many in similar ways (Smith, 1987). As such, the explication is useful and telling far beyond the immediacy of the research participants’ lives.

Recently, the term “catalytic validity” (Lather, 1991) has been used to refer to a research project’s ability to initiate social change. Because of the implied impact upon those not directly involved with the research process, catalytic validity is, in effect, a type of external validity or generalizability. Catalytic validity is actually an implicit assumption

of the critical social scientific epistemology, usually referred to as its emancipatory intent. The catalytic validity of a research project such as this one can only be ascertained upon evaluation of the emancipatory outcome. As the next six chapters will demonstrate, this project did demonstrate catalytic validity.

Having provided the theoretical rationale for proceeding with a critical approach to inquiry in Chapters One and Two, and having presented the methods of collecting data in this chapter, the next six chapters will detail the research findings and their theoretical/practical significance.



4.0. The Research Setting, Participants and Process

Before it is possible to launch into an in-depth analysis of eating as embedded in social/institutional constructs, it is important to understand the context within which the research took place. To say that a group of women living in low income situations within an urban centre comprised the study sample is accurate, but does not do justice to the complexity of their lives, nor does it enhance appreciation of their perspectives. The intent of this chapter is to establish a descriptive, contextual foundation upon which the analyses of subsequent chapters will build.

The research took place in a medium sized city (population between 50,000 and 75,000) in Nova Scotia, a province located in the economically depressed Atlantic Region of Canada, between June of 1990 and November of 1991 - a time of economic recession. The city is a centre for light manufacturing, distribution and transportation, sales and service. Defence is very important to the city's economy, and government is a major employer. Of women in the labour force, by far the largest proportion (38%) were employed in clerical positions, another 17% in service. Employed men were represented in greatest proportions in service (23%) followed by managerial and administrative positions (12%) Unemployment rates for the city at the time of the study averaged approximately 10%. With rising long-term unemployment, the numbers of families relying on social assistance had risen dramatically as unemployment insurance benefits were exhausted. At the time of the study, the city received an average of nearly 500 new requests for assistance each month, over 50% of which were refused. Case loads for municipal social assistance grew from approximately 1500 to 1800 families over the duration of the study, while approximately 2400 of the city's households were recipients of provincial Family Benefits in 1991. In total, approximately 15% of the city's households were in receipt of social assistance during the study. Census data (1986) extrapolated by the city's housing department to 1991 figures estimate over 35% of households had incomes less than

\$25,000 in 1991; the poverty line for a family of four for the same time period was approximately \$25,300. Not surprisingly, the number of people using food banks in the city and surrounding areas doubled from 4000 in June 1990 to 8000 in June 1991.

It is important to note that the province of Nova Scotia has a two-tiered social assistance system. Persons applying for assistance are first referred to the municipality in which they live for temporary assistance, generally for three months to one year. Upon recognition that assistance will be required on a more long-term basis, the municipal social assistance recipient must make application to receive provincial Family Benefits. Each municipality has its own assistance rates and policies, therefore, there are several (over 55) different social assistance programs within the province. Within the city studied, there are two distinct programs - one administered by the city, one administered provincially. Thus, it is important at the outset to recognize the two-tiered system as a source of inequities among the research participants receiving social assistance.

Minimum wage in Nova Scotia at the time of the study was \$4.50 per hour, or \$9360 per annum for full-time (40 hours/week), permanent employment. It is important to note that both full-time minimum waged employment and social assistance rates (municipal and provincial) fell well below the "poverty line" at the time of the study. To illustrate, for a family of four, the National Council of Welfare estimate of the low-income cutoffs for a city of comparable size was \$24,094 per annum in 1990 (National Council of Welfare, 1990). If that family included only one full-time minimum waged employee, their income would be 61% below the poverty line. A family receiving municipal social assistance would receive a maximum of approximately \$12,200, or 49% below the poverty line. As most of the women studied were receiving social assistance or worked in low-paying jobs, it is safe to say that they were not only living in poverty, but in the depths of poverty.

The size of the city was advantageous in that it was large enough to have many of the characteristics of an urban centre, such as mass transportation, schools, shopping centres, public housing and an "inner city". Yet, it was small enough that many low-

income families lived in common, identifiable areas, and drew upon the same resources in terms of services. One of the common services was the parent centre within which the research participants were recruited and where they met as a group.

4.1. The Parent Centre

The Parent Centre was opened in 1989, and is operated by the city's Department of Social Services. Located in a heritage property in the city's downtown core, the centre provides a comfortable and "homey" environment for its patrons. Although the centre is officially open to all parents of the city, the programs and services offered are targeted toward low-income women. The majority of parents using the centre belong to this target group.

4.1.1. Staff

The only permanent staff member is the city's home economist whose functional role is coordinator. Other staff are more transient, usually paid by grants. During the course of the research, 21 people (18 women and three men) were at one time or another considered centre staff.

The majority (13/21) were recipients of small grants from a program called "Fresh Start"¹. Any municipal social assistance recipient is eligible to receive \$60 a month plus transportation (a bus pass) and child care for six hours per week of work seen as a first step back into the work force. The money is considered free and clear above their social assistance income. The grants usually run for six months, although many of the centre's staff participated in the program for longer. Some also continued to work in the centre on a volunteer basis after their funding had expired. Fresh Start participants held a variety of jobs, including facilitating programs, housekeeping and household maintenance, clerical duties, serving meals at the emergency feeding program (see Programs), and child care.

¹ A pseudonym.

Two of the centre's staff were university students (one nutrition, one family studies) paid by summer employment grants. These students were usually full-time for three to four months, and because of their education, were given a great deal of responsibility in planning programs or completing small research projects.

Three women were hired on a full-time basis for a limited period of time (three to six months) at minimum wage to do clerical and secretarial work. Two of the women had recently completed skills upgrading programs and were now gaining practical experience. The third, Carla, had previously worked as a secretary before receiving social assistance and was trying to make the transition back to the work force. Carla acted as a staff member at the centre for the duration of the research, having worked on a Fresh Start grant and volunteering, almost on a full-time basis.

One woman, April, also acted as a full-time staff member for most of the duration of the research. April had been involved in an accident which prohibited her from resuming her job as a truck driver. Having been a recipient of the centre's services in the past, she chose to work at the centre as a volunteer, and then decided to retrain in the area of child care and social services. She was paid by an insurance company for one year to work at the centre as her retraining. Her primary responsibility was coordination of child care, although she also acted as a lay counsellor and advocate for low income women.

Two women, one each year, were hired by the city on a short term basis (four months) to coordinate the city's Christmas program (see Programs). The coordination task is so complex it requires full-time staff support, and this person works out of the centre.

One man is hired on a part-time basis to prepare and serve meals at the emergency feeding program associated with the centre (see Programs). He also does major household maintenance such as carpentry work on a contract basis.

Of the 21 staff people described here, all but five (the two students, the two secretaries hired for the Christmas program, and the man who worked at the emergency feeding program) had at one time or another been social assistance recipients. Fifteen of

these 16 received social assistance benefits during the research period. Only April, who was being paid to retrain through her insurance, received no benefits at this time. As I spent a great deal of time as a participant observer volunteering at the centre throughout the course of the research, these 16 centre staff, eight of which were not “official” participants in either the individual or group components of the study, contributed willingly and readily to the research process through an open sharing of their life stories and personal financial and nutritional situations. They therefore became another source of rich data and thus contributed to the understanding and explication of the social construction of health inequities.

4.1.2. Programs

Programs offered at the centre include Nobody’s Perfect , Ready or Not, Baby-time and Parent & Tot (parenting programs geared to socially disadvantaged families), prenatal classes, GED (academic upgrading), cooking classes and “how-to” classes such as ceramics and crafts. Well-woman clinics and legal aid have been offered through the centre on a referral basis. One of the most well attended programs is the weekly Thursday morning women’s group. This group provides an informal opportunity for women to get together for coffee and to talk, while part of the morning is devoted to a guest speaker on topics ranging from sex to pets to young offenders to nutrition.

In addition to these characteristically educational programs, the centre also operates a “grassroots” catering service. Initiated by the centre’s coordinator, three to four of the women who either work or volunteer at the centre have set up a catering service in which they prepare foods such as sandwiches, vegetable trays and sweets for meetings and social events. Promotion of the service has been primarily by word of mouth, and the major patron of the service is the city itself; the group frequently caters meetings for the mayor, community events and staff inservices. Money made by the catering is used to buy food for future caterings and to pay the women small wages for their work. The women are responsible for all aspects of the business from bookkeeping to baking.

The centre also participates as a Food Bank member agency, receiving shipments of food from the Food Bank each Wednesday. As is typical of most food banks operating on a charitable model (Riches, 1986), the local Food Bank is a central warehouse for donated and surplus foods, which distributes food to people through its member agencies who are in direct contact with the public. The centre distributes food through two channels. First, it distributes groceries to program participants and “staff”. For example, one of the motivating factors for attending the Thursday women’s group is the receipt of a weekly grocery bag (although in the latter stages of the research, Food Bank deliveries grew smaller while numbers of participants grew larger, necessitating a “draw” to determine which lucky participants would receive a grocery bag that week). Secondly, food from the Food Bank and local churches is distributed as hot noon meals five days a week through a charitable feeding program which is operated out of another city-owned property next door to the centre, but coordinated through the centre.

Each Christmas, a variety of charitable organizations donate food, clothing and toys to families on social assistance. In the past, families and charities were matched up on a chance basis, some families received assistance from several charities, others received none. The city decided to make an effort to coordinate the two, and this effort, designated the Christmas program, is coordinated through the centre. All social assistance recipients and their family characteristics and needs are entered into a computer, and all charitable donations are then matched to family needs. In addition, many of the charitable donations are brought directly to the centre, and centre staff are responsible for their distribution.

4.1.3. Physical Layout and Resources

The “House”, as it has been affectionately named, has four floors. The bottom floor is a nursery, well-equipped for children of toddler age and up. Child care is offered in conjunction with most programs, primarily by high school students on work experience during the school year, and by volunteers. The volunteer nature makes child care a constant potential crisis - there is always a possibility that babysitters may not arrive, or may arrive

late, putting stress on parents and program facilitators. The bottom floor also houses a washer and dryer for laundering household linens, and a deep freeze for storing frozen food from the food bank prior to distribution.

The second and main floor includes a front hall, a living room area, a large dining room and a fully-equipped household kitchen. The living room is the location of the ever-brewing coffee pot and the informal meeting place of parents who are waiting for programs to begin or who have just “dropped in” for conversation. People from the community frequently donate used clothing, and household items such as dishes and linens, to the centre and the living room is often littered with boxes and bags of donations which the parents are free to sift through and to claim as their own anything of use to them. Donated items of particular value often become a source of conflict, as if one person claims the item and then leaves it in the open in the living room, it becomes “fair game” for others. The practice of hiding a newly claimed coat or bedspread is not uncommon.

The dining room is the largest room on the main floor. The large open space and generous windows make it a bright room. The natural light and large rectangular table which could seat up to 12 people comfortably make the dining room an ideal work space, and programs requiring work space such as crafts and cooking classes, are held here. Its proximity to the kitchen and food make it the usual gathering place of the centre’s staff, for meals or otherwise.

The kitchen resembles any household kitchen, with a refrigerator, oven, microwave, sink (with a seemingly endless supply of dishes), and ample cupboard and counter space. The house is usually well stocked with food from a variety of sources. Some of the food, especially that which is used on a regular basis such as milk, tea and coffee, is purchased as part of the centre’s operating budget (although late in the course of the research budgetary restraint limited the purchase of these staples). Some food comes from the local Food Bank and is used to make lunches and snacks for staff, volunteers and program participants. The kitchen facilities are frequently used by the women who operate

the catering service, and food being prepared for or left over from caterings contributes to the food supply. The kitchen is also often used to cook or reheat food which is distributed through the hot lunch program.

Off the main floor is a covered front porch, equipped with a few chairs. The centre has a no smoking policy (which is consistent with municipal by-laws), yet many of its patrons smoke. The front porch is a place that smokers can go to fulfill their cravings for nicotine and continue conversations from inside, or to start new discussions. During program breaks, the front porch always has its fair share of occupants, regardless of the weather.

The third floor houses three offices and a meeting room. One office belongs to the centre's coordinator. Small, modestly furnished, and forever cluttered with paperwork, this is the room in which I spent my first few hours at the centre, while I negotiated access to the house and the women's group for the research. Another office is equipped with a computer, and logically, when any secretarial or clerical work was to be done, this is where it happens. The third office is for any staff member whose job necessitates a desk. Summer students always occupied an office, although it often had to be vacated temporarily for use by social workers, the nutritionist, or legal aid lawyers who occasionally use the centre as a convenient and comfortable place to meet with clients.

The fourth floor, a large L-shaped room with an attic-like quality stemming from its sloped ceilings, had changing purposes throughout the course of the research. At first, it was fully equipped to run well-woman clinics, complete with examining table and of course, stirrups. As the clinics were not being well attended, it was converted to an office/infant nursery, a room divider breaking the "L" into two smaller rooms. The office housed the staff person who was responsible for coordinating child care for one year during the research period. The infant nursery was established due to the growing numbers of children in the downstairs nursery. The presence of rambunctious tots in close proximity to sleeping babies was less than ideal, so the child care coordinator moved the cribs,

playpens, highchairs, rocker and infant toys to the fourth floor. The separation necessitated more volunteer babysitters, but provided a more suitable environment for both babies and tots. During part of the research, my son spent most of his Thursday mornings in the infant nursery, while I worked with the women's group or just chatted with women in the house.

4.2. The Women's Group

4.2.1. Participants

The Thursday morning women's group is an informal group, not bound by purpose other than comradeship, a chance to get away from the kids, and possibly even a desire to learn from the guest speaker on any given day. Women do not have to register to attend, nor do they have to pay fees; they have no obligation whatsoever to participate in the group. Women who come to the centre on Thursday mornings do receive free child care, refreshments (for both themselves and their children), a bag of groceries from the food bank, and if necessary, bus tickets to cover the cost of transportation to and from the centre.

The informal nature of the women's group had strong implications for the research process in that for each meeting, the group was somewhat different in composition. Generally, a core group of five to six participants were present at most sessions, but some women may have only participated in one or two of the meetings. At no point throughout the research was there ever a "starting fresh", in that each meeting after the first included group members who were familiar with the study. A total of 33 women actively participated in group meetings at some point throughout the duration of the study, but never all at the same time. Group size ranged from approximately five to 25 at any given meeting.

Group participants were not asked to provide information on their financial status or sources of income, but through the process of sharing their experiences, some of this information was disclosed. Although it is impossible to delineate details of the

socioeconomic status of participants, our discussions did reveal a wide variety of situations, suggesting a range of perspectives. All had children (the number ranged from one to the fifth on the way). Participants included single mothers (divorced, separated and never married) and women in marriage/common-law situations. Sources of income included Municipal Social Assistance, Provincial Family Benefits, Unemployment Insurance, Family Allowance, maintenance orders (although few of the women who spoke of being entitled to maintenance actually received it), part-time and full-time wages, training allowances, and Fresh Start grants. All of the women could be considered to be in low-income situations. The women ranged in age from approximately 17 to 55 years, although the majority were in their 20s and 30s. Many lived in subsidized housing, most in a public housing project which was within walking distance of the centre. At the time of the study, the city's housing authority had a waiting list of over 300 applicants and estimated a need for 10-20% more subsidized units, suggesting the women living in subsidized housing had advantages relative to others. Others lived in non-subsidized rental units in an area of the city with a high density of apartment buildings. No one mentioned owning their own home. The city's planning department reports that only 60% of residents rent, thus, renters are disproportionately represented in the study group, as would be expected of an economically disadvantaged population. Of the 33 active participants, 29 (88%) were white, four (12%) were black. In a city which does not have a large black population (approximately 3.5% of the population as of the 1986 Census), even this small number of black participants reflects their disproportionate representation among the economically and socially disadvantaged.

4.2.2. Meetings and Activities

As discussed in Chapter Three, I informally introduced the purpose of my research to the Thursday morning women's group following two weeks of participant observation at the Parent Centre. I spent approximately 20-30 minutes talking with the women, explaining the perspective this research would take and that I would be looking for

volunteers to participate in the more indepth study of individual families. Only six women were present at this session, and I had anticipated minimal discussion - after all, I had not yet asked for their informed consent to participate. However, lack of “official” consent did not in any way hinder their participation. They readily initiated discourse on their own personal experiences, illustrating concretely some of the points I was trying to make with my abstract and hypothetical examples. My excitement grew as I began to recognize the clarity in these women’s voices; their unique ability to put a human face on some of the policies we would explore in the future, simply by talking frankly about their experiences.

The first “official” group session of the research took place on Thursday, August 16, 1990. Eight women attended and gave informed consent to be research participants; all contributed to the discussion. I made a conscious decision to start the process by leaving the floor open for women to discuss anything they wished even remotely related to food and eating. The session was therefore somewhat cathartic for the women, and the wide range of topics discussed informed me of the variety of directions the inquiry might follow.

Looking back on that interview transcript, it amazes me to realize that almost every issue we would explore in more detail over the course of the research was brought up by the women at that session. We discussed the practicalities of getting food - from finding transportation to grocery stores, to getting credit from the milkman, to making special “deals” with a local travelling vendor of vegetables. We talked about how grocery stores are organized to stimulate impulse purchases, and the difficulties of sticking to a grocery list when children accompanied their mothers on shopping trips. The women told stories of how their “grocery money” was frequently eroded by non-food but essential purchases such as prescription medicines and eye glasses. They also talked about playing Russian roulette with other parts of their budget, such as rent and electricity, to make up for short-falls in their grocery allowances, and the desperation which ensued when their well-fed family was left without heat and lights or threatened with eviction. Some expressed

confusion over the administration of the two-tiered welfare system and the bureaucracy of public housing, others responded with explanations so clear it was obvious they had an in-depth working knowledge of the system from their experiences as recipients. The women shared their knowledge of resources and shared their frustrations of having to beg and borrow for food or money when their cheques run out at the end of the month. They admitted to their dependence on charities, particularly food banks, but spoke eloquently about the humiliation of being so dependent. They talked about men, and their apparent disregard for their children's welfare by their refusal to pay maintenance or to assist with unexpected expenses. School feeding programs, the expense of school supplies and the shortage of subsidized daycare were also discussed. They expressed regret for not having finished school, embarrassment at being considered "welfare bums", and anger toward those who feel their problem is a matter of learning how to budget, a skill they have honed through years of practice. Although at the time this session may have seemed like nothing more than a chance for the women to "blow off steam", it was critical in that it appeared to establish my credibility as a listener with a genuine interest in their perspectives and it afforded the women a forum within which to express, and hopefully address, their concerns. The fact that so many issues that we would explore more thoroughly throughout the course of the research were introduced at this session also suggests that the women were aware of structural constraints on their food and nutrition practices and experienced them daily, but perhaps until now were not given the opportunity to articulate, explore and ultimately change them.

Over the next 15 months the sessions continued, although their purposes and content evolved. As previously stated, the content of early sessions resembled an organized forum for expressing their frustrations. Having had the opportunity to vent, they were able to move to group exploration of specific problems, the most notable of which was their comparison of prices between stores in their low-income neighbourhood to stores in other, more affluent, areas of the city. Armed with new-found knowledge of systemic forces

influencing their lives, the group sessions provided an opportunity for consciousness-raising. The women began to reflect on their knowledge and experiences, and were able to discuss and plan possible courses of action for change. Table 4.1. outlines the progression of the group sessions.

Table 4.1. Progression of Group Sessions and Activities

Date	Activity or Theme of Discussion
1990	
16 August	-open discussion on food and poverty
30 August	-guided discussion on "getting food" (cheques arrive this week, which coincides with shopping for most) Issues raised included transportation to stores, storage of food, food prices, neighbourhood-dependent price differences between stores
13 September	-open discussion. Issues raised included unbudgeted expenditures which compete for food allowances (eg. school supplies), use of emergency food vouchers and food banks, difficulties in/strategies for buying meat
20 September	-guided discussion on co-operative food (particularly meat) buying.
27 September	-open discussion on "end of month" food shortages -scheduled guest speaker is the city's nutritionist (I observe) -discuss professional nutrition recommendations and their relevance, practicality; food specials this week, dependence on charities
11 October	-plan for grocery store pricing comparison (arose from discussion of neighbourhood price differences)
18 October	-grocery store pricing comparison -researcher presents preliminary findings to local conference
25 October	-discuss results of pricing comparison -participants bring attention to a newspaper clipping referring to conference presentation -results/media attention increase interest in the study
29 November	-Christmas Party at Centre -I introduce my 4 week old son and reestablish contact

(continued)

Table 4.1 (continued)

1991	
17 January	<ul style="list-style-type: none"> -group social event at Parent Centre -reestablish contact with women and decide to repeat pricing comparison survey -group participant elected President of local tenant's association - we discuss collaboration
31 January	<ul style="list-style-type: none"> -taste comparisons of generic food products (arose from discussion of price/quality differences of foods) -discuss plans for pricing comparison survey -participant secures use of community van for transporting women to the centre and related activities
7 February	<ul style="list-style-type: none"> -repeat grocery store pricing comparison (Appendix E)
21 February	<ul style="list-style-type: none"> -discussed survey results -scheduled guest speaker's topic "Vitamins" -discussion of nutrition fads
27 February	<ul style="list-style-type: none"> -subgroup attendance at local conference re: food banks
28 February	<ul style="list-style-type: none"> -discussion of survey results, comparison of costs to welfare food allowances (Appendices F & H) -decision to write letters to stores and welfare administrators, with copies to politicians
7 March	<ul style="list-style-type: none"> -continued discussion of survey results -group videotaped for documentary on community action at request of local tenant's association
21 March	<ul style="list-style-type: none"> -letters sent to local IGA, Sobey's, Director of municipal social assistance and provincial Family Benefits re: survey results (Appendices G & I)
28 March	<ul style="list-style-type: none"> -discuss newspaper clipping re: city's budget which includes reference to our letter -use IGA sponsored food bank donation bag to stimulate discussion on food banks

(continued)

Table 4.1 (continued)

4 April	-discuss response from IGA/ invitation to meet -suggestion/agreement to recheck prices in Fall
11 April	-discuss Sobey's response -arrange subgroup meeting with Sobey's -discuss response from Family Benefits -discuss responses from two local MLAs
16 April	-representative presents results of our activities to local tenant's association
18 April	-discuss response from third local MLA -decision to rewrite to municipal social assistance requesting response (Appendix I)
30 April	-subgroup joins grassroots anti-poverty network -city sponsored community meeting re: health
2 May	-discuss findings /provincial response with visiting Family Benefits case workers
9 May	-plan for meeting with IGA -plan for subgroup meeting (3 participants) with Sobey's -discuss response from municipal social assistance/impact on recipients -discuss subgroup's attendance at community meeting -discuss issues regarding food banks
10 May	-meeting with Manager of Sobey's. He suggests we forward concerns to Head Office
13 May	-subgroup discussion re: meeting with MLA
23 May	- group meeting with IGA management re: concerns
30 May	-discuss meeting with IGA -send letter of thanks - IGA (Appendix G)
3 June	-Minister of Community Services invited to Parent Centre by anti-poverty group. Visit receives media coverage

(continued)

Table 4.1 (continued)

6 June	<ul style="list-style-type: none"> -discuss Minister's visit -discuss role of media in poverty issues -letter sent to Sobey's Head Office (Appendix G)
13 June	<ul style="list-style-type: none"> -discuss lack of response to group's concerns at community health meeting -discuss media's portrayal of social assistance recipients -discuss potential meeting with MLA - suggestions for policy changes -discuss alternate methods of reaching policy makers, and plan march on provincial Legislature
20 June	<ul style="list-style-type: none"> -planned march does not materialize (practical constraints)
26 June	<ul style="list-style-type: none"> -Manager of local Sobey's unexpectedly arrives at Parent Centre and discusses group's concerns with women present
9 July	<ul style="list-style-type: none"> -researcher meets with Director of Corporate Relations, Sobey's re: letter. Sobey's proposes a food bank drive
24 July	<ul style="list-style-type: none"> -researcher meets with program director, local Cable TV station re: planned documentary on food banks
1 August	<ul style="list-style-type: none"> -substantial increases/policy changes to provincial Family Benefits effective today
30 August	<ul style="list-style-type: none"> -researcher attends meeting at Food Bank re: Sobey's sponsored food drive
26 September	<ul style="list-style-type: none"> -tour of local grocery stores to observe changes
3 October	<ul style="list-style-type: none"> -participants interviewed by local Cable TV station for documentary on food banks
10 October	<ul style="list-style-type: none"> -repeat grocery store pricing comparison -discuss current Sobey's sponsored food drive
7 November	<ul style="list-style-type: none"> -discuss results of repeat pricing comparison -discuss plan of action - meeting with IGA and meeting with director municipal social assistance
25 March 1992	<ul style="list-style-type: none"> -newspaper coverage of the City's budget deliberations reveals that the Parent Centre may be closed -the women immediately launch a protest which attracts significant media attention. The Centre is saved from the chopping block.

4.3. The Families

As stated previously, most of the women who would volunteer for the individual component of the study were recruited through the women's group. At first, I simply asked for volunteers - those who were interested approached me after the group session. The first volunteer, Tina, approached me after the introductory session on August 9th, the second, Sunny, after the first group session on August 16th. The one exception was April, who worked full-time at the Parent Centre, and therefore did not usually participate in the Thursday morning sessions. Having grown familiar with her situation through participant observation at the Centre, I approached April on August 9th, and she agreed to participate. As the study progressed over the next few months I did not actively recruit new individual volunteers as I was actively occupied with various stages of study of each of these three. However, when time did permit, I made an intentional move to recruit women in family/economic situations different from the previous three, in an attempt to select a varied sample of household contexts for a rich mix of experiences. Bessie and Janice both volunteered after my request to the group on October 25, the meeting which met with a great deal of enthusiasm following presentation of the initial results of the grocery store pricing comparison and media attention.

I was asking a great deal from these women. Their participation required consent from other members of their families. Despite my anticipation otherwise, family member consent did not pose a barrier for the women who volunteered. This could indicate that relationships in the families studied may have been more stable than others, as my intrusion into their family life did not appear to be a source of conflict. I would spend a great deal of times in their homes, watching them do mundane tasks like cooking and cleaning, and asking what probably seemed like silly questions about what they ate. I also asked what I thought to be very personal questions pertaining to their income and expenditures, but

surprisingly, they did not seem to interpret these questions so personally. I came to realize that while it seems to be proper etiquette not to talk about income in middle class circles, money, or lack thereof, is a common topic of conversation among the study group. These women talked about being accustomed to detailing their financial situations to a variety of people who in some way involved with their lives - be it social workers, landlords, friends, or neighbours.

For each of these women and their families, the research was originally to span only one month, the typical period of income availability for low-income households. However, for most of these families, the research spanned a much greater length of time, for varying reasons that will be discussed in more detail in the following few pages. In all cases, I maintained contact with the women for many months after the individual research was complete, for most (three out of five), I still maintain regular contact. The descriptions of these women and their families therefore goes beyond a snapshot in time, but hopefully will provide the reader with a sense of continuity and direction for these women's lives.

4.3.1. Tina's Family

Following the introductory session on August 9, 1990, I talked individually with most of the women, attempting to demonstrate my genuine interest in their expressed concerns. One woman, Tina, approached me and volunteered for the individual component of the study. We had talked informally on several previous occasions at the Parent Centre during my participant observation. I was aware that the rapport established between us appeared to be related to a common concern that was growing more obvious for both of us each week - we were both pregnant, our babies were due only three weeks apart. I am well aware of the possibility that had I not been pregnant, our open discussions about our symptoms and growing bellies would not have taken place, and the door to her home may not have been so readily opened for the research.

Tina, at the time of the study in August-September 1990, was a 27 year-old single mother who was five to six months pregnant. Her son, Josh, was 12-13 months old. Tina

and Josh were the only two family members. Tina had been married at 16 and divorced a few years later. She had three children during her marriage, all of which were given up for adoption after the divorce.

Tina, who had a grade eight education, had worked in a variety of minimum wage jobs since the age of 22, but had been unemployed since Josh's birth. At first, she was able to draw unemployment insurance benefits, as she had been employed as a mall security guard prior to and during her pregnancy. Owing to the small size of her unemployment cheque, she was eligible to receive an income supplement from municipal social assistance. For the past six months, she had received only municipal social assistance as her unemployment benefits had expired. At the time of the study she had applied for provincial Family Benefits, and would later start receiving them in November 1990.

Tina's income at the time of the study included \$300 /month from municipal social assistance, \$50/ month for Josh's child support, and \$33/month Family Allowance. The total of \$383/ month or \$4596 per annum places her income at 72% below the \$16,464 poverty line for a family of two. She had however, recently moved into a two-bedroom apartment in public housing, and therefore only paid \$103/ month for rent. This coupled with monthly utilities expenses of \$50 made her shelter costs approximately 40% of her total income. Upon review of municipal social assistance allowances, it appears that Tina was entitled up to an additional \$40 per month to partly offset utilities costs. However, she had yet to receive this allowance. After moving it is necessary to present the first utilities bill to the social service worker to justify its receipt. Even with this extra allowance, her housing costs would still comprise 36% of her income. According to Bird (1990), families paying greater than 30% of their income on shelter costs have difficulty affording other expenses. Thus, no matter how it is measured and despite the breaks offered by subsidized housing, Tina lived (and still lives) in poverty.

Tina did not grow up in poverty; her father is a teacher and her mother is a nurse. Her younger brother is currently attending university. Although her family lives only a few

miles away and within the same city, they are not a source of support - she has not been on good terms with them since moving out at age 16. Tina does draw a great deal of moral support from her friends, and particularly the church. At the time of the research she was studying to become a Jehovah's Witness, and I later came to learn she was baptized in June of 1991. Tina described being home alone with Josh one day just after learning she was pregnant when church members came to her door. She let them in, they explained to her how they could support her, and she commenced her studies. During the research I observed many donations of food, baby clothing, and babysitting from her friends at the church. I am convinced she would not have been able to make ends meet without them.

After the one month research period had ended, I maintained contact with Tina until June of 1991. Her baby, another boy, was born early in January - two weeks late. I visited her at home once, to bring a baby gift, and we met at the Parent Centre a few times. She did however, find it increasingly difficult to get out with the two children, especially in the winter. She therefore became less dependent on the support offered by the centre, and more dependent on the support offered by the church. When I was last speaking with her she was looking for alternate housing, preferably a co-op, specifically with less stairs to maneuver her tandem stroller up and down.

4.3.2. Sunny's Family

I first met Sunny at the Parent Centre in July 1990. She arrived carrying a newborn baby girl, just one week old to the day. While everyone was oogling over the little bundle, Carla cried, 'Let Kim hold her, she needs the practice'. 'Are you pregnant? You don't look it'² was the general response from the women present. I did get to hold Sunny's daughter, and the ice was broken with many of the women at the same time. Over the next few weeks whenever we met at the Parent Centre Sunny and I would greet each other with, "Hi Mom!", and we'd share a laugh.

² The use of single quotation marks (') indicates an indirect quote, usually derived from field notes rather than recorded on audio tape.

At the first organized group research session in August, Sunny contributed a great many stories, insights and concerns. I was impressed with how articulate she was, how clearly she expressed the issues and her ideas on causes and solutions. I was hoping she would volunteer, and was relieved when she approached me after the session .

Sunny too was a single mother, although her family was much larger than Tina's. Sunny, who was only 25 years old at the time of the research (August through October 1990) had four children; Kerry - a seven year-old boy, Devon - a four year-old girl, Brenda - a 2 year-old girl, and baby Courtney, who was one to four months old. Courtney's father, 19 year-old Kevin, also lived with them, although it was over a month before Sunny volunteered this information as his permanent presence in her house jeopardized her income from provincial Family Benefits. During the research, Sunny had also rented out her basement to two male friends, supposedly just for a few weeks until they had their apartment painted. They ended up staying for over three months, and therefore contributed to the household membership throughout the research. Their presence was also illegal according to Family Benefits policy. Thus, in Sunny's household there were a total of eight people living in a small four bedroom townhouse within the city's largest and most ghettoized public housing project.

Sunny grew up in a rural area of the province, hers was the only black family in the small village. Sunny spoke of racial discrimination throughout her schooling, and her family's fight with the administration. Eventually her parents' marriage ended, and Sunny moved to the city along with her mother and sister with whom she remains very close. At the age of 17, Sunny became pregnant and dropped out of grade 11 to have her baby. A few years later she married and had two more children. The marriage lasted only a short time - her husband was an alcoholic who 'drank away all of their money'. Sunny talked vividly about their creditors coming to repossess their wedding furniture. She readily admits her marriage was a big mistake, and how she was much poorer after the divorce than before the marriage. Sunny also readily admits the conception of her fourth child was

a mistake, a stupid one - she 'knew better', and Sunny had planned to give the baby up for adoption for the first seven months of her pregnancy. Her decision to keep her was based on the thought that, 'four can't be much harder than three'.

Sunny's primary source of income over the past three and one half years was provincial Family Benefits. She had worked occasionally during that period, often babysitting to supplement her income and for one brief period 'was doing good, and I got myself off welfare' after securing a full-time job as a driver for a local courier company. She spoke positively of this time when she really enjoyed the freedom of the job and the security that came with supporting herself, even though her income was not substantially more than her assistance; approximately \$1200 per month after work-related expenses and child care. Sunny lost her job after leaving her boyfriend who, while caring for her children, had beaten the then 18 month-old Devon. Since Sunny had no credit rating, she had purchased her car in his name. When she left her boyfriend, she lost her car and her job. One year prior to the research, Sunny had returned to high school full-time. She was lucky enough to find spaces in subsidized daycare for her two preschoolers, and Kerry was able to be placed in a lunch-time/ after school program. She worked very hard for a term, but with studying, taking care of the house and spending time with the children she found herself running on only three to four hours of sleep per night. When her daughter was sick, Sunny had to miss three weeks of school and found it very difficult to catch up. Shortly thereafter, she discovered she was pregnant - again, and had to drop out of high school - again. At the time of the research, she was taking academic upgrading at the Parent Centre.

Sunny's assistance for herself and four children was \$903 per month. Although she was entitled to child support, she never received any (although this would not increase her total income as maintenance payments are deducted from assistance cheques). Her only other source of income was Family Allowance of \$132 per month. Thus, her total monthly income was \$1035, or \$12,420 per annum. This is approximately 53% below the poverty line of \$26,324 for a family of five. Kevin's contributions brighten the picture somewhat.

Although he was unemployed for one month during the research, he had secured a full-time job at a car dealership paying \$5 per hour during the second month of study, and was still working there as late as July of 1991, my last contact with him. This additional monthly income of \$860, or \$10,320 per annum brings their total annual family income to \$22,740, approximately 20% below the poverty line for a family of six. Sunny, like Tina, also lives in subsidized housing. Her rent is only \$189/month; utilities approximately \$65/month. Total shelter costs for her family of six are therefore only 13% of their total monthly income, leaving them in a relatively good financial position with Kevin's contributions. Because they were only temporary guests, and because their contributions to the household finances were limited to counteracting additional expenses such as food and electricity, I will not include Sunny's friends as an integral part of the household for the purpose of this study.

Sunny's situation was a major improvement from only a few months previous. Wanting to bring her children up in a middle class neighbourhood, Sunny was paying \$575 per month for rent. At that time, her monthly income for her family of four was only \$764. Sunny made ends meet by babysitting a child in her home for \$75 per week. She did not report her babysitting income as any income over \$200 per month would be deducted from her Family Benefits cheque, and even with keeping all of her "under the table" earnings, her housing costs were in excess of 53% of her income.

The research period spanned more than one month in Sunny's case; she found it difficult to meet with me on a regular basis with the presence of her house guests. Her daughter, Devon, was also proving difficult. Sunny talked of her as having behaviour problems since being beaten. After the research period had ended, Sunny put Devon in temporary foster care, unable to deal with her on her own. She has since returned home on a full-time basis.

I continue to keep in regular contact with Sunny, and she has gone through many changes since the research. She no longer sees Kevin, but is dating a new man. They both

are active leaders in guiding/scouting. When Sunny told me of her new relationship, I said, 'Just remember the girl guide motto'. She laughed, 'Be prepared! Don't worry sweetheart, I am!'. Sunny's biggest news, however, is that she was accepted to university as a part-time mature student, and is studying towards a BA. She intends to become a social worker.

4.3.3. April's Family

April was one of the first women I met at the Parent Centre. She differed from Tina and Sunny in that she was no longer a recipient of the services offered at the house, but a volunteer. Later (September 1990), as I have described in Chapter Three, she would become a full-time staff member, being paid by her insurance company to retrain in the area of child care and social services. I asked April to participate because of her unique situation, and because of her previous experience as a single mother in receipt of social assistance. April's case would provide an example of what was possible after welfare. I studied April's family for an extended period of time primarily due to her hospitality and willingness to share her experiences, and due to her changing family situation.

At the time of the research (September to November, 1990), April was a 32 year-old mother of two - Bobby and Jillian, who were eight and seven years old respectively. She was also godmother to the baby daughter (born October 1990) of one of the women's group participants, and she frequently cared for the baby in her home for weekends or other extended periods of time. Just prior to the research period, April had been a foster parent to two other children. April was living in a common-law relationship with Jim, a 25 year-old helicopter pilot in the air force. Functionally, April was a single mother at this time, as Jim was stationed in the Persian Gulf. He returned home just prior to the outbreak of war, and I did get to meet him and study their family as a whole in January and February of 1991.

April's experiences read like an encyclopedia of social disadvantage. She grew up in a poor family in a rural area of the province, and left school after grade 10 to find work, as was the norm in that community. She worked in a variety of low-paying jobs until she

married a military man, and shortly thereafter had her two children. April was a battered wife but did eventually break free from the marriage, only to find herself as a single mother on welfare. Determined not to let her disadvantage break her, she regularly attended social services sponsored programs (prior to the opening of the Parent Centre). Having completed most of the programs offered, including Homemaker training, she began to volunteer. She then retrained to be a truck driver. During the retraining period some administrative confusion on the part of her case worker led to a provincial Family Benefits overpayment, the repayment of which she continues to fight. After having successfully completed her retraining, securing a job as a trucker and freeing herself of dependence on social assistance, April was involved in a car accident on her way to work which would cause damage to her back so extensive that she would no longer be able to work in the trucking industry. As the accident did not occur on the job, she was not eligible for workers' compensation. April therefore drew unemployment insurance benefits for a short time prior to her retraining at the Parent Centre.

April's income at the time of study was substantially higher than those of other study participants. She received \$602/ month from the insurance company for her wages plus \$544/ month to offset child care, transportation and meal expenses. April also received \$250/ month child support, and \$66 monthly family allowance. April's monthly income alone would therefore total \$1462, or \$17,544 per annum. If she were to support herself and her children on her income alone, they would be living at approximately 16% below the poverty line of \$20,925 for a family of three. Jim's gross annual income of just under \$38,000 put them in a relatively affluent position, slightly above the average Nova Scotian income for a family of four of \$52,527 (National Council on Welfare, 1992a). While Jim was serving in the Persian Gulf, April received a monthly allotment of \$1100 from Jim, giving her a total of \$2562 with which to pay all expenses excluding rent which was automatically deducted from Jim's cheque. April's family also benefitted from military subsidized housing; their rent was only \$345/ month, total shelter costs only \$475 per

month. Because of her relatively secure financial position, April has become the primary spokesperson for a grassroots anti-poverty group she joined during her time at the Centre. She has spoken publicly and received media attention on issues such as maintenance orders, social assistance rates /policies, and food banks.

April and I continue to maintain close contact. Since completion of the research April has finished retraining, and she has been successful in obtaining a permanent position with the city as a Home Care Assistant. At her request, I wrote a letter of reference to assist her in securing the job. Unfortunately, this position now seems less than “permanent” - during the City’s 1992 budget deliberations, all similar positions were proposed to be eliminated. Public pressure saved the positions, for one year. The future of the position and April’s steady employment income is dependent upon the City’s economic recovery. She and Jim moved off the military base and purchased half a duplex in a middle class residential area of the city. Approximately six months after the move, they parted company. April and her children continue to live in the duplex, without Jim’s financial contributions. For April, the financial security of her future is tenuous.

4.3.4. Bessie’s Family

Bessie’s involvement in both the group and individual components of the research came later than the others. Although Bessie was a regular participant at the Parent Centre, and by the Fall of 1990 was hired as staff on a “Fresh Start” grant, primarily to share her skills in making crafts and baking, she never remained after the guest speaker on Thursday mornings to participate in the research. At one point at the end of September we were sitting next to each other and chatting during a seminar given by the city’s nutritionist, the week’s guest speaker. After the nutritionist had left I announced that for anyone who was interested, I would be staying to continue our group sessions regarding food and nutrition. Bessie got up to leave and waved good-bye. ‘You never stay’, I commented. ‘No offence’, she replied, ‘but I see the nutritionist every two weeks (for weight control) and I go to Weight Watchers - I talk enough about nutrition!’ She did leave that day, but less than one

month later she participated in the group's grocery store pricing comparison and upon hearing the results, volunteered for the study and dove enthusiastically into the group's projects.

In many ways, Bessie's family resembled the stereotypical dream family; a husband and stay-at-home wife, two children (boy and girl), and two cats. At the time of the study (October 1990-March 1991), Bessie was 35 years old, her husband John was 38, and the children Brock and Susie were five and three respectively. For a short while at the beginning of the research period, Bessie and John had also opened their home to a foster child - a 15 year-old girl who had previously done some babysitting for them. Unbeknownst to them, Sandra had been pregnant when she came to live with them, and a few weeks later when they learned of her condition they decided she would be better off in a home for unwed mothers.

Both Bessie and John had graduated from high school in their teens. Bessie had secretarial training, and until her first pregnancy, had worked as a secretary in a local hospital. John's employment history had not been quite so stable. He had worked at a variety of non-skilled jobs including stints as a doorman and a bouncer. Over the past few years he had found work harder and harder to come by, and with Bessie at home with the children and John's unemployment benefits drying up, they found themselves in need of social assistance. John took advantage of aptitude testing and retraining programs available through social services, and at the time of the research was studying full-time at the local community college to be a certified nursing assistant.

The total monthly income for Bessie's family was \$1056. John received a training allowance of \$602 from a federal program called Canada Job Strategy of which all but 20% or \$120 (an incentive for John's participation in retraining) was deducted from their municipal social assistance allowance of \$804. The balance of their monthly income came from Family Allowance (\$66) and Bessie's Fresh Start grant (\$60). Their annual income of \$12,600 was approximately 47% below the poverty line of \$24,094 for a family of four.

They too had the benefit of public housing, and lived in the same large, ghetto-like public housing project as Sunny. With a monthly rent payment of only \$222 and utilities of \$50, their total monthly shelter cost was \$272, or 26% of their income.

The indepth study of Bessie's family was extended over a five month period for a variety of reasons. The first was totally my responsibility. Less than one week into the study, I found myself unexpectedly calling Bessie to cancel our scheduled second interview from the maternity hospital. Between the arrival of a new baby and the holiday season, we suspended the study for a two month period. Once we resumed the study in January, Sandra had left the family. We spread several interviews and observation periods over a two month period, primarily because of continued interest in participation.

I still maintain regular contact with Bessie. She continues to work at the Parent Centre on a Fresh Start grant. Brock started school in the fall of 1991, and Susie started in 1992. With both children in school, Bessie has worked in temporary positions and plans to study retail management. John graduated from nursing in June of 1991, and passed his registration exams one month later. He actively sought work from the day of his certification, but with cutbacks in government spending, positions at hospitals and public health units were frozen. In November of 1991 he started working as a private duty nurse, although the availability of work has been very sporadic.

4.3.5. Janice's Family

Janice, like Bessie, joined the study late. She had not participated in any group sessions prior to the discussion of the grocery store comparison pricing results, but readily volunteered along with Bessie (her next door neighbour) once I announced I was looking for a family with teenagers.

At the time of the research (October 1990-March 1991) Janice was 32 years old. Her three children, Ian, Marjorie, and Dorothy were 15, 13 and 12 respectively. All three of the children went to the same junior high school within walking distance of their home in the "square". Her husband Paul, who had completed grade eight in school and upgraded to

grade 10, was 40 years of age. This was a second marriage for both of them, and Paul had legally adopted all three of Janice's children.

Both Janice and Paul had worked in a variety of jobs over the years, Janice usually on a part-time basis. At the time of the study Janice was working part-time as a van driver and leader at the recreation centre in the housing project within which they lived. Her hours varied, but had been gradually increasing since she started the job. Paul was not working at the time of the research, although he was actively pursuing retraining programs with the department of social services. He was frequently being disappointed, as many of the programs he was interested in (early childhood education for example) required a high school diploma for entry. He did know he did not want to return to manual labour in industry, he found these jobs too stressful, and he suffered from an ulcer as a result. Paul had been injured in workplace accidents in the past, and had witnessed the accidental death of a coworker. It was after this incident that he quit his job and drew unemployment insurance. His benefits were so low that they received a supplement from municipal social assistance. Municipal social assistance continues to be their primary source of income, although their case worker was urging Paul to apply for disability pension. Hopeful he would someday return to work, Paul opted to continue on social assistance. In 1991, he began receiving disability benefits.

The monthly budgeted social assistance income for Janice's family at the time of the research was \$915. Janice's monthly income from employment averaged \$430. All but 20% of this (employment incentive) was deducted from their social assistance cheques. An additional \$100 was received from family allowance. Thus, their total monthly income at the time of the study was \$1101, or \$13,212 per annum. This put their income at approximately 50% below the poverty line of \$26,324 for a family of five. Living in public housing was a help, their total monthly shelter costs were only \$300, or 27 % of their total income.

At the time of the research, Paul was Vice President of their tenant's association. This coupled with Janice's job as the van driver increased both of their participation in the group component of the study. Janice would transport women from the housing project to and from the Centre and meetings, while Paul would relay the group's progress and concerns to the tenants, thus increasing the reach of our efforts.

My last contact with Janice and her family was in June of 1991. For a short time, after the indepth study of their family had ended, Paul was hired on a Fresh Start grant to do household maintenance at the Parent Centre. After only one month, he injured his knee at a party, and was unable to continue. In June, Janice had told me about problems with drugs in their neighbourhood, very close to their home. Perhaps because of worries for their teenagers, they moved from the housing project to an outlying area of the city over the summer months. Janice continued with her employment at the project.

4.4. Summary

It is important to recognize that the members of the women's group and the individual families studied represented a wide range of low-income situations and perspectives; poverty has many faces and thankfully, is not always a permanent phenomenon. The reader should be cautioned not to underestimate the difficulties faced by the disadvantaged however, as many of the research participants could be considered to be relatively advantaged in that they all were benefactors of the services offered by the Parent Centre, and many had woeful financial situations improved immensely by the availability of subsidized housing. Rather than look at their relative advantage as a weakness of the research, it points to possibilities for improving the quality of these people's lives. In addition, it highlights the strength of many of these participants; they are survivors - struggling through very difficult situations and still managing. But in an affluent nation such as Canada surviving is not enough. Through the next four chapters I will explore how

social and institutional apparati are constructing these women's lives. Through this analysis it will become possible to envision what changes in the social structure are required to reduce inequities. The final chapter will place the inquiry in the context of emancipatory education and its progress in initiating social change for the participants and many others.

5.0. The Household Work of Feeding the Family

Eating is an activity which is both simple and complex. It is simple in that we do it regularly, usually several times a day, often without much thought (or so it appears to us at first glance). It is complex nutritionally; nutrition recommendations extol the virtues of consuming specified quantities of over 50 nutrients necessary to meet a body's physiological and biochemical nutrient needs. Eating is also a complex social activity. We eat for many reasons totally unrelated to our physiological needs. We follow cultural rituals, we eat for pleasure, we organize social activities around food and drink. Yet, because many of these social reasons for eating are so much a part of our everyday routine, they acquire an air of taken-for-grantedness.

In this chapter, I begin my explication of eating as embedded within social and institutional constructs by examining the simplicities and complexities of the household work of feeding the family with the constraint of limited financial resources. At first, I thought this chapter would be a simple one to write. With over 300 pages of interview transcripts alone I have more than enough detail to provide a vivid description of the everyday experiences of the families that I studied. The women (and to a lesser extent, their families) found it quite easy to talk about what they do and what happens daily in their homes. Their practical knowledge of their work was evident in their eloquent speech and in the ease with which they proceeded with their work. I am sure there were many times when they wondered what value I would ever find in their apparently mundane talk of routines and my observations of the contents of their kitchen cupboards; I admit there were instances when I wondered where it would all lead me! But as I pored over the transcripts and field notes, the complexity of their work (and my work in writing) became increasingly evident. I finally began to understand the meaning of the everyday experiences as an entry point to broader social relations. Relations of class and gender, among many others,

became amazingly clear. Figure 5.1., A heuristic depicting eating as embedded within social constructs, situates the current “layer” of analysis.

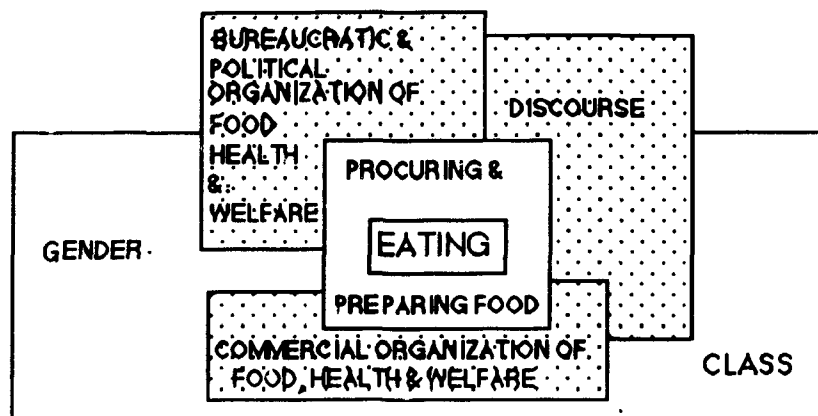


Figure 5.1. A heuristic depicting eating as embedded within social constructs.

For organizational purposes, this chapter is divided into three sections, each section dealing with a “phase” in the work of feeding a family. All of these phases (eating, planning/preparing food, and procuring food) are interdependent. One does not prepare food without planning, even if planning consists only of a cursory look in the refrigerator to see what is available. Food must be acquired and prepared before it can be eaten, and if a food that was purchased is not eaten, it is less likely that it will be purchased again. As well as being interdependent, each phase relies on two major strategies to simplify the complex work: routines and a household division of labour. I will elaborate upon these strategies separately in relevant sections.

5.1. Eating

Although it may be typical of what nutritionists usually do, it was not my intent in this research to estimate quantitatively the nutrient intakes of the participants. Of course, my nutritionist background made me curious, and what participants ate was of concern as

inequities in nutritional health are likely to be tied to nutrient intake. My methods were inappropriate for such a specific determination. However, in a very general way I compared the nutrient intake of research participants to findings of recent quantitative surveys. More important, given the purposes of this inquiry, I examined eating within the context of the work associated with feeding the family.

In terms of the types of food these families consumed, there was nothing particularly unusual or different from what I was accustomed to, growing up in a working class household. Differences lay in the lack of security of sometimes not knowing where the next meal was coming from or in the ways in which food was obtained (see sections 5.2 and 5.3). With respect to dietary quality, these families' usual diets appeared higher in fat than current recommendations, owing to their use of less expensive, high fat meats. Considering that the Nova Scotia Nutrition Survey found the majority (80%) of Nova Scotians consume fat in excess of current recommendations (NSHHP, NSDOH, HWC, 1993), this observation is not particularly surprising or damning of the low socioeconomic group. A lower than recommended intake of fruits and vegetables was also observed in many (but by no means all) of the families studied. Again this was not surprising, considering the expense of fresh produce at certain times throughout the year in this province. As will become evident in the section on procuring food (5.3), many of these families had found innovative ways for purchasing produce at a reduced cost. Contrary to popular discourse on food and poverty, nutrition was a concern in planning and preparing meals. I discuss this in detail in section 5.2.4.

With respect to patterns of eating, all of the children in the participants' families generally ate three meals each day plus snacks. However, some of the adults "chose" to skip particular meals - a finding which is discussed in more detail in section 5.2.5.3 and which had implications for a compromised nutritional status of adults at the expense of their children. Usually, the evening meal was spent together as a family. Other meals were consumed away from home, at day-care or work for example, or consumed at home in a

more hurried fashion. A great deal of the work involved with feeding the family revolved around making the evening meal a social occasion, as the following quotes illustrate:

Sunny: I used to have supper at 5:00 but now that Rescue Rangers is on TV, the kids want to watch that. And I don't like them to eat in the living room. OK, I mean, if we are having pizza or something like that, we'll all just get together, kind of like make it like a picnic thing you know. I break the rules yea. But for most meal times, I like to sit at the table and sit around and find out how you know how Devon is feeling, or like Kerry went to, I don't know where he went, all I know is that they [the school] took him to [another city] but I mean sometimes I want to know what they had for lunch, what they had for snack. Brenda will bring home pictures and stuff like she did (IS1)¹.

April: We sit, we eat and talk, ... discussing what did happen during the day, that's the time we do it (IA1).

Bessie: I try to get them sitting altogether, OK. About the time that supper's ready there's cartoons on the TV, they would rather sit there and watch Ninja Turtles and eat, than set at the table and eat. And John doesn't seem to want to push the item either. He says, "if they want to sit in there, let them sit." And he doesn't, I tried a few times to enforce sitting at the table meals at supper so we can be a family type of thing the way I was brought up, and he says, "Look, that's really not necessary, we're a family, we have our closeness, we don't need to sit at the table to be with each other". He really doesn't care. *If the kids will eat in front the TV and won't eat in the*

¹ The bracketed code which follows each direct quotation indicates the interview from which it was excerpted. "I" indicates an individual interview, "G" indicates a group interview. The initial following "I" indicates the family. (For example, "S" indicates Sunny's family.) The number indicates the number of the interview. For example, "1" indicates the first interview with that family or group.

kitchen. . . Yeah, if they are going to eat, they will eat there. I will usually eat at the table . . . Often we will sit here ourselves and eat, and I can catch up on some of his stuff (IB1).

The evening meal is therefore much more than a time to consume 30-50% of the daily nutrient requirements; it is a time to get together with the family and talk, to catch up on the day's events. This is somewhat more difficult with finicky preschoolers in the house, as Bessie's example illustrates, but in her household, mealtimes are still a social event for her and her husband. Even in Tina's small family, she tried to prepare similar foods for herself and her toddler, although modified in texture somewhat for him, so that they could eat together as a family.

Making a meal a social event does not just happen, but involves a great deal of planning. Meals must be ready on time to accommodate family members' schedules. The food that is prepared must be acceptable to all to avoid turning the kitchen table into a battleground over likes and dislikes. Since planning and preparing meals are so central to the success of meals as an occasion, these aspects of the work of feeding the family deserve deeper consideration.

5.2. Planning and Preparing Meals

5.2.1. Planning as "Invisible" Work

The work of planning meals is very much "invisible", not only to an observer, but sometimes even to the planner. Oftentimes, the women talked about planning meals as something that was done well in advance of the meal, while sitting down with a pencil and paper; to plan something in their heads was not considered real planning. For example, when I asked the women's group if they planned their meals, I received varied responses. The most negative was from Valerie, "Never. I open the fridge and I look and I say 'Geez I

might like that” (G3). What Valerie didn’t seem to appreciate was that what was in her fridge was there as the result of some, however informal, planning, probably as a result of routinized shopping practices. She also talks about “likes”: thus, in the simple act of checking for something which suits her fancy she is taking preferences into account in her “plan”. Others, like April, do consciously make plans, but hadn’t really thought of it as planning until I questioned her about her regular practice of checking newspapers for specials, which as Devault (1991) has pointed out looks to the uninterested observer as simply relaxing with the paper.

My meals aren’t planned weekly, I do it on, when I look at the paper, I buy everything only when it’s on sale, unless I absolutely need it. And I know what’s in my deep freeze and I know what’s in my cupboards, that’s how I plan my meal (IA1).

In this quote, April talks about “knowing” what she has on hand as essential to her meal planning. This is one example of the vast practical knowledge that these women have and draw upon regularly. April keeps a running tally of her supplies and uses this knowledge as a resource in her informal planning. As it is seldom written down or reflected upon, but just “done”, this work of monitoring supplies and planning meals is not immediately evident.

So although all of the women appear to have some informal system for planning meals, others find it easier to systematize their planning. As Dominique said, “But I find if you sit down and plan your meals out then it’s easier” (G3). Obviously, it is not the planning itself that is made easier through this task, but the work of preparing meals. Bessie explained vividly the benefits of maintaining a planning system:

I used to write a menu on my calendar everyday, which I think I’m going to be starting again. I think I’ll start doing that because I find it easier to plan my meals, and I find I get a bigger variety of meals because I find, well like

really, like you have hamburg in there, and you say, "Hamburg, what am I going to do with this?". But if it is on the calender for that meal, you'll make the sloppy joes or the swedish meatballs or the hamburger patties or the salisbury steak or whatever you were going to make. When I do that I find I don't, I may have, some meals I'll have twice and some meals I'll have only once a month. . . .It made it easier for me to buy the groceries, it really did. I didn't have to guess what kind of meats to pick up, I knew what to pick up, how much to pick up (IB1).

Although Bessie recognized the advantages of advanced planning, she also found it to be a time consuming task which she found difficult to maintain as she took on additional duties outside of the home. Throughout the duration of the study, she and most of the other women took more of an *ad hoc* approach to meal planning. Janice provides us with an example of planning in advance as necessary, in this case, to accommodate scheduled activities of family members:

Most of the time when I'm home I'd say, "what am I going to have for supper?" you know, but on nights like this you know, where Paul's gonna have to be gone by 6:30, if there's something to do shortly after supper like around 6 or 6:30, then I'll have something planned before I come home. I know I don't have a lot of time to sit and wonder, "what are we going to have for supper tonight?" I try to plan it you know, it just always works out that way (IJ1).

So planning happens - regardless of whether it is a plan made just before preparation begins or whether it is made in advance. Advanced planning lessens the work load at the time of meal preparation, but the planning itself is work nonetheless.

5.2.2. The Household Division of Labour

For the families in this study, the work of meal planning and preparation was predominantly the work of women, signifying a gendered division of labour within the household. This finding is consistent with previous quantitative (Schafer & Schafer, 1989) and qualitative (Charles & Kerr, 1988; Devault, 1991) studies of food and gender roles. In part, this division was necessary as single parent women-led households comprised the majority of households studied. Yet, among dual “parent” households, I am aware of only two in which food preparation was the primary responsibility of men². One of these households, April’s, was a military household. Because of her partner’s extended absences associated with his work, there were times throughout the year that April held sole responsibility for food preparation. In another of the individual households studied, Janice held primary responsibility for meal preparation even though she was employed outside the home while her husband was not.

When I questioned people about their roles in food preparation, they (or their partners) were quick to justify the work as something they liked to do, as evidenced in the following quotes:

April: He [her partner, Jim] likes to cook. If he’s home earlier than me he makes it, or I just walk in and say, “I don’t feel like cooking” and he’ll cook (IA1).

Jim: Yea, I really like to cook, but I’ve been off for 30 days and I’m getting sick of doing the same thing over and over again (IA4).

² My awareness of the division of labour within households studied via the group versus individually was limited. The possibility therefore exists that there were more than two.

Bessie: I am a cookbook freak. I go in the store and look at cookbooks and dishes, my husband looks at science fiction and fiction. [Laughter] I do love to cook and I do have the cookbooks to do what I want to do with (IB1).

Janice: But I've always enjoyed, you know, cooking. Sometimes I complain about it, and say, "Oh God, why does a person have to eat and why do I have to do this?", but I really enjoy it, especially if I make something up and it goes over quite well, it's nice (IJ1).

In all four of these quotes, the word "cook" is key. Cooking is something that many of these women (and men) enjoyed. As Gussow (1986) has argued, cooking is one of the more popular household tasks, perhaps because it provides an outlet for creativity as Bessie's quote suggested; or as Janice's quote implied, because it is gratifying to have your labours recognized and appreciated by your family. Cooking is, however, only one component of food preparation. Food preparation also includes somewhat mundane tasks like washing vegetables and cleaning up afterwards. No one spoke of enjoying these tasks. Janice's and Jim's quotes, for example, suggest that there are aspects to food preparation that they do not enjoy and that even the "everydayness" of cooking becomes less enjoyable with time.

The tedium of meal preparation was accentuated when the women were employed in domestic positions in other people's homes, as some of these women were. Dominique described spending an hour at her employer's cutting up vegetables and putting them in the oven with a pot roast, a meal she could not afford for her family. Then, she went home, prepared fried bologna, potatoes and green beans for her kids (a meal she dislikes), and feeling degraded, cried while she made it.

For many of the women studied there was no alternative to the everydayness (everymealness) of food preparation: if they did not cook, their families did not eat. Yet,

even for those families in which there was a possible alternative - a partner or older children - women retained the primary responsibility for meal preparation. For the most part, they were active participants in creating the gendered division of labour within their households. Janice's quote provides an example of not questioning her role, as well as drawing her daughters but not her son (who has taken home economics in school) into the work of food preparation:

Do you get any help in food preparation from anybody else in the house?

Janice: If I ask them, but I just, you know [laughing], they would, you know, every once in awhile the girls will come down and help but, you know like, Friday yea, what did I do on Friday? I came home from work and trying to get supper ready, ... and um, by the time we were sitting down to eat Friday night it was close to seven, and Paul said, "Well why didn't you phone me from work I could've gotten the potatoes ready", so I said, "Well I didn't think about it I guess". *So you probably could have more help than you have ?* Yea, but I just don't ask. You know, I've always just done it, you know. I get in the habit of, well, just coming in at five and starting you know (IJ1).

Later, Janice again talked of teaching her daughters household tasks, this time cleaning up after meals - a task she doesn't enjoy. Because she has set standards for the work and since she doesn't feel others will be able to meet her standards, she convinces herself that she ought to do the dishes:

Janice: and uh I'd keep telling them you know, especially Marjorie and Dorothy, you know, "When are you guys going to start doing this?" It's just the point of sitting down and saying, "Ok, you guys have to do this right?" You know? Sometimes they're kinda slow at it, you know, they stand there for quite awhile doing dishes and I'm thinking, I could have

them done over three times by now! You know, so I guess I just find that I get it done quicker so I may as well do it myself.... Yea. But I don't mind doing it. Like I don't complain about it and say, "Look you guys I just spent 4 1/2 hours at work and made supper, now I've gotta do all the dishes", you know (IJ1).

Making routines and setting standards simplifies the work for the one primarily responsible, but can decrease the opportunities for equalizing the household work among family members.

For families in which another adult or older children were not present to take at least partial responsibility for food preparation, many of the women involved their younger children. By relaxing standards somewhat, the women were able to get a break from some of the routine activities. Sunny described what happened in her house:

I like getting the kids to help when I cook. *Yea? Do they like to do that?*
 Oh love it, they love it. Kerry, I'll make um meatballs, I'll put all the stuff in a bowl and I'll make him, not make him, but, "here you go!", and he'll mix it all up, and then I'll make a ball, like a meatball so he has an idea what size I want them and I'll let him, it helps because when he's doing that I can be peeling vegetables. So it really helps...Kerry likes to do dishes...I let him do the plastics like the tupperware and stuff. He gets kinda pissed off because he wants to do the other but, I won't let him, I don't want it broken. Devon likes to help out with the dishes too. She likes to help out at meal time too. I get Devon to mix stuff you know, or I'll sit her up on the counter and help her to pass me what I need to go into what I'm cooking. She likes to do that (IS1).

Involving children also extends the sociability of meal time beyond the time spent sitting down to eat at the table.

Except for the two households with male cooks, any assistance with meal preparation from other family members was simply “help”. Although men may have made the children peanut butter sandwiches or Kraft Dinner on occasion, it was usually on the direction of women, who still maintained responsibility for ensuring the necessary ingredients and utensils were available. The same was true of related household tasks such as cleaning up. Household harmony and receiving help seemed to be enhanced when there was some appreciation of the work involved in maintaining the home, as Bessie’s quote is illustrative:

John’s not one of these husbands that think, “OK you’re home all day how come the house isn’t clean?”. He says, “You’re home all day, I know what you’ve been doing”. He knows the kids. Like John was off for a year between going to school and the last job he had, he was off for a year. He knows what it is like to be home with the kids. He knows, you constantly pick up after them, you know, it’s a full time job, unless you’re super-organized or try to be super-Mom, which I don’t try to be (IB1).

But no matter how much help the women received, or how harmonized the relationships surrounding household work were, planning meals - deciding what to have and what to buy - was 100% the responsibility of the women studied, even within the households with male cooks. John seemed to think this was a natural division, as evidenced in the following quote:

In a lot of cases, there are a lot of cases mind you that I’ll get up in the morning and the last thing I want to think about in the morning is, “What we are going to have for supper?”. I guess it’s a particular “trait” I guess, I’ll use that term, with women anyway that they’re starting to plan from the

beginning of the day, what they're going to have for lunch and dinner, and I'm not used to that, so the last thing I want to hear in the morning is, "What would you like for supper?" But I generally do hear that, so I'll just say, "Are there any choices?" and if she says, "There is this, this and this, which would you prefer?" and if there is one of the three I really do enjoy more than the other two, then I'll pick that. But if it's a toss up between the three of them, I'll just say, "Whatever you want" (IB4).

Although planning may not be a "natural trait" of women as John seems to imply, his words do suggest that in his experience, planning is a task which has primarily fallen to the responsibility of women, and through the repeated practice of that task, they become quite proficient at it, while he has not. Although he could be interpreted as somewhat patriarchal, he does seem to appreciate that there is tedium in the work involved in planning meals on a daily basis (it is work he would rather not do), and that the work is necessary and does indeed take place. He also brings up an aspect of planning and preparing meals which was of paramount importance to the women in this study: the accommodation of preferences of various family members.

5.2.3. Accommodating Preferences

Accommodating preferences sometimes means asking family members what they would like, as in John's quote. Other times, the women relied on their practical knowledge of what their family members like to eat. For example, when I asked Bessie, who is home with two finicky preschoolers at noon time, about lunches, she immediately listed the foods her children like to eat as examples of usual lunches.

Lunches, lunches normally around here are usually canned spaghetti, spaghettiios, um canned noodles, ABCs, you know what I mean, zoodles and stuff like that, or macaroni and cheese (IB1).

Interestingly enough, when the women talked about accommodating preferences, they rarely talked about their own preferences, but those of their children. There are several possible reasons for this. First, children may be more difficult to please than themselves. It is certainly not uncommon for children to be “fussy” eaters. Thus, the work of planning and preparing meals can become increasingly complicated as the number of children one must feed increases. Sunny describes this problem vividly:

I have taken Kerry aside lately and I’ve said, “Look, I don’t care if you do not like what’s there, but don’t say anything. Sit there and eat out of it what you like and just do that.” Because just as soon as he says, “I don’t like this, I’m not eating it”, Devon says, “I don’t like this and I’m not eating it”, Brenda says, “I don’t like this, I’m not eating this”. But if he doesn’t say anything, they will eat the meal (IS2).

Another possibility is that since women have “control” over the planning process, they do not even consider offering foods that are not acceptable to themselves. This is certainly a viable explanation in those households headed by single mothers, as evidenced in Sunny’s quote: “If I don’t like something, I don’t eat, I shouldn’t make my kids eat something that they don’t like”. April too often talked about taking her kids to restaurants that she liked. However, in dual parent households, accommodating other household members’ preferences appeared to take on a hierarchical order, with the father’s preferences coming first. The following conversation took place between me and members of Janice’s family (Paul is the father; Ian, Dorothy and Marjorie the teenaged children) after Janice had started purchasing whole milk instead of 2% milk at Paul’s request:

Dorothy: I don’t like the kinda milk we have, I only like it if it’s with cereal and it’s all mixed in, I don’t really like that milk.

Kim: *You don’t like the whole milk? Do you like the 2%.*

Dorothy: Yea, the 2%, the black one [the carton is black].

Paul: I never did ask you that either, do you guys like this better than the other milk?

Janice: No, they like the 2%.

Paul: They don't like good milk?

Ian: I like that on my cereal.

Paul: Yea, I find this is better drinkin' milk, that's what I find.

Ian: So do I.

Paul: The guys, hey Ian, we like the good milk.

Janice: There's more fat in it.

Paul: Well it won't hurt us any dear! That's why the girls don't like it, it'll make them fat, hey Marjorie.

Marjorie: Oh!

Paul: I'm only kiddin' ya!

Marjorie: Very funny! (IJ4)

In this example, Paul made the decision to change the type of milk purchased without consulting other family members, and despite Janice's knowledge of the majority preference for 2%, she supported his decision. When Paul learned of the conflict, he was quick to belittle the girls' concerns and to praise his son for his "good taste". Charles and Kerr (1988) found a similar gendered hierarchy in accommodating food preferences in their qualitative research. This example also highlights another consideration which is accommodated in planning and preparing meals, as evidenced by Janice's reference to the fat content of milk - nutritional concerns.

5.2.4. Accommodating Nutritional Concerns

Popular discourse (which will be explored in more detail in Chapter Eight) among health professionals suggests that socially disadvantaged people are hard to "reach" with nutrition and health messages. A common question that is posed is, "Why are they not getting our messages?" Among the women (and some of the men) in this study population,

it was apparent that they did indeed “get” the messages. In the above passage for example, it is apparent that Janice has received the very popular nutritional message urging people to decrease their fat intake by choosing lower fat dairy products. In her meal planning and preparation however, she had other, non-nutritional considerations to make, and in this case, the taste preferences of the male members of her household took priority. Interestingly enough, Janice’s meal planning and preparation did not always give priority to taste over nutrition. Another message that Janice had received, this time from her mother, was the nutritional value of liver. She disliked liver, as did her children, but because she felt it was important, she tried to serve it once each month. (Paul likes liver, and given the apparent priority to his preferences, one wonders if liver would be served at all in their household if he did not.) To accommodate her family’s tastes, she regularly tried a variety of preparation methods, searching for the most acceptable recipe. Despite her efforts, the children still go to great lengths to disguise the taste, as is evident in these passages:

Marjorie: “I pack my liver with ketchup.”

Ian: “We usually have potatoes with liver, and I bury my liver in my potatoes and then I eat it. You can’t really taste the liver with the potato.” (IJ4)

Part of the men’s lack of concern for the nutrition may have been related to their lack of attention to and resulting incomplete understanding of messages; in the milk example Paul seems to think fat is of concern only for people with excess body fat (a misconception), and since both he and his son are quite thin, they need not worry. Apparently, attending to nutritional messages in this household was a gendered task which fell to the responsibility of women. The men were receiving other messages, however. Paul’s teasing of his daughter, Marjorie (who is by no means overweight) highlights his acceptance of the gendered aesthetic ideal prevalent in contemporary society which places value on a thin physique for women.

In other households, incorporating nutritional concerns into meal planning and preparation was less problematic, and frequently “invisible” as work, but simply done as a

part of the daily routine. For example, when I asked Tina about the evening meal for herself and her toddler, she replied very matter-of-factly, “Um, well you know it would probably be something cooked, I try to get vegetables for both of us at supper time” (IT1). By routinizing the incorporation of vegetables into the evening meal, she was using her practical knowledge of the nutritional value of vegetables to monitor the nutritional intake of her family. April has a similar system, although hers is more complex:

My children get their own breakfast in the morning. It’s a routine in our house.... They head downstairs and they know they have to have a bread product, like cereal or toast, they have to have juice and usually their milk is on their cereal. But if they don’t have cereal then they’ll also have milk, so they’ll have an orange instead of a glass of juice. That’s how the morning starts (IA1).

April has taught her children to choose their breakfast according to the food groups of Canada’s Food Guide, a common tool used in nutrition education. By choosing from the breads and cereals group (cereal or toast), milk and milk products group (milk to drink or on cereal), and the fruits and vegetables group (fruit or juice), she can be assured that her children are consuming foods from three of the four food groups at breakfast time, a practice consistent with nutrition education discourse.

Another practice commonly adopted to monitor the family’s nutrient intake was making “rules”. April for example, purchased what she considered to be “junk” food (pop and chips) for treats on the weekend, but would not allow her children to eat these foods during the week. By making the “weekend only” rule, she was practicing moderation, another term common in nutritional discourse. Sunny, aware that her children received a fair amount of their nutritional needs at their evening meal, made the “no after school snack” rule:

When they get home from school, they are always hungry. I don't give them anything because they get a snack at 2:30 at day-care and I figure, for a while there I was giving them an apple or an orange or a couple of carrot sticks or something but then they wouldn't eat their supper. And then, of course, not eating their supper, they were hungry at bedtime. So I stopped giving the kids treats between the time they come home from day-care or school because they don't eat their supper, they pick at it, they don't eat it properly (IS1).

This passage reminded me immediately of parenting discourse, reminiscent of "Don't eat now, it'll spoil your supper". Yet, knowing that snacking together can be a social event, Sunny did make exceptions and again, it was usually on the weekend:

It's funny 'cause I'll bend the rules now and then, like the weekend that just went by, Kevin went down to Tim Horton's [a donut shop] and brought back a snack pack of Timbits [donut "holes"]. Only he did it at the wrong time, suppertime, and I said, "Ah the hell with it". I let them eat the Timbits and about half an hour later they ate their supper, they ate it. So it was alright. I bend the rules every now and then (IS1).

Planning and monitoring nutritional intake becomes a matter of striking a precarious balance between flexibility and rigidity.

5.2.5. Planning and Preparing Meals as Embedded within Class Relations

Thus far, the work of planning and preparing family meals has been portrayed as somewhat "class-less". Yet, all of the work discussed was done within the context of severe budgetary constraints. The ability of these women to accommodate concerns such as individual taste preferences, nutrition, and family members' schedules while so constrained attests to their skill and knowledge. Sunny summed it well: "I think that my problem with

being on social assistance is, being able, it took me a long, long, time to be able to cook dollar saving meals that were nutritious, but tasted good" (G4). Paul too praised Janice's skill in pulling together meals with few resources: "'Cause sometimes it don't look like there's much here but you'd be surprised with what Janice can do with the stuff, you know" (IJ4). But despite their abilities to carry out the work with "apparent" ease, many of them spoke of their disappointment in failing to live up to a "standard" they knew when they were growing up or that that they believe to be society's "middle class" ideal. Sunny explains:

I mean I remember when I was growing up, at suppertime, I always got a dessert, always. I mean it was the traditional thing. You ate your supper you got your dessert. I can't afford to do that. I mean even if Jell-O's only 39 cents or 49 cents or whatever, to spend the money on, I just don't do it (G5).

In Sunny's childhood home, as in many others, a "proper" meal was not complete without dessert. By not living up to the same standard in her household, she perceived herself as falling short, as not providing a proper meal for her children. As Devault (1991) found with the women she interviewed from lower income groups, the standards set by tradition or professionals or the media suggest to the women that they are in some way inadequate for their failure to live up to them. Yet far from inadequate, these women had honed their budgetary planning strategies sharply.

Budgeting for groceries was generally a two-stage process. First, their total income had to be distributed among fixed expenses such as rent, heat, and electricity; and variable expenses such as clothing, medications and food. Usually, routinized practices were adopted for paying bills, such as paying all fixed expenses immediately following a pay, or using particular pays to cover particular expenses. By adopting such routines, fixed expenses were almost always paid on time, and the families gained confidence in their

abilities to meet these expenses. To others, the work of planning a budget was more visible, as in Sunny's case:

I have a budget book, ...I buy a budget book every year, ...and every month I put down my income, what I bring in and how much I have to spend out, what I have left over, and um I try to make like ... (IS1).

Once the distribution of income was decided upon, with the money available for food purchases, a variety of strategies for making choices within that allowance were adopted.

5.2.5.1. Food within the context of the household budget. In all of the families studied except April's, whose financial status was much more secure than the others, the greatest difficulty was encountered at the first stage - distributing income among groups of expenditures. Budgetary problems were predominantly related to other, less flexible expenses being paid for out of money which ideally would have been earmarked for food. This finding is consistent with Campbell & Desjardins' (1989). In most cases, this was related to unrealistically low welfare allowances, which I will discuss in more detail in Chapter Seven. The overall impact, however, was one of simply not having enough money for food. The following passage by Paul illustrates:

I still feel that it's not enough, you know, maybe that's just the way I see it down on paper, when they allow you \$40 for lights you know, for a month, so that's only 80 every two months and ours is 170, sometimes 180, so, but yea, we can stretch it now I guess, we do it. What can we do?
(IJ4)

Paul describes a \$50 /month deficit in his welfare cheque because of unrealistically low allowances for electricity. Because of this deficit, and since they cannot risk the consequences (power disconnection) of not paying the bill, they must "stretch" the remainder of their income. More often than not, it is the food allowance that suffers.

For those research participants fortunate enough to live in subsidized housing, fixed expenses, particularly rent, were less likely to exceed allowances and erode food money. Variable expenses did place stress on the money available to purchase food, as Sunny explains:

You know like, food is not a big giant problem for me OK. Like I mean it's more, everything else is a big problem. You know like with school coming up, I have to take that hundred and some dollars out of my grocery money [for school supplies] (IS1).

At times, variable expenses were expected, and as such, advanced planning could ease the stress. One prime example that we spent a great deal of time discussing was birthdays. Witness Bessie's comments:

I mean what happens when you have a child's birthday that month and you've gotta, and that is important, I mean you'd feel pretty shitty if you couldn't give your child a birthday cake and at least one gift. I mean that's outa your food budget (G12).

The women talked a great deal of planning money-saving strategies for birthdays, such as combining two children's birthday parties into one, taking children to McDonald's for a party in the middle of the afternoon when they're least hungry, and where they could buy the least expensive Ninja Turtle birthday cake. Some of the women actually turned their cooking skills into marketable ones to deal with such variable expenses. Bessie and Barbara both decorated cakes, which not only helped them to make their children's birthdays less expensive, but by selling their cakes at a price much lower than grocery or specialty stores, they were able to counteract some of their own variable expenses and provide a "break" for their friends and neighbours' children's birthdays and special occasions.

However, variable expenses were frequently unexpected, such as an illness requiring medications not budgeted for or not covered by welfare allowances. Even a cut or

scrape could pose difficulties, as is evident in Tina's description of the contents of her medicine cabinet: "I don't have Band-aids. Tylenol that my mother gave me after he was born [laughs]. Not even Band-aids." (IT2) A \$60 prescription almost always necessitated a trip to the food bank. At times, the best laid plans were sabotaged by unforeseen disasters. April, for example, lost \$1200 worth of food that she had purchased in bulk on sale when a power outage and a faulty restart switch on her deep freeze combined to cause a food spoilage incident that not only cost her family their emergency food supply, but caused several bouts with food poisoning before the problem was discovered.

Once non-grocery expenses were taken care of, the work of planning the remaining grocery budget began. For most, the grocery budget included more than food, but anything that could be purchased at the grocery store, such as cleaning supplies, personal hygiene products and diapers. Here too, even within the "grocery" budget, food money was eroded by competing needs, often again because of unrealistic welfare allowances (Chapter Seven). Sunny explains:

They give you a certain amount of money that you are supposed to spend on food, period. And then they give you maybe \$30 for miscellaneous, you cannot get laundry, you can't get all your toiletries, your household cleaners, your you know like, personal things that you need for your kids and stuff out of 30 bucks. I don't care if you've only got two kids, you can't do it. Like I mean you can't do it (G5).

For some, competing "needs" appeared to be less essential. In particular, I am referring to tobacco. There were four smokers in three of the five individual households I studied, and tobacco expenditures ranged from \$65-80/month. I admit this was very difficult for me, as a non-smoker and a health professional, to understand the justification of such a large expenditure on cigarettes which I knew to be dangerous, and perceived to be frivolous. But they too found it difficult to justify, as Sunny's passage illustrates:

I go through \$80 of cigarettes a month. That's a lot of money. I mean, I feel kind of guilty because it's \$80 that could be going some place else but when I don't have my cigarette, Oh, Oh, I'm bitchy! When I go and buy clothes for myself, nine times out of ten I go to the Salvation Army (IS1).

Sunny tries to justify her tobacco expenditures by cutting back in other areas, such as clothing for herself. I also observed that smoking was frequently a substitution for food for Sunny and other female smokers. A coffee and a cigarette would take the place of breakfast, lunch, daytime snacks and desserts. This practice could be interpreted as a quest for thinness; cigarette advertisements are notorious for targeting women and portraying young women smokers as thin and sexy. Within the context of this study however, it could also be interpreted as a justificatory money-saving strategy. Sunny also often spoke of the pleasure she gained from smoking, and how it was a pleasure among few. She also talked of her ability to handle stress better, in a life with many stresses. In the above quote, Sunny's self-described "bitchiness" reflects a symptom of nicotine withdrawal, and attests to the addictive nature of the habit and the difficulties of trying to quit. Janice and I talked about quitting:

Janice:... but, you know, we're hoping that it won't be too much longer before there won't be any more tobacco.

Kim: *Are you doing anything special to try to quit or...?*

Janice: No, just trying to cut down, you know, like cut out a cigarette here or you know, you know the, instead of enjoying cigarette after cigarette, the after supper cigarette is a little later on instead of right after supper with coffee, you know things like that.

Kim: *What made you decide you were going to quit?*

Janice: Actually we've been thinking about it for quite a while, you know and its...

Kim: *Is it health or is it money or...?*

Janice: Well I know everyone says the main reason should be your health, it is to a point but, it is, like it really is getting expensive to buy it you know. You know when it comes down to it with the groceries on my pay and the tobacco, we'll just have to look at it like we're taking out of the grocery money to buy tobacco right? (IJ1)

Janice and Sunny and the other smokers were well aware of both the health and financial risks of smoking. However, they found it difficult to break free of an addictive habit often acquired long before they found themselves in financial difficulty. To justify their expenditures, they made budgetary concessions, frequently, by denying themselves food.

5.2.5.2. The food budget. Planning food purchases, like other aspects of planning, was sometimes “invisible” and sometimes more apparent. The grocery list, considered within professional discourse as symbolic of good planning, was infrequently made by the study participants. After observing almost empty cupboards and refrigerators just prior to receipt of a cheque, I admit I thought it was foolish and insulting to tell someone to make a list who obviously needs “everything”. Oftentimes however, they would list those items considered essential so they would not be forgotten, but generally relied on their practical knowledge of what comprised a routine shopping order. Tina spoke of lists as something she thought she should make, but went on to explain her usual “system” for making food purchases:

I'm gonna make a list. I don't always but I'm gonna make a list. I'm gonna try to plan different things to make like you know? But I try to buy the things that, like I wouldn't buy, let's say a steak or meat, a small steak like for one supper and that's it, it's gone. I'm more into making things that last like, you know, like two meals or, like I make a stew and... (IT3).

Many of the participants had a remarkable knowledge of prices. The following quote from Lana illustrates: “Hygrade is the cheapest because usually it's only around \$1 or

98 cents, not too far over a dollar.” (G6) This finding is consistent with Devault’s (1991), who found women from low income families spoke much more frequently of price than women from middle and upper income households. Such a knowledge of usual prices apparently assisted them in planning purchases and keeping them within their budget. Again, Lana described a decision she would make at the grocery store: “I won’t buy the hard cheese if it’s over a certain price. I will buy it if it’s \$2.97 or around there, I won’t buy it if it’s over \$3 like most of it is. I just leave it until it comes on sale.” (G6) John, although not responsible for shopping, was involved in making purchase decisions, and he too spoke of their system for keeping within their budget: “...some other type of beef steak, roast, which we don’t get that often, they’re quite expensive. That is something that is really not in our budget but um, we do like roast chicken, turkey.” (IB4) So by using their practical knowledge of what purchases could and couldn’t be made within their food budget, the families planned their purchase decisions. At times, when the tedium of the work of food preparation was wearing them down, they were tempted to purchase convenience foods they knew they could not afford, as Bessie explains:

Occasionally, if I’m too lazy to cook and I’m going down to the store to get something I’ll pick up a couple of TV dinners.... But I just look at that and say, “\$1.99, I can buy a package of hamburg for that much and I could make hamburgers and they’re just as nutritional or more than having that.”

(IB3)

The temptation of convenience communicated through commercial images (which will be discussed in more detail in Chapter Six) was great. Consequences of succumbing to temptation could also be devastating, by leaving insufficient funds to feed the family over the course of a pay period. In Bessie’s quote, she decided against convenience even though she was tired of cooking after she realized that the cost of one TV dinner would cover the cost of a meal for her entire family.

In all of the families studied, the actual practice of shopping was entirely the responsibility of women. When I questioned both men and women about this, they all replied that when men accompanied women on shopping excursions, they interfered with routines essential to executing their plans. Paul explains:

Well, I like picking the things out I want, she buys, you know, the cheaper things. I mean I know ~~sometimes~~ we feel like we gotta but, you know... We never go hungry, I can say that, but it's just, when you are hungry it's nice to have, to eat something you want right? Instead of something you almost have to have. I hate living like that, I really do, 'cause I was like that all my life growing up.... And I hate being like that today even, you know. Because I went hungry often when I was a kid, and cheaper things, leftovers all the time different things, so, I like to have what I can now (IJ4).

So when Paul accompanied Janice shopping, he was less mindful of their budget, and more concerned with accommodating preferences. In Janice's routine, she worked very hard to find the precarious balance between preferences and economic considerations. Janice provided the following example:

Yeah, I buy the Hamburger Helpers once in a while but the ones, they tend to like the ones like the cheese burger with the Kraft noodles in it. But um, I find with the, I make it with just with the box of Kraft Dinner and um, it tastes a little better and it's a little bit cheaper. A box of Hamburger Helper costs you a, \$1.50, something like that, but you know but um, I tried with the Kraft Dinner instead of buying Hamburger Helper and they like it all just as well (IJ1).

The practical knowledge and the routines that the women built allowed them to make optimal use of their food dollar, but at the same time, by not allowing the men to

participate, they were contributing to the gendered division of labour within their households.

5.2.5.3. Coping strategies. In all of the households studied except April's, living on a subsistence budget was a long term phenomenon with no immediate end in sight. As such, their plans included long-term dimensions - all very practical, some very innovative, and some very disturbing - for dealing with a severely limited food budget.

One of the more practical coping strategies was using the money received each November from their Child Tax Credit rebate (all families received a minimum of \$1000/year) to stock up on food supplies or to purchase freezers for food storage. In their study of low-income single mothers, Tarasuk and Maclean (1990a) observed similar practices. Sunny explained: 'I use my income tax [the rebate] to pay off bills that I've run up, to stock up on food, that way I don't, if I don't do that then I'll be digging a hole for myself all the time.' (IS1) Stocking up on food, particularly perishables, was not always a possibility if storage facilities were not available. Although some women complained of generally inadequate space for storage, for most, owning a deep freeze was a priority, and the rebate made it possible. Of the five families studied individually, two (April and Sunny) had already purchased freezers with their rebate, one (Janice) planned to with the next rebate, one (Tina) spoke of hoping to purchase one in the future when more pressing needs (supplies for the new baby) were taken care of, and one (Bessie) shared freezer space with her sister who lived nearby. The talk of members of the women's group suggested they had similar arrangements. Monique spoke of the reasons behind her plan to purchase a freezer:

Because, like see when I get my Child Tax Credit rebate or whatever they call it, I'm gonna buy myself the smallest freezer I can get, the five cubic foot, and so then I can stock up on bread and meats and that and not have to worry about, you know, if I run out of money in the middle of the month or whatever (G6).

Janice had similar reasons: “I figure that if I have a deep freeze and then if I’m out getting groceries and you know, if there’s chicken pieces or something on sale, then I can get more.” (IJ2) Contrary to the popular belief of the existence of the “live for today” mentality bred by the “culture of poverty” (Lewis, 1970), these women took very practical action toward planning for the long-term food security of their families.

But there were other coping strategies. I have called these innovative strategies because, to an uninterested observer, they would not appear as strategies for attaining family food security but as something else -- socializing with friends or educating a child. I admit I was well into analysis before I recognized their significance.

A practice not uncommon among those families who had members of their extended families nearby was sending the children to stay with grandparents or other relatives for regularly scheduled periods. Usually, the relatives’ financial positions were more stable than that of the study family. The time spent away meant an opportunity for the children to obtain their meals outside of the study household, and as such, significantly decreased the financial burden, particularly with respect to food, of the study households. Shared custody arrangements provided similar breaks as each of the parents was only partially responsible for feeding the children. Janice’s family benefitted in this way, as two of her three teenagers spent most weekends, holidays and a large portion of time during the summer at Janice’s mother’s within the city. I first became aware of the impact on food security when I asked Janice if she found certain times of the year easier to manage. She explained:

The summer’s easy, because I don’t know, the kids just don’t seem to be around much. Well, a lot of times they spend quite a bit of time up to Mom’s, especially in the summertime (IJ2).

In another interview she elaborated, making the impact more clear:

See a lot of times the weekends, Marjorie and Dorothy are up to Mom’s and uh, actually pretty well every weekend. It was funny this weekend because

they were all home this weekend and um, Sunday I ran out of bread. And I said, "That's impossible, I bought two loaves of bread on Friday", and then I said, "Well God, I know what it is, Marjorie and Dorothy are home this weekend!" [laughs] Because they're usually at Mom's, ... they're usually there, they usually go up on Friday nights and they're usually there until Sunday afternoon, you know, Sunday after supper. So they were home all weekend this weekend. I said, "That's what happened to the bread, you guys are all home!" (IJ1)

Adults and families also often shared resources, easing the burden somewhat for each. For example, April, who lived in military subsidized housing, planned a weekly shared meal with her neighbour's family when both of their partners were out to sea. They alternated serving as the host home. Although April talked of the arrangement primarily in terms of sharing adult conversation and easing the burden of the work of preparation, she did realize a financial savings as well. In Lana's case, sharing meals with a friend had a much more obvious financial intent, as she described in the following quote:

But I find her and I both, like towards the end of the month, we take what I have in my fridge and what she's got, and we can make a meal. And it just helps one another out for like the end of the week and that or different meals (G4).

These informal arrangements were in some ways similar to the concept of "community kitchens", in which women buy and prepare a week's meals co-operatively. However, when the concept of community kitchens was raised with the group as "something they should be doing to save money" by the visiting Minister of Community Services, the women took offence and thought the idea was "stupid". It was not until I was well into the analysis of the work involved in planning and preparing meals to accommodate preferences, and grew to appreciate their meals as family occasions, that I recognized the logic in their argument. Sharing meals with a close friend was one thing;

“institutionalizing” such sharing with a group would make the work of making meals family occasions much more difficult.

Coping with long term food needs was enhanced for some families by the availability of subsidized day care for their children. The nominal charge (if any) included the cost of the child’s noon meal and two snacks. Wendy describes the impact on her food spending:

I’m starting to save on groceries too because both of my boys are in day-care now.... They get their morning snack, they get their lunch, they have an afternoon snack. And sometimes they get so full, they’ll actually come home and maybe want a piece of toast [for supper] (G2).

So although subsidized day-care may appear only as respite and an opportunity for single mothers to pursue interests outside of the home, and recreation/education for the preschoolers, its availability opened up possibilities for nurturing the nutritional health of children.

Some of the coping strategies I observed disturbed me. These strategies fell into two main groups; sacrificing the food security of one (or more) family members for other family members, and reliance on charity for food. (Because reliance on charity was almost universal and somewhat institutionalized in this study, I will discuss this in greater detail later in this Chapter in the section dealing with procuring food, as well as in Chapters Six, Seven and Eight.) I first recognized the possibility of an unequal distribution of food among family members when I was interviewing the women about their families’ usual eating patterns. In all five of the individual households studied, the women first talked about their children’s eating patterns, then (if applicable) about their partner’s, and then finally about themselves only when I specifically asked them to talk about themselves. Their pattern of talk suggested that the women placed less priority on their own food intakes than those of their families, particularly their children, a finding consistent with Campbell & Desjardins’ (1989). The following quote from Tina confirms this: “I wasn’t

drinking any milk when I first [became pregnant], like I'll have a glass. *Do you like milk?* Yea I do like milk, but I couldn't afford to drink it because he [her son] was drinking it all." (IT2)

An analysis of meal skipping patterns within the five individual households studied also confirmed the "children come first" theory. There were 13 children within these five households; not one had a usual pattern of meal skipping. Yet, of the nine adults, four (two women, two men) always skipped breakfast³, two women occasionally skipped breakfast, one woman always skipped lunch (as well as breakfast), and two (one man and one woman) frequently skipped lunch (as well as breakfast). I did not have sufficient data to assess the patterns of two men. Only Tina, who was pregnant (so was essentially feeding her unborn child when she ate) never skipped meals. Several reasons were given for skipping meals: some simply did not like to eat in the morning, others found a coffee and a cigarette sufficient to stave off hunger. The female meal skippers implied they would have liked to eat more (they told me they enjoyed tasting their families' meals as they prepared them, but yet did not eat themselves), which suggested they may have been trying to keep slim. Charles & Kerr (1988) suggested that the women they studied who skipped meals in the name of weight control may have been saving food for their children. Within this group of study participants, no one ever said that they skipped meals so that their children could eat, but that possibility, a disturbing possibility, exists nonetheless.

5.3. Procuring Food

Procuring food is unmistakably embedded in class relations. The previous discussion of budgeting strategies immediately brings to attention the limitations these women face when attempting to obtain sufficient high quality food to feed their families.

³ All four of these were smokers. Refer to my previous discussion of the impact of cigarette consumption on food consumption.

Having insufficient money to purchase food makes finding alternative ways of obtaining food a necessity. The problem of procuring food within severely restricted financial means is more complex, however, than discovering options. Procuring food is the direct link between the household and the commercial sphere (which will be discussed in more detail in Chapter Six). Over-restricted financial resources compromise these families' abilities to function in the commercial sphere as social expectations dictate (as "wise consumers"). The apparently simple act of buying groceries is complicated by limited access to inexpensive stores or inadequate transportation. Failure to find a socially acceptable alternative way of procuring food transforms the role from "inadequate consumer" to "recipient of charity" and "welfare client". Transforming these roles can be an ideal site for emancipatory nutrition education.

For organizational purposes I have divided this section into two. First I will discuss the experiences of the families within the commercial sphere, then the options they found for getting food outside of the commercial arena.

5.3.1. The Social Organization of Purchasing Food

Shopping on a severely restricted budget necessitates a variety of money-saving strategies. Although popular opinion suggests that low income shoppers are less prudent than they should be, the women in this study by and large utilized all of the strategies heralded by consumer discourse. Checking for specials, clipping coupons, comparison pricing, choosing store or "no-name" brands, limiting the use of convenience foods, and avoiding impulse purchases were commonplace. To a limited extent, however, these actions were difficult for some. Other strategies such as buying in bulk, shopping alone and shopping infrequently were also applied, but practicalities limited their utility and impact.

Almost all of the women regularly checked flyers and newspapers for advertised specials and coupons. Many of them were limited to checking flyers delivered for free, as purchasing a newspaper was one more non-essential expense. Some of the women took

great pains to assure taking maximum advantage. Sunny, for instance, regularly scanned flyers and upon finding something she needed, she would cut out the ad and paste it in her budget book and take it shopping with her to ensure she knew exactly where to purchase each item. Some of the women relied on routines and their practical knowledge of when and where the best buys could be found. For example, Dominique had a routine of shopping Saturday nights when she could find transportation to a particular store to take advantage of end of the week markdowns:

If you go there on a Saturday night, about um, 8:00 or so, they mark everything in the bakery half price, really good deals, and meats too! I've gotten really good deals like when you can get up there on a Saturday night. But all that, you know that bread that they, you know, that day it's been made, and they mark it down (G13).

Usually, if there was a "deal" to be found which was readily accessible considering limitations of transportation, these women would make every effort to take advantage of it.

Comparison pricing was practiced most by residents of a downtown public housing project in close proximity to a shopping centre which included a major grocery store chain and a variety of discount stores. Janice provided an example of her usual practices:

I had Marjorie and Dorothy [her daughters] with me, and I said, "Now this is how you shop, you go to one store to check the prices out. The other store you shouldn't, if you shop very much, you know, you get to know what the prices are", you know? I said it's the same when I went down to get deodorant and toothpaste, I check IGA, I check Shopper's Drug Mart, I check Bargain Harold's and I check Zeller's. I usually end up going back to Bargain Harold's to get it. But I do, I check the four of them (IJ3).

For some of the other women, comparison pricing was impractical. With one major store nearby, no transportation, and a young child in tow it was simpler (and probably less expensive considering the cost of transportation and child care) to frequent the local store.

The choice of store brand or “no-name” products met with mixed reviews. Most of the women regularly chose some less expensive brands of products, but were reluctant to buy ones they were not familiar with for fear of disliking it and having it go to waste. Christine explained the risks: “I think if you ruin it or something there’s all that money gone down the drain.” (G3) In some cases, purchasing a more expensive national brand may be less costly in the long run. As an example, when I went shopping with Tina she spent several minutes examining varieties of canned spaghetti sauce. Before she made her decision, she asked if I had tried the store brand, which I had not. She finally opted to purchase a national brand, although it was significantly more expensive. Later, when I asked her how she liked it, she was extremely pleased. As it turned out, the sauce formed a base for almost four meals, and the brand she purchased contained vegetables such as green pepper which she enjoyed. Her sauce would have been considerably more expensive if she had purchased the plain sauce and the pepper separately, and if she had disliked the cheaper brand, it is unlikely she would have made four meals of it.

As discussed in brief previously, most of the women were aware of the expense of convenience foods⁴ and impulse purchases, so for the most part avoided them. Yet, these women are exposed to the same commercial messages that more affluent households are; the temptations to be “rescued” from the drudgery of meal preparation or to try non-essential but commercially popular foodstuffs are ever present. Carolyn described the restraint: “No, I try staying away. Once in awhile, like pop I might buy it if it’s on sale, but most of the time I buy Kool-Aid, because it’s cheaper....I try to stay away. I say no. I wish I can but I can’t.” (G2) Unlike a more affluent consumer who is rewarded with the

⁴ Although any food not prepared from basic ingredients could technically be classified as a convenience food, I am using a more restricted definition, encompassing only ready-to-eat products and prepared/frozen dinners. My rationale is that the pervasiveness of some convenience foods - canned sauces (such as Tina’s spaghetti sauce example), canned baked beans, soups etc. have decreased overall practical knowledge (regardless of class) of how to prepare such foods from “scratch”, and have decreased expectations of such preparation taking place. The proliferation of their availability and the economies of scale associated with their manufacture may actually also make some of these products less expensive than their homemade counterparts. This is particularly true in low income households where purchasing a wide variety of ingredients which are used infrequently (spices for example), may be prohibitive.

promised convenience or indulgence when they yield to the temptation, when these women weaken their resolve the result can be devastating by limiting their ability to purchase more essential products.

Buying in bulk was an impractical strategy for many of these women. For one thing, until late in the study following some collective community action on the part of research participants, neither of the grocery stores in the neighbourhood where most of these families resided had bulk food sections. To buy non-perishable, inexpensive foods in bulk therefore necessitated a costly trip to another area of town. Some foods of course are always available in bulk, such as when several cans or several kilograms of a product are purchased in quantity when on special. There were two limiting factors here. First, many of the women lacked adequate storage space, particularly for perishable items. As discussed previously, purchasing freezers with yearly Child Tax Credit rebates was a common practice which helped to overcome this barrier. As Judy explained:

I mean I had to go out and spend \$400 on a deep freeze because I couldn't handle [it] anymore. But I don't find that they cut down really on the sales, it's just on the larger quantities of it, and a lot of people don't buy the larger quantities. Like me, I can go buy it now because I got a freezer but I mean most people won't and they end up paying more for the littlest (G8).

However, even if storage was available, a quantity purchase of a particular item necessitated a larger than usual cash outlay which might not be readily available or which might compromise another necessity within the food budget. Oftentimes, women arrived at the grocery store with just enough (or not enough) money to purchase the bare necessities, nothing extra. As such, the cost savings of bulk purchases could not be realized.

April's practices, particularly those related to bulk food buying, provided an interesting case study of what was possible after welfare. During her time as a single mother on social assistance, April learned a great deal about cost efficient shopping strategies and did her best at that time to implement them. However, because of her

restricted cash flow, she did find it difficult to consistently buy in bulk. When she re-entered the work force and attained a more stable financial position, she took advantage of ample storage space and a deep freeze to purchase her food almost exclusively in bulk when on sale. I observed her combing flyers for specials on an almost daily basis. As April owned a car, she had the ability to travel to the store with the most specials and she would stock up. For example, when I accompanied her grocery shopping she purchased seven, 1.36 litre cans of apple juice which were on sale for 77 cents, a significant savings. At home, April had a pantry lined with shelves. On these shelves she stored non-perishable goods she had purchased in bulk and on sale. She dated packages and cans and rotated them as new purchases were made. Her organization and planning increased her family's food security significantly; they were never without an abundant supply.

Shopping alone (which is supposed to limit impulse purchases of other family members) and shopping infrequently (to avoid regular exposure to temptations) are two commonly touted money-saving strategies that posed practical difficulties for these women. Paying for child care or transportation both placed additional financial burdens on budgets already stretched to the limit. Sunny made that point clear:

I can't say my kids don't get all the food groups, or they don't eat, it's just that by the time you, you pay everything, especially the milkman, and I only live just around the corner from the grocery store but I still have to pay for a taxi to get your groceries home. You know, like I mean when you take four kids grocery shopping, like you have to take a taxi home! Or you have to pay a babysitter, so that you can go and get your groceries and the kids aren't throwing things in the cart that you can't afford (G1).

For many of the women who lived within close proximity to a grocery store, child care was less problematic than Sunny found it to be - an indication of the increasing complexity of household work as the number of family members increases. Instead, taking young children shopping facilitated transporting groceries home as the women were able to hang

bags over the stroller handles or put an infant in a Snuggli and use their stroller as a grocery cart. Such practices, however, were consistent with shopping more frequently.

Regardless of the number and ages of children, for most of the women studied, the costs of transporting groceries home was a major concern, as Lana's quote illustrates:

For me to take my groceries home it only takes me, if I don't put it in the trunk [of a cab] and he [the cab driver] don't help me, it only costs me \$2, but if he's helping me put the stuff in the trunk and taking it back out, it cost an extra dollar or two, just for him helping me to put it in and taking it out. So usually I only go up and get enough, most of the time I'll get enough just to, cause I'm only, I'd say about a 20 minute walk away, so I only get enough that I can carry, but with my hand, I'm not supposed to carry over, see I've got tendonitis, and anything I carry is aggravating my arm. So I'm only, but it only takes me roughly \$2 for a taxi home (G4).

Many of the women used taxis for their main monthly grocery order. The average cost was \$2-5. As grocery store delivery services cost \$5, the taxi was an appropriate choice. However, the necessity of using food money to pay for transportation had the effect of compounding nutritional inequities. Transportation became one more need competing for already insufficient funds for food.

For some, especially for those with children, a taxi ride was not only an added expense but posed logistical difficulties as well. For example Tina, who was pregnant and lived upstairs in an apartment building without an elevator, found the process difficult with her toddler. The following quote vividly describes the process she follows and that she anticipates after the baby is born:

Yea, I'd be taking a cab home. What I'd probably do is I'd bring Josh up, then I'd go back down and bring the groceries up.... Most cab drivers will drop you inside the apartment building, like inside the door, but they won't carry them up for you....It's hard when you've got bags though too and the

stroller. I was thinking about what I'll do by myself with that double stroller, I'm not going to be doing it too often let me tell you! Not by myself. It would be an ordeal just to get in and out, a couple of trips up and down the stairs each time. Have to bring the stroller down, get the baby. Josh, he'll be able to walk some, he'll be able to walk to the steps but it will take him awhile to get down them and up them. If I went out and say I got a bag or two of stuff, when I got back I'd have to make three trips if it was anything heavy. I mean that double stroller by itself, I'd have to carry that up by itself. And the bags. I'd have to bring the kids up first. I don't want to think about it 'cause I don't want to do it. Yea that's going to be hard (IT4).

In sum, for many of these women procuring food in the “usual” manner (purchasing food in grocery stores) was far from simple and oftentimes posed serious practical difficulties. Issues seemingly unrelated to food (issues of child care, transportation and housing design) had major impacts on their abilities to interact effectively with a medium apparently designed to meet the needs of more affluent consumers - those with cars for example. Although most women remained dependent to some extent on commercial food chains, a variety of strategies for overcoming these practical difficulties were adopted.

Some of the strategies developed for overcoming difficulties maintained relations with the commercial realm, but were more flexible to allow some room for negotiating the use of their limited financial resources. One key strategy was negotiating credit with independent business people. Credit allowed the women to purchase food as their families needed it through “normal” channels, but to pay for it as money became available.

Although other authors have reported shopping at convenience stores as a common practice within low income neighbourhoods (Horton & Campbell, 1990), and have associated this practice with the prevalence of such stores and their willingness to extend credit (Maxwell & Simkins, 1985), such practices were infrequently observed within this

study population. Only one participant, Rae, described the practice of obtaining credit in convenience stores, and it was one she no longer carried out:

When I was on assistance, I lived on it for eight years, ...come the end, the last week of every month I went to Bud [a corner store owner], and he would charge a box of diapers or a loaf of bread. And then when my cheque came I paid him, and I'd be back three weeks later. "Hi Bud! I'm outa milk, I'm outa this." (G8)

The women's lack of participation in convenience store shopping on credit was likely associated with the presence of two major grocery chains within their neighbourhoods - a phenomenon not typical of other low income neighbourhoods within the province. The women did however find other business people to extend credit, most notably, the milkman.

In Nova Scotia milkmen are independent dairy product distributors. Their independence opens the possibility for negotiating payment plans with their customers. The following quotes by Bessie and Sunny describe two of the arrangements one particular distributor made:

Bessie: We have a real sweetheart of a milkman. He has us on a budget system, which means we can pay every two weeks....He writes down what we get and then you pay him, he doesn't mind if it's two weeks (IB2).

Sunny: What he did, I explained to him how I could do it and he said that was fine. He has stopped delivering milk to three of the other women in my lane because they didn't pay him. I have always paid him. On family allowance day this month, I had to go and pick up diapers for her [the baby] and diapers for Brenda. And I had to pick up bread and eggs, butter. I was out of those type of things and stuff and when I was done doing that I only had 40 bucks left and I owed him 75 bucks so I gave him the 40 bucks and

he told me not to worry about it. And when I get my cheque, I'll pay him. So I'm very lucky there and my kids have always had milk because he will let me pay it when I get my cheque which is really great. A lot of milkmen won't do that, I'm very very lucky (IS1).

These arrangements made it possible for the women to attend to more immediate financial demands and to purchase sufficient milk for their families at the same time, without the worry of transportation. The disadvantage of the minimal extra cost for home delivery, which critics could argue make home delivered milk a less prudent choice, was by far outweighed by their enhanced ability to provide an adequate intake of dairy products for their families. Purchasing milk came to be considered a fixed expense, such as rent or electricity, and was therefore given priority when budgetary decisions were made.

Home milk delivery, although negotiated in somewhat unique ways by these women, is still a very traditional means of getting food. What I observed to be very different within one particular neighbourhood studied (the large public housing project) was home vegetable delivery and home bread delivery. These women spoke regularly of buying their produce from the "vegetable man" or bread from the "bread man". These independent business people would arrive in trucks to sell their products door-to-door. Like milk delivery, they arrived at regular intervals so they could be counted upon as a source of food, and they extended credit, making it possible for the women to incorporate vegetables and bread into their fixed expenses rather than treating them as discretionary ones. No one was quite sure where the independent businessmen obtained their inventory⁵, but Bessie shared a few ideas:

⁵ Over one year after data collection was completed, I was meeting with some of the women to discuss possible suppliers for a community food cooperative. When the "vegetable man" was brought up, some of the women expressed disdain, indicating that they had discovered that he had been selling them produce he had purchased as feed for his pigs.

Ah, he does have his own garden, he does grow his own vegetables and he also gets like stuff when, OK apparently, it's what I've heard, I'm not sure on the story. When the trains come in with the produce, broken stuff, stuff that you can't take to stores, he buys right off the train at a reasonable price, apparently next to nothing, or some of the stores that have the over ripe stuff they sell to him, I'm really not sure but...*That is where you think...* Yeah, like I've seen some things with IGA [a supermarket] wrappers on it or IGA labels of some type on it and you know and...*He drives around to different neighbourhoods and sells it.* Yeah, it is all cash basis like he doesn't, everything's pretty well under the table type thing but it's all cash. *Does he give you credit? like say, you're short?* Yeah, like now I owe him for two boxes, which is good because you know he'll... (IB1).

Bessie implies that the quality is substandard, but goes on to explain that it compares to their local supermarket:

Ok, so the quality of the stuff at the IGA is something that's definitely even worse than what we... The stuff that [the vegetable man] brings, is not the best quality. . . . But compared to IGA it's about the same. The vegetables and stuff that he brings looks just like the stuff that comes from IGA. . . . The first few times I got them I actually went out and priced everything in the box. I wrote everything down, the approximate size, you know, for poundage, each one, and it was \$30 [at IGA], and then we were paying 12 [for a box] (IB3).

My initial reaction was to think how degrading it must be to have to purchase food that other people have rejected. Yet, none of the women I spoke with expressed this feeling. Although some women had stopped purchasing their produce this way due to dissatisfaction with the quality, others were able to make arrangements to purchase "custom

made” boxes, containing only fruits and vegetables their family enjoyed. Satisfaction with the product combined with the service of home delivery and the ability to obtain credit combined for most to make the process and results a positive experience as Sunny describes:

But um, I mean like that’s good because you only pay, like I get two boxes a month, so it’s like \$24 for my, my fruits and my vegetables, which is great because you don’t buy them at the store, I couldn’t get them at that price at the store, you know. And that way my kids can have their apples and their bananas and oranges. My kids like eating carrot sticks and stuff like that. *They do?* Oh yea, they like veggies a lot. And so that’s good (G1).

Purchasing food, no matter how unorthodox the process, allowed these women to meet their families’ nutritional needs and taste preferences, while maintaining their dignity. Knowing they were independently managing their resources sufficiently to function within a market economy as they expect themselves and are expected to do was enough. The women did speak of the degradation they experienced when they were forced to find alternate avenues for procuring food, particularly, reliance on the charity of others.

5.3.2. Alternatives to the Market

When most of these women recognized they were unable to purchase sufficient foods to feed their families, the first places they would turn were to friends and family. In fact in some cases, friends and family made the market more accessible by facilitating “discounts” or by purchasing “treats” as gifts. The following quotes illustrate:

Lana: I’m lucky there because my sister works at uh, [a meat packing company], she gets a 10% discount on what they get it before it goes out to the store, and she stretches my meat bill [laughs] (G3).

Sunny: Her [Mother] boyfriend is a manager or vice president, or something, a local shipping company. So I get free fish. Which is good (IS1).

Dorothy: Sometimes at school my friends will buy me a cookie (IJ4).

Such practices are not uncommon ones, regardless of class. What was uncommon was how essential these strategies were to their overall abilities to provide food for their families.

The same was true of their reliance on others for food which came from non-market sources, such as gardening, hunting or fishing. Since all of the people studied were city dwellers, their opportunities for personally obtaining food in these ways were limited, but many knew others who did have such opportunities. However, the receipt of a gift of a deer roast, a fish or vegetables from the garden was not simply “nice” and stored away for a “treat”, but immediately enhanced their abilities to “make ends meet”. Janice and Paul give examples of how this has helped their household:

Janice: And a couple of years ago we were really lucky to get a deer roast.

Really? Did Paul go hunting? No, a friend, my mother’s stepfather I believe it was, she was down for the weekend, she come home with all kinds of deer meat and she gave us a package with two deer steaks in it, and she come over a little while later she said, “I don’t have room in my freezer, here’s a roast too!” [laughing]. So we had my mother down for supper we had the roast (IJ1).

Paul: We used to get a lot from her grandfather down there in [the valley]. He used to send up a lot of carrots, potatoes, all that stuff.... Turnips and everything, I love all that stuff. The fresher the better. Even that stuff is getting more expensive in the stores now. *Oh sure it is, especially this time of year.* Yea, but he, like I say, her grandfather helps us out a lot and with

the stuff that's sent from him, heh? With the potatoes and that and the apples and everything we get, you know, that helps a lot. And I give my buddy over here generally, I help him out sometimes. I've seen him getting low on food, hey dear? Terry over here. But I give him some things. Even when we haven't got too much I still give it to him, it's the kind of guy I am I guess. No, I don't mind, I know what it's like (IJ4).

In both of these examples they not only recognize their good fortune and take immediate advantage of it, but share it with others. Relying on friends and family is legitimized by returning the favour when they are able.

When friends and family are not an alternative or have exhausted their abilities to help, the first place most of the women studied would turn was the welfare office. This was particularly true of those already in receipt of social assistance; it appeared to be acceptable practice among this group to request additional assistance when they encountered a shortfall. More commonly than not, additional assistance was refused. Social services agencies frequently referred their clients to charitable organizations such as food banks - a practice which is questionable and deserving of much deeper reflection. (I will address this in more detail in Chapters Seven and Eight.) When assistance was granted, it was usually only in extreme cases and would come in the form of a food voucher which could be redeemed at any grocery store. Bessie received a food voucher during the study, after she had taken in a foster child but before she received any remuneration for her expenses. She describes the experience:

The first food voucher I ever had in my life was when Brock was a baby, when we had to go on assistance. John's unemployment ran out, and until I got him to school, and there just was nothing here for us to eat so they gave us the food voucher. This is the second one I've ever had in my life. It's not something that you actually want to take to the store because it is rather, you don't mind, like the clerk I had was not bad, she was very sweet but the

people standing behind you that look down their nose at you, they're really. You know, you really feel uncomfortable 'cause you have papers you have to sign. You do feel uncomfortable. Because they have this thing about welfare bums, and I don't consider myself a welfare bum. I need assistance but it is not because, I mean, we don't have a choice right now. This is only the way we are going to make it until John gets a job once he passes this course (IB1).

Using food vouchers maintained a relation with the market, but in a non-customary way unacceptable by current social expectations. As such, the user is reduced from a consumer (an acceptable role) to a welfare client (a degrading role). The use of food vouchers, not unlike the use of food stamps in the United States, makes this role a visible one and in doing so, stamps a stigma of inferiority on the faces of social assistance recipients.

All of the families studied were in some way or at some time recipients of food from charitable sources. Usually, asking for food at a food bank or soup kitchen (the most visible charities) was only done as a last resort once all "acceptable" alternative avenues were exhausted. However, all of the women attending the Thursday morning women's group at the Parent Centre did receive a grocery bag; the origin of the food contained within was the food bank. As such, they were all food bank clients. Receiving the grocery bag did not seem to carry the stigma of going to the food bank however, possibly because they did not have to ask for the food, but were freely given it as a "bonus" when they attended the group sessions. These weekly provisions did have the impact of preventing many of these women from having to "beg" for food. Monique and Wendy described the impact on their food stocks at home:

Monique: Yea, because I remember when I was pregnant for my daughter, my canned goods and all that was really, really low, and then I started coming to this place, you know I found about, and by the time she was

born, like I couldn't cram any more in, like it was just full, and it was great, you know it's a real big help. Like my spaghetti sauce, you've got um, canned tomato soup also, like tomatoes and that, and you get a lot of canned tomato soup here, and that, you know you didn't have to buy it because you had it, that was great (G2).

Wendy: I find a big difference. Yes, I'm saving mine. Like it's, that's the big difference I find since I've been coming here, is all the canned stuff. It's starting to pile up. I'm going to use it as an emergency resort, sort of a thing, like if we're snowed in or something, that's what I'm saving it up for because... (G2).

The grocery bags were very carefully made up by Centre volunteers, including myself, to ensure that all women received exactly the same types of foods. There seemed to be a concern (unnecessary in my opinion) among Centre volunteers that the women would argue over the food if any inequities among bags were apparent. Due to this "need" for uniformity, bags contained the most commonly received foods; primarily canned goods such as soups and baked beans. Macaroni and cheese dinners, cereals and breads were also common. Since the Parent Centre had a deep freeze, frozen foods were also periodically received from the food bank for distribution. The women therefore also took home frozen vegetables, pizzas, cakes and pastries. The contents of the grocery bags would certainly not meet the nutritional needs of the women's families, but would help to "fill the gap" and stock their cupboards for emergencies.

Many of the foods received were not personally acceptable, limiting their utility as Sunny explained:

But, my cupboards are not bare. It's almost the end of the month and my cupboards are not bare but then again, ...you know how you get things that you don't really eat? Well, my kids don't eat beans, I've got about six cans

of beans.... My kids will not eat beans, I don't like beans. But I leave them there because if I'm down and out and I have nothing to feed them, it's like, "well guys you have a choice, you either eat them this time or you starve." At least that way, I'll have something to fall back on.... My cupboards look like there is all kinds of food in them and there is, but they don't eat it. I'm going to pack this all up and bring it down to the home [the Centre] and someone else can have it.... There is no sense keeping stuff in my cupboards that my kids won't eat because eventually it is going to go bad and it's going to end up being thrown out (IS1).

Anne too disliked one particular store brand of soup that she had received in her grocery bags from the Centre:

You know I've tried the IGA vegetable soup and that is really gross. So I gave it, they're collecting cans in the school for the food bank, like the kids bring stuff from home for the food bank. I gave them IGA vegetable soup (G8).

Both Anne and Sunny, like Monique and Wendy, did derive benefit from receipt of the grocery bag. What I found particularly interesting however, was how they both decided to deal with the problem of personally unacceptable foods. Both of them made a decision to contribute them to charity - Sunny through the Centre, Anne through a school food bank drive. These were certainly perfectly logical (and honourable) decisions, but perhaps a reflection of their lack of understanding of where the food originated from, or even more disturbing, just how institutionalized food banks have become. I will discuss this in more detail in Chapters Six and Seven.

I do not want to give the impression that the food received through the Parent Centre did not meet immediate needs - it did. This became more apparent later in the research when problems with food delivery from the food bank depleted the Centre's

supplies to the extent that grocery bags could not be distributed to everyone, but were raffled off. This problem created a great deal of stress among the women. I spoke with one woman in particular who had come to the centre for the first time in months under the assumption she would receive a grocery bag, and was in a panic when she did not. She ended up going to a food bank in a nearby church basement. Because of the Centre's short supply, she suffered the indignity of having to ask for handouts.

Another less demeaning charitable source of food for these women's families was a milk and cookie program at the neighbourhood elementary school. The program was free to all 270 children in the school, regardless of need, and paid for by a local service club. The program cost approximately \$1000 per month (Canadian Educational Association, 1989). The following discussion took place at one of our group sessions:

Martha: They have a milk and cookie program, the kids get milk and cookies, milk and a cookie, at around 10:00 in the morning, and then they have a recess at 10:30.

Sunny: That's just in our school. Like I mean I know that like, when Kerry was going to [another school], I had to pay for the milk program. Ok now, at [our school], that program is supplied free. I guess they did a survey or something and a lot of kids that were going to that school were not being fed breakfast, the parents couldn't afford to feed them.

Martha: So, that was all over the news, it was a really big thing. But they had that program that ours was supplied by the [service club], and last year alone it was \$7600 that they paid for the milk and cookie program (G1).

In this case, the women were well aware of the source (and even cost) of the food. Sunny's comment about the parents not being able to feed their children suggests that she believes the program was created for someone else's children - someone who wasn't feeding their children breakfast. (As discussed previously, Sunny's children as well as all of the children studied individually did eat breakfast.) So although their children were

recipients of the charitable program and benefitted from it, the fact they they did not have to ask for it, or perhaps did not feel their children were truly in need of it, the women were able to accept the charity but maintain their self-respect.

Once all other options for procuring food were exhausted, food banks and soup kitchens were the last alternative these women would try in order to find food for their families. In fact, very few of the women studied ever attended the soup kitchen located next door to the Parent Centre except to volunteer their time or to work as part of a Fresh Start grant feeding others they perceived to be less fortunate than themselves. This may have been partially related to a policy of serving adults only. The one group member that I knew to frequent the soup kitchen had a grown family. Most of the other women were more concerned with feeding their children. For them, the soup kitchen was not an option.

I did, however, have the opportunity to sample the food offered at the soup kitchen. Frequently, lunch for staff and volunteers at the Parent Centre, including myself, was leftovers from next door. As a rule, the main course was provided by a different local church (usually their women's auxiliary) each day. Some of the churches took their task to heart and sent in huge quantities of high quality food; chili, stews, thick soups. Others regularly sent poor quality food in insufficient quantities; one freezer-burned casserole that would realistically serve ten for 60 people, sandwiches made from the least expensive canned luncheon meat available on stale white bread. It was food and it was edible, but it was far from acceptable.

Calling or going to the food bank was a stressful experience for these women, they therefore put it off as long as possible. Some never called, but made do by stretching what little they had. For the majority, however, every few months a trip was inevitable, particularly when an unexpected expense eroded their money earmarked for food. I am not going to discuss the politics or workings of food banks here, I will leave that for Chapters Six and Seven. I instead want to focus on their experiences with food banks.

Dominique and Sunny's quotes describe examples of situations that led them to call a food bank and what they received:

Sunny: Well no, it's not that there was nothing left in my cupboard, it's that I had all kindsa stuff but nothing I could put together. I mean I had macaroni, but I didn't have any spaghetti, like I didn't have any hamburger, I didn't have any, I mean I didn't even have a can of tomato soup like to make a spaghetti sauce or something, nothin'. *So, what did you get from the food bank? Did they deliver or did you have to go pick it up?* Yea, no they delivered it to me. I got baby food, and I got Kraft Dinner and I got a thing of hamburger and a thing of wieners and let's see what else. . . a big bag of mixed vegetables, and two loaves of bread and a two litre thing of milk, and... (G4).

Dominique: Well I went down and I got a food box from the church [location] one time - I had nothing, nothing in the house. And they had hamburger and bologna . . .and a man comes to the door that same day, I phoned in the afternoon, well a neighbour told me, you know well call them, and I called them in the afternoon they were there just right around supper time, about 5:00, 5:30, and the box, there was bread in it, and buns and meat and. . . (G3).

Sunny went on to describe her feelings about calling:

Oh they're nice, they are nice, I mean it's like, um but see that's their job, they're used to it you know, they're used to people calling, they get your name and your address, and they get all the information from you. Some of them, like [a church] did not ask me if I was on social assistance. They didn't ask me anything like that, which I appreciated because that's



embarrassing too. You know it's like you call them up and say well, "you guys pay for me to live every month", like you know, "and now I'm coming back because you didn't give me enough", or whatever? You know like that's really embarrassing. But, [the church] didn't do that which was nice. And when the lady came she was really nice. Like she didn't act like I was a handout or something (G4).

Sunny hints at the guilt she was feeling for having to call, so I asked her directly if she felt guilty. She responded:

Yea, well because these kids are our responsibility. Like I mean, and I mean OK fine, yes we do get our cheques from the government every month, and I hope like hell that when I get out working I can repay my "debt to society" sorta thing. But like I mean when you get into a position where you cannot feed your kids, the first thought that goes through your head, or at least my head is, "these are my kids and I can't feed them, like I shouldn't have them, I can't feed these kids." And then your next thought is well, "who could I bum money off of?" And if there's nobody to bum money off of, then, you have to call the food bank. And when you call these people, like when I call them up it's like I don't know what to say to them (G4).

Lana also spoke of the guilt:

I try not to, but uh, I find like if I have extra money on myself, I will pick up some stuff to put in for the food bank so I don't mind, I don't feel too guilty on going back (G4).

She dealt with it by donating to the food bank when she had extra. She tried to think of the process as similar to banking; making deposits and withdrawals as the need arose.

Most of the women participating in this study were at least occasionally dependent upon charity for one of the most basic human needs - food. To be so dependent was not only degrading, but instilled guilt and belief in their incompetence to be "good" mothers.

5.4. Summary

As the length and detail of this chapter will attest, the household work of feeding the family is extremely complex. Yet, the complexities are not readily apparent, even to those who participate in the daily work. Eating, planning/preparing meals, and procuring food are taken-for-granted, partially “invisible” (Devault, 1987, 1991) daily activities. The work is rendered invisible by the complex set of social relations, particularly gender relations, within which it is embedded. These women were well aware that eating fulfills more than nutritional needs, but emotional, social and personal ones as well. To be able to accommodate the needs and preferences of family members requires great practical knowledge and skill; to do so within severe budgetary constraints requires even more. All of these women demonstrated repeatedly that they have the abilities to meet these challenges. Yet, many of these women did not recognize the significance of these skills, or even that they practiced some of them. The work of planning was an interesting case in point. When questioned about their roles in planning meals, most of the women believed they did not “plan”. Planning, to them, was something that was done with a pen and paper such as writing menus or grocery lists. The invisible process of considering family preferences, nutritional requirements, and time schedules, and coordinating this knowledge with ingredients and cooking utensils available, was not “real” planning to them. The work part only began when they participated in physical actions (chopping vegetables, browning meat) that would lead to the production of a meal.

These women live in a social world where a significant part of their work goes unnoticed and unnamed, even by themselves. In Smith’s (1987) words, their experience is “outside the frame” (p. 61) within which what is known as “work” has been constructed. Productive work has largely been defined by men, women’s experiences have been excluded. Housework, including feeding work, has been institutionalized as women’s

work (Armstrong & Armstrong, 1987; Oakley, 1974). Housework has been marginalized as unproductive in the economic sense, even though the economic sphere is dependent upon women's household work for the maintenance of the productive capacities of male workers (Luxton, 1980). In the vast majority of households studied, there was a distinct and inequitable gendered division of household feeding labour that remained unquestioned. Their failure to question the inequities may be a function of the conflict and tension associated with attempts to change established patterns of household labour (Armstrong & Armstrong, 1987; Luxton, 1986). However, by accepting the division of labour, these women participated in gender relations which reproduced the social construct of gender inequality and failed to acknowledge the value of their household work.

A great deal of the work of feeding the family appears almost "class-less"; it is work that must be done, regardless of class context. However, relations of class complicate the work immensely by decreasing the availability of resources for doing household feeding work. These families were unable to allocate an adequate portion of the family income toward the purchase of nutritionally adequate and personally acceptable foodstuff. Food was simply one necessary expenditure among many competing for a severely restricted pot of funds. In fact, for the majority of the research participants, allocating money for food was less essential than allocating money for other fixed expenses, such as rent. The immediate consequences of failing to pay the rent were more devastating than failing to purchase food. By necessity, people developed innovative means of procuring food, both within the market and without. The women negotiated credit with independent business people as a means of dealing with a cyclical availability of adequate cash. They shared resources (food, storage space) with friends and neighbours in efforts to collectively plan for long term food security. They suffered the indignities of having to ask for additional public or charitable assistance to fill the hunger gap. Relations of class actively constructed the work of procuring food for these families. Their abilities to adapt

adequately to less than subsistence conditions helped to diminish the appearance of inequities, and thus reproduced the oppressive social relations.

To a large extent, the social organization of nutritional inequities remains implicit in the ethnographic description of the participants' households. In order to develop an understanding of why, in a country with a high standard of living, people are compelled by necessity to rely upon charity for food, one of the most basic necessities of life, requires investigation beyond the individual household level. Examination of practices within households allows for a more complete appreciation of the context of feeding work, and provides an entry point to broader social relations working outside of the households, but evident within them. The work these women do and/or coordinate in their households enters them into relations with sectors seemingly far removed from the local. This chapter has only scratched the surface by introducing the relevance and impact of social welfare policy, public and professional discourse, the commercial organization of food, and social constructs - particularly class and gender - to the everyday lives of these women. It is to the task of making the social organization of nutritional inequities more explicit that I shall now turn.



6.0. The Commercial Organization of Food, Health and Welfare

In Chapter Five, I delineated how eating is embedded within the household work of feeding the family. Although a great deal of this work initially appears independent of class context, the limitations placed on household work by restricted financial resources are most immediately evident upon examination of the practice of procuring food. To a large extent, procuring food means buying food. Yet, a severely restricted budget places limits on purchasing power, and decreases one's ability to function as a "wise consumer". In this Chapter, I will move the analysis beyond the confines of the household and examine how eating intersects with the commercial sector, with particular attention to the constraints imposed by socio-economic disadvantage. Figure 6.1, A heuristic depicting eating as embedded within social constructs, situates the current "layer" of analysis.

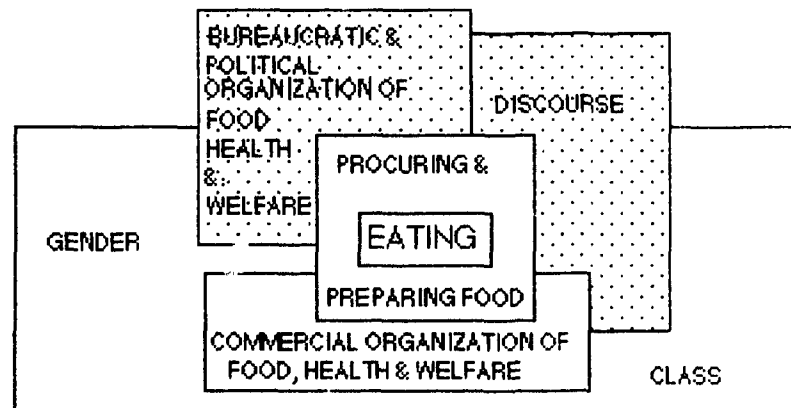


Figure 6.1. A heuristic depicting eating as embedded within social constructs.

The most obvious entry point to commercial relations is the practice of shopping for food. I will begin the analysis with a case study of supermarkets in the inner-city neighbourhood, the venue within which most of the research participants procured the bulk of their food. I will provide evidence to suggest that supermarkets are designed for middle-

income suburban consumers, and how this design complicates the work of procuring food for low-income families. I will also present the results of the group's analysis of supermarket pricing policies and how these policies accentuate nutritional inequities. I will then end the case study by chronicling how this analysis opened up an opportunity for reducing inequities through collective community action to influence some of the practices and policies of the local neighbourhood supermarkets.

The intersection of household work with the commercial sphere is not limited, however, to purchasing food in supermarkets. The analysis also examines the commercialization and commodification of food, health and welfare. The research participants received commercial messages via the media and advertising; yet, the analysis will display how their experiences with respect to these messages are very much class and gender based. I will provide evidence which suggests that the current trends toward the commercialization of health care and the resulting commodification of health not only increase inequities, but strengthen feelings of personal inadequacy when individuals cannot afford to "buy" their health. I will also build an argument against private sector responsibility for public problems, an arrangement which reinforces the *status quo* and stifles needed social change. In sum, I will present an analysis in which the commercialization and commodification of food, health and welfare may have an even more powerful, albeit more subtle, influence on nutritional inequities than a cursory look at the local practice of procuring food can reveal.

6.1. The Supermarket: The Neighbourhood Connection to Corporate Culture

Chronicling the history of the development of supermarkets, Charvat (1961) describes their advent as coinciding with the Great Depression in the 1930s as a means of reducing the prices paid for food and thus increasing the purchasing power of financially strapped consumers. High volumes and self-service created the opportunity to reduce

prices below those of the full-service neighbourhood grocery store. Expansion of supermarkets was rapid in the post-war era and was facilitated by a variety of technological developments. Refrigeration decreased the necessity of frequent buying trips, while automobiles could transport a week's worth of bargains away to a home in the growing suburbs. Electronic media increased the efficiency of advertising; both of the stores and of the many brand name products within that shoppers would self-select.

All of these developments continue to have relevance for inner-city urban shoppers such as the families who participated in this study. The influence of the media and advertising on the socially disadvantaged population is complex. I will discuss this more thoroughly in section 6.2. It becomes apparent, however, that supermarkets were apparently not designed for inner-city dwellers without transportation or ample storage facilities. The difficulties of procuring food described in Chapter Five are testimony to the lack of "fit" between the supermarket and the economically disadvantaged inner-city shopper. In addition, although supermarkets typically offer cost savings over independent grocers, such is not always the case in the inner city. Pricing policies became a major focus of our group consciousness-raising sessions. Thus, the topic of price deserves deeper consideration.

6.1.1. Price.

According to Horton and Campbell (1990), 1984 Family Food Expenditure Survey data reveal that among Canadian households, almost 80% of food expenditures are spent in supermarkets regardless of income level. However, "low income households shop somewhat more in convenience stores than those with higher incomes" (p. 36). This is despite the observation that convenience stores were also found to be the most expensive of stores surveyed. Based on the experiences of the families in this study, part of the reason for shopping in more expensive convenience stores is related to accessibility. Although most of the families studied lived within close proximity to a supermarket and thus were not forced to frequent convenience stores, such is not the case in all urban areas throughout

the province. According to Cross (1976), supermarkets are less likely to locate in inner cities, citing reasons such as higher occupancy costs, less space, higher staffing costs due to rapid turnover, and lower profits associated with greater pilferage and less sales of high margin specialty foods. Thus, with their ready access to supermarkets the families in this study could be considered to be relatively advantaged. Unfortunately however, this apparent advantage was diminished by inequitable pricing policies among supermarkets which resulted in higher prices within the inner city.

Although literature reviews (Maxwell & Simkins, 1985) made me sensitive to the possibility of higher prices at stores in the lower income neighbourhood, it was not I, but the women who raised the issue at one of our first meetings. At the time they were discussing differences in prices between various chains popular in Atlantic Canada (Sobey's, IGA and Superstore):

Wendy: You get even more at Sobey's than at the Superstore.

Anne: Not the Sobey's by my mother's place I'll tell ya....This is a rip off because it's located near the senior citizen's building, and the prices are high.

Monique: Really! That's a sin you know.

Tina: Food Village! [an upscale Sobey's located in a middle income neighbourhood]. . .That would be the most expensive one (G2).

This short exchange revealed a variety of issues. First, Anne raised the possibility that stores within the same chain may price differently, depending upon the location. In this example, she believed seniors to be disadvantaged by inequitable pricing policies. Monique was aghast at the possibility, but apparently had not considered that she too may be disadvantaged by virtue of living in a lower income inner city neighbourhood. Tina suggested that she believed there may be price differences between locations, but was

apparently convinced that the stores with fancy decor and services would be most expensive.

With the possibility of pricing inequities brought to the group's attention, we decided to make our own comparisons between the chain stores in the local low income neighbourhood to stores of the same chains in suburban, middle income areas. Over the course of the research we made comparisons on three different occasions. I obtained a list of the contents of Agriculture Canada's Nutritious Food Basket and Thrifty Nutritious Food Basket (Robbins & Robichon-Hunt, 1989). During one of our group sessions, I reviewed the contents with group members and we made modifications to our "grocery list" for pricing based upon the usual practices of group members. In addition, although the Food Baskets allow for "extras" such as condiments and spices by calculating a miscellaneous category based on a percentage of the Basket price, we decided to add condiments and spices, as well as other frequently purchased items such as infant formula and cat food to our list.

Armed with a standardized grocery list, we reserved the Thursday morning group session on October 18, 1990 to make our comparisons. Altogether there were 14 women present at the session, 16 (including myself and April who was driving and thus participating as a house staff member) were available to participate in the pricing. Only half of those attending were "regular" group participants, and I was somewhat concerned about involving women who had no prior knowledge of the purpose of the excursion, nor any commitment to our project. Once I had explained the purpose of our outing, however, all of the women were eager to join in. In fact, many of the newcomers (or regular Parent Centre attendants who had not participated in our group previously) later gave informed consent to participate in the research and became active group members. The concrete activity of making price comparisons may have given them more of an incentive to participate than did "just talking". I asked the women to break into four groups of three and one group of four. The group of four was going to try to complete pricing at two stores, so that a total of

six stores (two stores from each of the three major chains) could be assessed. As April and I were driving, we each led a group. I asked “regular” group members to lead the other three groups. The Parent Centre provided taxi fare for two of the groups, and one of the newcomers volunteered her car to transport the last group.

Once the purpose of the project was explained, the grocery lists passed out and groups formed, I reviewed procedures for pricing. At this point I was unfamiliar with the Food Baskets and the women’s shopping strategies. I was, therefore, most concerned with ascertaining how realistic the Food Baskets were for the economically disadvantaged shopper. Rather than specify quantities for each item on the list, I asked the women to price quantities that would be realistic for their families. For example, if a 5kg bag of flour may have been the best buy per kilogram at \$5 (\$1/kg), but it was more realistic to purchase a 2kg bag at \$3 (\$1.50/kg), as a large \$5 expenditure would erode their overall grocery budget, I asked them to note this decision on their grocery list and to price the least expensive 2kg bag. I did review the mathematical concept of unit pricing (comparing prices per standard unit of measure rather than prices per unit as purchased), but did notice a great deal of confusion and hesitation in attempting to grasp the concept. Therefore, I explained where to find the store-calculated unit price on the shelves and asked them to use these in their pricing. I then requested they record the lowest price for each item on the list, and asked them to note if the product was of a lesser quality than their family would accept. In retrospect, I probably gave far too many directions and left too much open for interpretation, particularly since I was unfamiliar with half of the participants’ literacy skills. But I held my breath, crossed my fingers and sent them off with clipboards, lists, pens and taxi fare. The women chatted excitedly as they filed out on their “mission”.

Prior to entering each store, I telephoned store managers to inform them that a group of three to four women would be in their store that morning making price comparisons as part of an nutrition education project. Five of the six managers readily gave their consent. The manager of the upscale Sobey’s Food Village was reluctant, explaining

that competitors' price checkers are free to roam the store from Monday through Wednesday, but Thursday to Saturday they have a "gentlemen's agreement" to leave each other alone. I explained that I was not working for a competitor. (Later, in a group discussion, Monique appropriately described it as "Yea, we're not workin' for a store, we're workin' for ourselves" [G8].) He reluctantly agreed to allow us to make our comparisons after we had personally checked in with him upon our arrival and had shown him our pricing forms¹. Later, when we discussed this experience in a group session, the women were not intimidated and well aware of their rights as well as some common corporate practices:

Sunny: Exactly. You can go into any establishment and price.

Monique: Consumers, you're a consumer you have the right to, you know, to know, you know?

Lana: How else does the Superstore know something else is on sale without, because they have it done before the flyer's out, they must go out. . . .

Monique: They got the KGB out there! (G8)

While we were pricing, one of the women I was with approached me to ask if she was completing the forms correctly. She did apparently have difficulty grasping the unit pricing concept, but had recorded a number of prices and sizes. As the information allowed me to make any necessary calculations, I reassured her she had collected all of the required information. Upon reviewing completed forms from other stores, I realized that a minority of the women were uncertain as to how to proceed. To ensure accuracy of the survey procedure, I later made spot checks in all of the stores and performed all calculations myself.

¹ Two weeks later, while shopping with Bessie and Janice, I made a few additional price checks in the same store. I was again harassed by store employees, despite the fact that I was accompanying two customers, each who had in excess of \$100 worth of groceries in their carts.

By the time we arrived back at the Parent Centre it was almost time for the babysitters to leave, so we had insufficient time to discuss our impressions and experiences. We did talk informally, however. The group of four had insufficient time to price in two stores as originally planned, so pricing comparisons were only available for five stores. Valerie, a “regular” who had led one of the groups to a suburban store was extremely excited, and commented on how important she felt travelling through the store with a clipboard and pen. Many of the women chattered excitedly, and verbalized their disappointment in not being able to discuss our results immediately. I encouraged them all to return the following week for discussion.

Calculations for this initial pricing comparison were quite simplistic. I reviewed forms from all stores to determine the most popular unit size for each item on the list, and then calculated the cost of the item in each store based on a comparable unit size. Once all individual items were standardized in this way, I totalled the sum of the entire list. The total cost of the grocery order was used in making between-store comparisons. Table 6.1 summarizes our findings.

Table 6.1. Supermarket Comparison Pricing, October 18, 1990

Store	Location	Cost of Grocery Order
IGA	Inner City	\$144.86
IGA	Suburbs	\$131.03
Sobey's	Inner City	\$132.10
Sobey's (Food Village)	Suburbs	\$120.89
Superstore*	Suburbs	\$135.64

*time precluded us from making a comparison with an inner city store of the same chain

Supermarkets located in the low-income inner city ranged from 9.3% (Sobey's) to 10.6% (IGA) more expensive than stores of the same chain located in middle income

suburban areas. Our suspicions regarding inequitable pricing policies were confirmed, and unfortunately, they were to the detriment of those who have the least money available to spend on food.

The policy of setting different pricing policies within a supermarket chain is known as “zone pricing”. Zone pricing “is achieved by grouping stores according to consumer demand and competitive conditions within which they operate and establishing a different price policy for each group or zone” (Leed & German, 1973, p. 148). Thus, stores in areas with little competition can inflate prices and still attract customers as alternative shopping venues are not readily accessible. (A store in a low income area within which the majority of residents do not have private transportation may perceive themselves to have little competition due to their “captive” audience.) The profits made in the higher priced “zone” may subsidize less profitable stores in highly competitive zones, thus contributing to the overall profit of the chain. Zones are usually set geographically so as to prevent consumers from seeing differences in pricing systems when shopping in different stores within a common locale (Leed & German). However, a classic text on supermarket management (Charvat, 1961) openly states that “chain stores in a given city, except for advertised specials which are announced throughout the area, have marked similar merchandise at different prices at different locations” (p. 58-59)². Contrary to this statement, we found many advertised specials to be unavailable in the inner city stores.

Upon hearing our findings, the women were both surprised and outraged. The following exchange took place during a group meeting one week after our excursion:

Kim: *And who wants to hazard a guess what store was the
cheapest?*

Christine: IGA in [our neighbourhood].

² Despite reported pricing inequities within cities (cf. Maxwell & Simkins, 1985), I have been unable to locate a more recent reference written from the perspective of the supermarket industry which specifically refers to this practice. Instead, reference is made to generally accepted corporate pricing practices such as zoning, and the supermarketier is urged to conceal such practices from the consumer, as Leed and German (1973) suggest.

Kim: *IGA in [our neighbourhood] was the most expensive!*

Group: Really?

Kim: *And Sobey's [Food Village] was the cheapest.*

Monique: I've heard that!

Kim: *Isn't that incredible?*

[There is a great deal of discussion and ruckus at this point]

Sunny: Sobey's [Food Village] is geared to the rich. You go in there and you get this like, I don't belong here, you know?

Judy: All grocery stores are zoned.

Kim: *They're zoned? How do you know that?*

Judy: I was actually told years ago, and the thing of it, say you go say to [a rural area], it's more expensive, they're zoned.

Sunny: That's how they make their profit! So what we'll do, we'll all just share a taxi and go, we'll get a station wagon and go to [Food Village] [laughter and discussion]... Well there's the taxi money to get the groceries home and there's the money for the carton of cigarettes. [laughter]

Colleen: They would attract business if they [were priced lower than] other stores, and still make up the difference in what they buy by cutting the prices for the people who shop there.

Sunny: You see I don't think companies realize that anymore. It's like the better the buy, the more the people are going to go to get it like, and the further they'll go to get it.

Kim: *And you don't think the companies are cluing into that.'*

Sunny: No, I think companies are thinking of their revenue and how much trillions of dollars they made the year before and how

much more they have to make for their gross estimated income for this year and all that junk. [laughter] (G8)

Once the women overcame their initial shock of realizing they had been taken advantage of by a corporation literally in their own backyards, their partial insights into “corporate culture” (zoning for example) were revealed. They immediately began to question the logic of pricing policies, but were quick to recognize that the driving force behind corporate decisions is profit; pursuit of the “bottom line” is not always “logical”, at least from the perspective of an economically disadvantaged consumer. They also recognized that they are not powerless; as a community they can choose to take their business elsewhere. In exercising their rights to shop where they please, they had the power to enhance their own spending power while decreasing (albeit however so marginally) profits of the local corporate supermarket.

As we continued our discussion, the possibility arose that stores in their neighbourhood may inflate prices when most people shop; that is, after government cheques arrive at the end of the month. Cross (1976) and Maxwell & Simkins (1985) have reported such practices. Some of the women therefore volunteered to recheck prices two weeks following our original outing, during “cheque week”. We did not find higher prices during this time. The cost of the grocery list at Sobey’s Food Village (suburbs) was \$113.33 (\$7.56 less than October 18), and at Sobey’s (inner city) was \$124.66 (\$7.44 less than October 18). The 10% cost differential between the two stores remained constant. Despite our findings however, many participants spoke of experiences which led them to believe that at least some part of what comprises a usual monthly shopping at a supermarket is priced higher at the first of the month when money is available:

Sunny: I mean I’ve seen my girlfriend go the store you know, on a Saturday night and it’s like it’s not a pay day for me, and pick up - and she’s got an extra big family - the square boxes of the hamburger you can buy for like eight something. I seen me go down and pay 14 something.

That's a big difference. I really think that in a lot of places, like I'm waiting for my flyers, I haven't gotten any flyers or anything. For sales or anything like that... (IS2).

Paul: And the sales being on in the middle of the month and things like that, that really bothers me. Like I say, it's bad enough that we've got to go down and buy the cheaper products as it is right, then you see something on sale and you haven't got the money to go down and get it, and the sale is over when you do get paid. Things like that bother me, especially when it comes to IGA and eating and that (IJ4).

So these people who were regularly on the look-out for a bargain noticed that bargains were frequently available when they were unable to take advantage of them. In the supermarket chain we re-surveyed at the first of the month, useful specials were available at that time as well. The possibility still exists that pricing policies discriminated against monthly paid low income shoppers at the IGA chain where the majority of participants shopped. Unfortunately, the women who had volunteered to recheck IGA were unable to complete the task due to extenuating family circumstances.

The arrival of my baby put the research on hold for approximately eight weeks shortly after our first discussion of the pricing results. We, therefore, did not take any action with respect to contacting the local supermarkets. Early in the New Year we resumed our group discussions, and decided it was appropriate to repeat the pricing procedure so that we would have recent data to support us should we decide to take action. Many participants also expressed concerns with the impact of the newly introduced (January 1991) Goods and Services Tax (GST) on their grocery bill, and were anxious to assess the cost of a grocery order in some systematic way. As a group we decided to modify our procedure somewhat. First, several of the women asked questions regarding the meaning of the cost of the grocery list we had priced - how many people would the order feed for a

week?, for example. As we had modified the Food Baskets significantly, it was difficult to calculate the cost of feeding a family with our list. Therefore, we decided to expand our list to include all foods from the standard Agriculture Canada Nutritious Food Basket and Thrifty Nutritious Food Basket so that such calculations could be made. In addition, we retained the foods we had added for our own interest. We recognized the value of making such calculations in that it would help us to further our investigation into an analysis of the adequacy of welfare food allowances (Chapter Seven). Secondly, we standardized the unit sizes of the items on the list, recognizing that the Food Basket sizes were reasonable and comparable to the sizes the participants would usually buy. Thirdly, we reviewed in more detail the concept of unit pricing so that all of the women would be more confident in completing the forms.

Once again we set out in groups armed with our grocery lists (Appendix E) on February 7, 1991. This time we limited our pricing comparisons to two major chains - Sobey's and IGA. A complete breakdown of prices is included in Appendix F. A summary of results is presented in Table 6.2.

As was the case in October 1990, regardless of supermarket chain, prices were consistently higher in stores within the inner city. With the expanded grocery list (which included more high-end products not commonly purchased by these women), the price differentials between inner city and suburban stores of the same chain were only 5%. Interestingly, prices at IGA were consistently higher than those at the Sobey's within the same neighbourhood by 5%. A 10.7% price differential was found between the (most expensive) store most commonly frequented by the women (inner city IGA) and the store furthest from their neighbourhood (the least expensive store - suburban Sobey's). This would amount to a \$21.40 savings on a \$200 monthly grocery order, a benefit which far outweighs the \$8 expense of transportation associated with travelling to the suburban store. This realization led the women to recognize their options. Bessie expressed it well when she said: "Well I can go someplace else!" (G13).

Table 6.2. Summary of Supermarket Comparison Pricing, February 7, 1991

Store Neighbour- hood	IGA		Sobey's	
	Inner City	Suburbs	Inner City	Suburbs
Food Group	Cost of Food Group			
Dairy	\$30.66	\$29.61	\$30.55	\$28.90
Eggs	\$ 1.69	\$ 1.69	\$ 1.69	\$ 1.69
Meat, Poultry & Fish	\$58.69	\$59.29	\$59.59	\$57.93
Meat Alternates	\$ 7.01	\$ 6.47	\$ 7.39	\$ 6.96
Cereal/ Bakery	\$21.48	\$17.24	\$21.52	\$19.03
Citrus & Tomatoes	\$14.07	\$12.77	\$11.86	\$ 9.17
Other Fruit	\$13.32	\$10.76	\$ 9.95	\$10.97
Potatoes	\$ 3.78	\$ 3.48	\$ 3.38	\$ 3.38
Other Vegetables	\$13.01	\$13.31	\$12.01	\$11.00
Fats & Oils	\$ 6.50	\$ 6.50	\$ 6.80	\$ 6.14
Sugars/ Sweets	\$ 8.75	\$ 8.73	\$ 8.26	\$ 7.97
Miscellaneous	\$60.72	\$58.24	\$55.04	\$53.38
Total	\$239.68	\$228.09	\$228.04	\$216.52

Upon examination of the price differentials for each of the twelve food groups assessed, it was evident that differentials were more pronounced for particular food groups. Those groups priced most similarly between neighbourhoods were eggs (0%

difference), meats, poultry and fish (average 1% difference), sugars (1.9% difference), miscellaneous (3.7% difference), and dairy products (average 4.6% difference). Vegetables and potatoes were priced variably depending upon the chain; ranging from no difference or lower cost in the inner city to a 9.2% inflation. Cereals/bakery products and citrus fruit/tomatoes were priced most inequitably with prices in the inner city stores on average almost 20% higher than those in the suburbs.

As a group we made several observations during our excursions to partially account for the variability in price differentials. First, the women noted that the quality of fresh foods, particularly meats and vegetables, was much lower in inner city stores. Thus, the small price differentials for meats and vegetables (in one case) may not be related to equity in pricing policies, but may be symptomatic of inequities in quality. As food security is dependent upon the availability of reasonable quality foods at affordable prices, the policy of stocking poor quality foods in socio-economically disadvantaged neighbourhoods contributes to nutritional impoverishment as do inequitable pricing policies. Secondly, among the more “standardized” packaged foods, we did not note price differences between like brands of the same product within the same supermarket chain. This finding suggested that inner-city and suburban stores were not “zoned” differently; an assumption that was later confirmed by supermarket management for both chains. Therefore, pricing inequities cannot be assumed to be the result of intentional actions on the part of local or regional managers, but may be constructed by social relations beyond the local commercial outlet. We noted that fewer brands, particularly lower priced brands, were available in the inner city stores³. As such, product lines with little variety, such as those found within the sugars and miscellaneous categories, were less apt to exhibit price differences. Thirdly, neither of the stores in the inner city neighbourhood offered “bulk food” sections which usually offer considerable cost saving on staples such as cereals and baking needs.

³ The supermarket practice of choosing among competing brands when purchasing their own stock, and the quantities of shelf or display space offered to each brand is a highly “political” practice associated with corporate collusion. This practice deserves much deeper consideration and will be addressed in section 6.1.2.

Supermarket management argued lack of space as the limiting factor. Nonetheless, lack of such a service contributed to huge price differentials among those foods purchased as a cornerstone of the diet for economically disadvantaged persons - cereals and bakery products. By making pricing differentials of commonly purchased foods considerably higher within lower income neighbourhoods, such a practice accentuated inequities. Finally, it is interesting to note that among those food groups priced most equitably, two (eggs and dairy) fall under governmental price control via marketing boards. Such intersection of the commercial sphere with policy will be explored in more detail in Chapter Seven.

We spent several weeks as a group discussing the implications of our findings and possible avenues to address the inequities. At first, the women thought we should boycott the stores and notify the media. The local public housing tenant's association agreed to lend their support to a boycott. Upon more reflective discussion, however, the women ultimately decided our first step should be to write letters to the stores addressing our concerns around inequities in price, quality and services. Depending upon the response, a boycott and media announcement could follow. The women decided exactly which issues were to be addressed in the letters, and I composed the letters for them. I was quite surprised and flattered by the concern of the women for my role in the plan. Some of our discussion revolved around their apparent fear that writing these letters may in some way be detrimental to me. Lana said it best: "Won't that get her [me] in trouble when she said she was only going in, within the store?" (G13)

Ideally, I would have liked to turn over the responsibility of acting on their decision to them entirely. However, I did realize I had resources available to me that they did not - notably a word processor. Just as these women knew about nutritional recommendations but lacked resources to act upon them, they also knew what they wanted to say and do but lacked resources to put it into practice. By providing the resources for writing the letters, I was facilitating their action on an issue important to them. In addition, the women explicitly

stated they wanted my name and credentials included on the letters. They were convinced that their concerns would be given more attention if they were legitimized by someone who "... knows what she's talkin' about" (G13). However, in addition to my signature, 30 women signed the letters. I believe the letter was legitimized by the strength of the numbers of women expressing their concern. Copies of the letters sent to each of the neighbourhood supermarkets are included in Appendix G.

The letters were given attention by the supermarket managers and head offices. A series of meetings between representatives of the women's group, myself and store officials followed. The sequence of events is chronicled in Table 4.1. The educational nature of this process will be described in more detail in Chapter Nine. Summarizing the impact, however, the women did manage to effect change almost immediately in both stores with respect to the more "cosmetic" of their concerns - quality and services. Price was more slow to follow, a finding we discovered related to the store managers' relative powerlessness to effect change within their own stores in relation to policies established by the centralized head offices. One store, Sobey's, did eventually make a major effort to address our concerns by incorporating a bulk food section into their store. The impact of changes on price inequities was evaluated by a third pricing survey completed by the women on October 10, 1991. Detailed findings are presented in Appendix F. The results are summarized in Table 6.3.

In total, price differentials between stores in inner city low income neighbourhoods and suburban stores were minimized to 3.5% at IGA, and erased at Sobey's. Some differences were still noted when comparing particular food groups. However, the staples of the low income diet - cereals and bakery products - were reduced from an average of 18.9% difference to a 1.7% difference.

Table 6.3. Summary of Supermarket Comparison Pricing, October 10, 1991

Store	IGA		Sobey's	
	Inner City	Suburbs	Inner City	Suburbs
Neighbourhood				
Food Group	Cost of Food Group			
Dairy	\$33.25	\$30.39	\$30.21	\$29.64
Eggs	\$ 1.73	\$ 1.73	\$ 1.72	\$ 1.72
Meat, Poultry & Fish	\$62.41	\$59.44	\$53.22	\$54.20
Meat Alternates	\$ 6.89	\$ 6.92	\$ 6.84	\$ 6.55
Cereal/ Bakery	\$19.78	\$19.33	\$17.42	\$17.24
Citrus & Tomatoes	\$ 9.84	\$ 8.08	\$ 8.88	\$ 9.33
Other Fruit	\$ 9.85	\$ 9.82	\$ 8.15	\$ 7.82
Potatoes	\$ 3.28	\$ 3.28	\$ 3.38	\$ 3.38
Other	\$10.68	\$11.19	\$11.07	\$10.80
Vegetables				
Fats & Oils	\$ 6.44	\$ 6.70	\$ 6.40	\$ 6.60
Sugars/ Sweets	\$ 8.22	\$ 8.12	\$ 7.22	\$ 7.59
Miscellaneous	\$53.10	\$52.83	\$51.19	\$51.19
Total	\$225.47	\$217.83	\$205.70	\$206.06

Because of the high costs of shopping at neighbourhood supermarkets, many of the women began to investigate the possibilities of making purchases at local independent specialty stores - in particular, a produce market and a meat market. Although supermarkets do have the advantage of overall cost savings due to volume buying and high customer

traffic flow, specialty stores have less overhead and a more streamlined distribution system - often purchasing directly from the food producer rather than a wholesaler or food broker (Peak & Peak, 1977). These decreased expenses can be passed on to the consumer by offering price breaks on the store's specialty items. In addition, the streamlined distribution system contributes to a higher quality product, something that was lacking within local supermarkets. An additional advantage to the low-income population is the personal service offered by these stores. The independent business people would frequently negotiate prices or package sizes most suitable to the individual families.

On her own accord, Janice compared prices between a produce market located directly across the street from the local IGA. Her findings are summarized in Table 6.4.

Table 6.4. Pricing Comparison: Produce Market vs. IGA, March 1991

Product	Price (\$)		
	Produce Market	IGA	% Difference
Potatoes (10 pounds)	\$1.99	\$2.59	30.2%
Apples (5 pounds)	\$2.29	\$3.39	48.0%
Lettuce (head)	\$.99	\$1.39	40.4%
Turnip (1 pound)	\$.30	\$.35	16.7%
Total	\$5.57	\$7.72	38.6%

The results indicate dramatic differences between supermarket and specialty market prices within this inner city neighbourhood. Although supermarkets may be able to offer better prices on an entire grocery order, shopping independent specialty markets could offer significant savings on specific foods; in this neighbourhood, produce and meats in particular. Although many of the women were frequenting the produce market and sharing

transportation home with their month's worth of meats from the butcher shop on a regular basis near the end of the research observation period, for some, the allure of one-stop supermarket shopping remained the most practical and feasible alternative. However, although alluring, supermarket shopping also presents a number of "traps" for the unenlightened consumer that can further disadvantage the shopper on a severely restricted budget.

6.1.2. The Allure and the Traps of the Supermarket

Supermarkets, the primary purveyors of one of life's most basic necessities, are designed to make profits. Some of the standard devices utilized by supermarkets to enhance profitability are price appeal, display techniques, advertising, and "one-stop shopping" - integration of non-food merchandise with standard groceries (Charvat, 1961; Leed & German, 1973; Peak & Peak, 1977). As discussed in the previous section (6.1.1), price may be less than appealing in inner city supermarkets. Advertising has a pervasive influence on our food and nutrition related behaviours far beyond the local supermarket, so will be discussed in more detail in section 6.2. However, the display techniques of supermarkets and the lure of one-stop shopping are supermarketing devices subtly applied but with dramatic impact on food choice selections, particularly for the socially disadvantaged consumer.

Supermarket display techniques are referred to by Peak & Peak (1977) as "silent salesmen" [*sic*]. In other words, products which are displayed in optimal locations are more attractive and obvious to consumers, and hence "sell themselves". A great deal of marketing research has gone into the study of supermarket lay-out and optimal space for display. According to classic texts on supermarket merchandising and management (Leed & German, 1973; Peak & Peak, 1977), a typical store lay-out is designed to maximize profits by placing high profit items, such as meats and vegetables, around the outer perimeter of the store where most shoppers gain repeated exposure to the products on their trip through the store. In addition, such a design increases impulse buying by increasing

exposure to a larger variety of products. For example, it is well known even in popular discourse that the dairy case is usually located at the far corner of the store so that frequent trips to the supermarket for milk will necessitate a trip throughout the entire store and perhaps entice consumers to make unplanned purchases on their way.

The participants in this study were far from oblivious to these marketing strategies. For example, Sunny expressed her understanding of “supermarketing” after I asked her about shopping with her children in tow.

Kim: *When you do take them grocery shopping, are they looking at stuff that they want you to buy?*

Sunny: Oh definitely, yea. I mean like I do not buy cookies. I don't buy cookies at all! And like when I take my kids grocery shopping there's a big fight when we go down the cookie aisle, and we have to go down the cookie aisle because bread's at the end of it! *You know what I never thought of that!* Yea, and like uh, the grocery store is set up, the store so that when you go down the aisle like to buy raisins or something to make muffins, you go by past the pop and chips first. [group agreement and laughter] Ok? *So you can't go like in a healthy food aisle and then an unhealthy food aisle, and you can't skip the unhealthy food aisles. They mix them up together so you have to. . .* Exactly, they do it on purpose. I mean like it's a marketing strategy, they do it on purpose to make you buy more (G1).

All consumers are exposed to these tactics, but disadvantaged consumers may be more likely prey, especially considering that the majority cannot afford the luxury of child care while shopping, so usually shop with their children. Supermarket display devices take advantage of children's potential influence on mothers' purchase behaviours, displaying items attractive to children at their eye level as they ride in the grocery cart. Placing candy in

plain view at the check-out, where children sit for extended periods of time waiting for the grocery order to be rung through, is an example of this.

During our supermarket comparison pricings we made observations of some of the display tactics used at inner city and suburban stores. One of the most obvious was the choice of “candy-free checkouts” (checkouts without a candy display) in the suburban stores, but not in the inner city stores (where there is a greater necessity for children to accompany their parents shopping). In addition, the suburban stores provided “kiddie” grocery carts for toddlers and young children to amuse themselves with while their parents shopped, while such services were unavailable in the inner city stores. Dominique described her perception of the inequity:

..so the kids aren't sittin' there goin', “Can I have Mr. cookie today?, Can I have a crunchie?” Do you know what it seems like? It seems to me, and this is just an opinion but, because this place has such a low income, it's like, [in a deep voice, imitating a male] “Well we don't want them shopping carts in here, these mothers don't know how to look after their kids, it's you know, poor people or whatever...” (G13).

As a group we lobbied the stores in the inner city neighbourhood for candy-free checkouts and kiddie grocery carts and were successful in securing their implementation. As such, we were able to reduce inequities among stores. However, the underlying logic and ethics of utilizing display techniques to manipulate consumers into spending more than they had planned were not altered, although as a group we were able to question them.

It became apparent that the onus is on these women as consumers to be strong, to resist the temptations and to “control” their children. While more affluent consumers can afford to weaken and fall into the traps, knowingly or unknowingly, economically disadvantaged consumers cannot afford it. In effect, the disadvantaged consumer needs to be more wise and has to “beat the system” in order to avoid falling deeper into difficulty. Yet, some are more successful at this than others, as Valerie and Sunny explain:

Valerie: Well it don't work for me. [My daughter] says, "Can we have that?", and I say, "I've got no money", and she says, "OK Mommy I'm just doing my job."

Sunny: [laughing] My kids wouldn't be that good! My three year old sits in the middle of the aisle and kicks and hollers and screams! (G1)

Bessie and Anne discuss the responsibility of being strong in the adult context, with particular reference to the lure of one-stop shopping:

Bessie: You spend twice as much money at the Superstore than any other supermarket, because of all the things they have intermixed with the groceries.

Anne: I have to bypass all the extras...Yea. I mean I would love to be able to go and pick up the clothes, it makes it very easy, but I just bypass that (G8).

Supermarket display techniques make shopping easy, but only for those able to pay the price. The task of shopping is made more complicated for disadvantaged shoppers who must decode marketing messages in order to find the real best buy. While socially disadvantaged consumers continue to be faulted for their occasional failures to resist temptations and to make the most inexpensive choices for their families, supermarkets are vindicated of their role in the process through the use of socially acceptable means of enhancing profitability - marketing. In effect, this is a text book example of victim-blaming.

Another observation we made during our pricing comparisons was that far fewer generic brands were available in the inner city stores. This had the effect of both increasing prices and making it more difficult for the women to adopt shopping practices consistent with "wise consumer" discourse which heralds the use of generic brands as a money-saving strategy. Upon questioning the rationale behind the poor availability of generic brands, we were drawn deeper into the workings of the corporate supermarket. According

to one of Sobeys' upper management whom we conferred with over the inequities in pricing, the products offered in a particular supermarket chain depend upon how much money a supplier pays for shelf space. Charvat (1961) confirms the entrenched practice of buying optimal display space. A greater amount of display space increases the share of the market. Thus, suppliers compete heavily to obtain the greatest "profits per linear foot of display space" (Charvat, 1961, p. 59). Supermarkets, therefore, accept payment from suppliers in return for offering them optimal display space in all of their stores. From a corporate perspective, the practice appears quite innocent; all of the corporate players benefit. However, the consumers, particularly disadvantaged consumers, do not benefit. In this example, the chains had an obligation to offer a specified amount of display space in each store. Since the inner city stores were older and smaller, less shelf space was available overall. The inner city stores were able to offer fewer inexpensive generic brands because the smaller amount of shelf space was taken up primarily by expensive national brands due to supplier obligations.

Supermarket chains are large corporations designed to make a profit. As such, their actions to enhance profitability are not only socially acceptable, but expected. At the same time, the promotional campaigns of supermarkets attempt to mystify the corporate side of the business, and focus on the local and personal side. For example, during the course of the research, some of the slogans used in advertising the supermarkets were "Hometown Proud", "People Come First", and "People like You". All of these slogans and the promotional campaigns that accompanied them emphasize the personal service and friendly atmosphere of the supermarkets. The "corporateness" is downplayed (or totally avoided). As such, the consumer is persuaded that he/she is shopping at a friendly neighbourhood store without corporate connections. These promotional campaigns were not so persuasive for the participants in this study, however, due to experiences which were in direct contradiction to the campaigns. These experiences were a reflection of poor customer relations within the inner city neighbourhoods. Interestingly enough, when referring to

these experiences the participants frequently made reference to the contradictions with the current promotional slogan as is evident in the following quotes:

John: And another situation that I've seen on occasion is that the staff at IGA... they look down on anybody from this area. They don't feel that they deserve to take the time to help them do whatever. I've seen someone dressed in a suit, a man dressed in a suit, obviously very well off financially, go in with one item and take it up to the counter, and there was no price on it. So the cashier went back and checked and I had one item that night that didn't have a price tag on it, and she made me go down and look and bring one up....It's a real stigma....That's generally done to people that come from this area. And everybody here has almost come to expect it so we don't, there's no chit chat at the counter, like, "How are you today?" ... Anyone from this area goes down there it's not a word....They tend to be, I think, how is it put in the ads, aisles and aisles with smiles and smiles? Yea, not just aisles and aisles of smiles and smiles. Well, if you see anybody smiling at the IGA [in our neighbourhood], you've just...it's once in a blue moon (IB4).

Paul: I mean they advertise all the time, "People come first at IGA", but you know, what people? [laughter]. That's what I'm saying, it should be us that come first. Them people that work there aren't as important, no that's not right. I mean they can afford the money, they can afford to fix their store all up, they just put new doors, I don't know what they call them but on the other side they've got two doors going into the IGA now, with a little lobby outside. They did the inside all over last summer.... But where are they getting all the money to do this stuff see? They're making it offa people like us. And that's not right. If they're gonna do the store up, do something for

the customers first, then make it, you know, I'd rather see good prices than a fancy looking store. You know, I don't go in and say, "Oh look at the nice walls!" and stuff, you don't do that. You go in for the food. And I don't agree with that, no. Not when you hear about these surveys especially, and they're fixin' up this store so nice for people. Looks are, well what do they say, not deceiving, I don't know what it is, how they can do all that, how they can fix it up and make it look so nice and that, for people to see, and yet their prices are so high and their sales the way they work it and that, it's not right. There's nothin' we can do about it I guess. *Well there might be.* Yea, that's right. 'Cause this day and age, it's not right in this day and age (IJ4).

In other cases, poor customer relations were magnified to a level of blatant discrimination. Racial discrimination in local supermarket hiring practices became a topic of our group sessions as the following passage indicates:

Daisy: There's another thing that sticks out in my mind, that they have zilch black staff at the IGA, and there's a lot of people around here that would like to have a chance to work at the IGA.

Dominique: They used to have. . .

Daisy: None, and there's people available.

Joan: Is the store you're talkin' about the one in [location]? *Yes.* I went there with a friend, she's black and I'm white and we both needed applications. They passed me one, they looked at her and said, "We're not hiring, we only need one."

Colleen: I've heard that, I've heard that yea.

Daisy: That's the way they play the game, and they're playing with the wrong person if they play it with this black person (G23).

Daisy raised this issue at our group meeting with IGA management. Management acknowledged the inequity and asked for advice from the group as to the best way to proceed. Soon after, Daisy was hired on a part-time basis. She continues her crusade to increase the number of black staff at the IGA.

So supermarkets continue to utilize socially acceptable marketing strategies to enhance corporate profitability while painting themselves as non-corporations. At the same time, consumers with severely restricted incomes are expected to be prudent shoppers; their failure to do so, however occasionally, is not socially acceptable. Yet, questioning the corporate structures of supermarkets is not expected either, perhaps because the inequities of the corporate system are less visible to those who are affluent enough to function efficiently within the system. Popular discourse suggests that those who question are "radicals" out to change the "system" because they can't "make it" within the current (implying "correct") system. The experiences of participants in this study did lead them to question the system, and with community organization, to initiate some change. However, when one considers the pervasiveness of the acceptability of corporate control over food, it is a credit to the integrity and perseverance of the research participants that they have not fallen into the trap of equating inequities in the corporate system with personal inadequacies. Their strength is even more apparent when the commercialization and commodification of health and food within and beyond the supermarket is contemplated.

6.2. The Commercialization and Commodification of Food and Health

Whereas the supermarket is a case study of the "neighbourhood connection to corporate culture", it represents and draws us into a corporate world far removed from the

practical experiences of everyday. Yet, the corporate world is in some ways very much a part of everyday experiences, the impact of which is mediated through the commercialization and commodification of food and health. More and more, health is viewed as a commodity - something we purchase. We buy health by paying for resources necessary to achieve health, such as food. As the food marketplace becomes more complex, we purchase programs and services to help us to make healthier food choices. As Kneen (1989) has pointed out,

...in terms of nutrition, the process of feeding ourselves well is now severely distorted by costly and sophisticated advertising and promotion, which colours our environment and shapes our psyche from birth onwards about what is good, proper and socially acceptable to eat and drink(p. 20-21).

In the process of commercialization, food has been transformed from its nourishing function to a commodity, a product to be marketed. In doing so, we are in Kneen's terms, "distancing" ourselves from the growing/raising of food as the basis of our nutritional existence.

6.2.1. Advertising

Advertising was by far the largest single aspect of the commercialization of food and health which was seen by study participants as contributing to the difficulties of feeding their families on limited incomes. Although the adults were tempted by promotional campaigns, by and large they worked hard to resist and to purchase foods most consistent with their means. Children were, however, more likely to be influenced by the media, and had ways of influencing their parents. For example, I had accompanied Bessie on a shopping trip during which she purchased a moderately nutritious cereal which contained a prize for children - Ninja Turtle stickers. As soon as we arrived home, the children started to "unpack" the groceries. In reality, they were simply going through the bags in an attempt to find the cereal box. Having found the cereal box, they proceeded to empty the contents

of the box into a large bowl. In the process, they found what they were looking for - the stickers. When I asked Bessie about this she went on to describe the influence of the media and gimmicks on her children:

Bessie: They will pick up, like, normally I don't take the children shopping because they will pick out the prize in the package that they like, whether it's Ninja Turtle stickers or Captain Crunch squirtie. . . . and like, there's some cereals I just won't buy the kids, but they have the nicest prizes, and it's a fight in the store to. . . if they all stayed like Kellogg's corn flakes and put nothing in them except cereal and advertised them without gimmicks in them, you know, but that's probably the only way they're gonna sell their sweetened cereals, is the gimmicks. *So even though you don't take them shopping, they see this stuff on Saturday mornings and.* . . . Yea, and they can say but most times I just won't buy it. . . . I try not to buy the cute cereal boxes anymore, with the cute cereal in, you know the pre-sweetened crap. I buy very little of that anymore. I don't buy anything with marshmallows anymore. I don't buy that at all. They dig the marshmallows out and the cereal stays and the last box I bought that had marshmallows in, they dumped it on the stairs, dug all the marshmallows out and the cereal was left on the stairs, I was up in the bathroom or something, and this took place in a matter of five minutes when I was in the bathroom, and so I said, "That's it, no more", and they never got another box. *What kind of cereal do you buy for them now, Shredded Wheat you said?* They like Shredded Wheat um, I've bought Corn Flakes, um, they like the Honey Nut Cheerios, like the Cheerios, the round cereal, stuff like that they will eat. I don't buy Captain Crunch, no, they won't eat those at all. Fruity Pebbles, stuff like that , they won't eat it, I won't buy it. They want it because it is pretty. But when it comes to actually eating it they don't like it so. . . (IB1).

Bessie's children (preschoolers) were convinced that cereal was bought for the fun, not to eat. Upon examination of many Saturday morning television commercials, this is exactly how the majority of breakfast cereals are marketed⁴. By and large, Bessie was able to avoid purchasing the less nutritious cereals by shopping without her children (a luxury she could afford with a husband available to watch the children while she shopped). Again, the onus is on the individual to resist the temptations and to decode messages while the corporate sector is viewed as innocently doing what they are supposed to - marketing.

Adults too were tempted by commercial messages. Advertisements are tempting, that is their purpose. However, the rewards for those with restricted incomes are far less than those for the middle class consumer. All consumers are rewarded with the promised convenience, but an extravagant convenience food purchase can have severe implications for the remainder of the grocery budget for a person with restricted income. Again, they are burdened with the responsibility of saying "no" in an environment which encourages "yes". Tina explained the temptation:

I'll tell you what I get tempted by when I see it though. I know it's stupid to buy things like that, is a, things in the freezer department, packages like Chinese food that are already, all you gotta do is, their own little bags and stuff, but I know that's ridiculous because they're too expensive and you just get a little bit. I don't know, the little picture on the front they just look so good and convenient, quick. . . .I don't buy them though (IT3).

The foods do look quick and convenient, and these are characteristics that any busy single mother would value. Yet, convenience is only one value among many, and cost savings is a higher priority.

For some foods, inflated prices appear warranted due to the significant amount of pre-processing and packaging involved. Tina's frozen Chinese dinner is one such example.

⁴ Recently I attended a meeting with representatives of the food industry for a project unrelated to this research. A representative of Kellogg's, a major cereal maker, frequently referred to advertising on Saturday mornings as "buying kid time".

However, many other processed foods, breakfast cereals for example, appear overpriced. A large contributing factor to the high cost of foods is advertising. Canadian print and broadcast media advertising expenditures for food, not including soft drinks, were \$235 million in 1986 (Kneen, 1989). McDonald's spends \$700 million per year in global advertising (Kneen, 1989). Expenditures of this magnitude must be recouped in some way. Increasing the costs of brand name food products is the logical route. Thus, advertising not only contributes to food insecurity and nutritional inequities by tempting disadvantaged consumers to make purchases beyond their means, but does so more directly by contributing to the high cost of food. The pervasiveness of advertising's influence is evident in the research participants' talk. They never spoke of buying macaroni and cheese dinners, but "Kraft Dinner", and "Jell-O" instead of fruit flavoured gelatin dessert (even when they effectively distanced themselves from the messages and actually did purchase a lower priced generic brand). The corporate line pervades everyday life.

6.2.2. The Commodification of Health

It is not only food that pervades the airwaves in relation to eating and health. Bessie explained: "And another thing too, the TV commercials do stress a lot of um, convenience food, and a lot of the diets" (IB3). One of the contradictions faced by all consumers, regardless of economic status, is the temptation to indulge but the social pressure to be thin. I talked with Bessie and John at great length regarding this contradiction as Bessie was overweight and trying to reduce at the time of the research. She had received counselling from the City's nutritionist, had received reimbursement from Social Services for a weekly \$10 fee to attend Weight Watchers, and was receiving an extra \$45 per month on her food allowance to cover the increased costs of foods for her diet⁵.

⁵ The foods recommended for the reducing diet Bessie was following were not "special" foods, but lower fat, higher fibre foods such as fresh fruits and vegetables. Ideally, the Nutrition Recommendations for Canadians (Health & Welfare Canada, 1989b) state that all Canadians over the age of two should be consuming a diet similar in make-up to what Bessie was prescribed. By admitting that welfare food allowances are insufficient to purchase such a diet, the Department of Social Services is, in effect, denying the majority of their clients sufficient funds to purchase foods consistent with optimal health. I will discuss this in more detail in Chapter Seven.

Bessie felt the weekly meeting fee at Weight Watchers was an outrageous expense, so decided not to burden taxpayers with the cost. The following quote explains:

Well ok, one of the reasons I stopped going to Weight Watchers, for the simple reason it was costing downtown [refers to the Social Services offices] \$10 every week, and as far as I'm concerned \$10 for me to get weighed is utterly ridiculous.... I can go down any week to my doctor's to get weighed for nothing (IB3).

In actuality, the visit to her doctor would cost the taxpayer at least \$10. Bessie apparently felt less guilty accepting payment from universal medicare than welfare, or perhaps she recognized the absurdity of public welfare money supporting a huge profit-making enterprise like Weight Watchers International. John also had some influence on her decision, and his viewpoint was informed by professional discourse, apparently from his nurse's training. He believed, probably appropriately, that commercial weight control programs were less concerned with physical health than with making money. Bessie, John and I discussed the possibility:

Bessie: They told me, I had to get a letter from my doctor, they wanted me down to 119 pounds. . . Because I'm short. . . they had no consideration for my bone structure. My doctor said the minimum, the very minimum would be 135, 150 would be fine. Because I've got a large frame. Most places, . . .they do not take your body build into consideration when they want you to lose this weight.

John: They're looking at it from an aspect of how much they can get off you and make money off you. Um, they don't really care about your physical health.

Kim: *So it's going to cost more to go to 119 pounds because it's going to take you longer to get there.*

Bessie: But how am I going to feel at 119 pounds? I mean the last time I was 119 pounds I was probably 12 or 13 years old (IB3).

Bessie and John were discerning enough to recognize the traps of commercializing “health care” and commodifying health, and thus were able to make informed decisions. Commercialized health care programs, however, count on the naivete of the public, and actually nurture it through their media campaigns. The intersection with gender here is evident; weight control programs “sell” the myth of thin perfection to “imperfect” women. Again, John and Bessie were particularly discerning on this issue:

John: The big problem that stems from the whole thing is the fact that it seems that most women who are taking these programs are under some kind of pressure from the program itself, that it’s their responsibility to look good for their husbands or their boyfriends. And I mean, that’s fine if that particular husband or boyfriend wants that, let them tell them, but I don’t think it’s right to put that on television with these programs and make that a general announcement: that all fat women are looked down upon by their spouses or boyfriends or society in general and they do that frequentlyBut I really notice in a lot of cases like this, and as you say it’s not just weight watch programs, but I find that that seems to be the one that sticks in my craw, but we have a society of women who have their own organization for the betterment of women but they don’t seem to be doing anything about this, this advertising and so on.

Bessie: But if you advertise an exercise item on the TV, ever notice it’s the skinny women? You lose all this weight, trim up all these muscles, they don’t show somebody my size, and I’m not humungous. I mean I’m overweight but I’m not humungous, they never show someone like that.

John: Which there aren't that many around. And it's a situation where society itself has come to expect that so they capitalize on it (IB3).

John hit the nail on the head when he said the commercial programs capitalize on society's naive expectation that all women can be thin, and thinness equates with beauty and goodness. Although all women are potential victims, members of low income groups are likely to consider themselves as especially disadvantaged as they recognize that they cannot "buy" their health, while they may perceive others to be able to do so. The following quote from John places the commercialization of health care in a low-income context:

But if you want to look at it from a low income aspect again, you've got society telling all women that they should look tiny, thin, sexy, just the perfect shape. So you've got low income women who can't afford to buy these Weight Watchers diets, etc. etc. etc. The whole group, they get discouraged. It's stress for one thing, and you can't get away from stress no matter what you do, but it increases if you've got that outside pressure. So you've got the stress of not being able to lose weight because you can't afford a particular diet, or the consequences of the diet, which gives you even more stress on top of that, where you decide, I'm trying to think as a woman, where you finally decide, "well the hell with it, I can't do it, I can't afford it or it's taking food out of my children's mouths because I'm on this diet and it's costing \$300-400 a month which is half the food bill", or whatever the case is, you know? (IB3).

The infiltration of the commercial sphere into health care is even more readily apparent upon examination of the corporate structure of commercial weight control programs. Weight Watchers International is an ideal case study. Although Weight Watchers started out 25 years ago as a small support group, expansion was rapid. Today, Weight Watchers International is a subsidiary of the H.J. Heinz Company, a large multinational food giant. Heinz not only earns money through Weight Watchers meetings, but has used

its food business to produce and market Weight Watchers brand foods (which basically translates to a win-win situation; they make money when people eat and when they don't). Although these foods are not necessary to follow the Weight Watchers diet plan, they are marketed to Weight Watchers members as an easy way of following the plan, and to non-members as low Calorie tasty foods that can help to achieve the "good life". The current slogan for Weight Watchers foods is, "This is living!". Again, the cost of following a Weight Watchers plan and to purchase their special foods may be well worth it to a consumer with disposable income. However, to a person with a restricted income, the price of "health" and "beauty" is prohibitive. John explains:

It's far too expensive, even if, even if you're on a Weight Watchers diet, and I'm only going by from what I know in nursing and from the people I know who are on Weight Watchers diets, um, they buy the Weight Watchers food because they can afford to, and it's generally middle and upper income people that do, lower income people might want to buy it but the fact is you've only got a certain amount of money to work with, so I mean if you do buy three or four of these Weight Watcher dinners, then, you'd eventually get like Bessie and you'd feel guilty that you spent that much money on a meal for one particular person when that much could've gotten you a meal for the whole family (IB3).

The idea that health is a commodity is reinforced by the commercialization of weight control programs. For the socially and economically disadvantaged, the commercialization and commodification of health and food increases feelings of guilt and inadequacy.

6.2.3. The Commercialization of Welfare

Increasingly, popular and political discourse cites the private sector as the saviour from the current economic down-turn. As we can no longer depend upon the financially strapped government, we must turn to business to dig us out of the economic abyss we have fallen into. Throughout the course of the research, as a group we confronted several

examples of a shift to private sector responsibility for public sector difficulties. By far the most glaring example was reliance on the private sector to “solve” the hunger problem through the charitable act of supporting food banks. This apparently “simple” act of charity was far more complex than originally anticipated.

We were first introduced to the idea of corporate responsibility for public problems after we had compared prices between supermarkets. Soon after our letter writing campaign, IGA was in the news as a major sponsor of a food bank food drive. They had inserted paper grocery bags into local newspapers. The grocery bags were imprinted with the IGA logo, and a request to consumers to fill the grocery bags with suggested staples, and to place them in food bank receptacles in IGA stores. Messages on the bag urged consumers to “Share Easter!”. On the surface, the grocery bags epitomized the idea of IGA as a good corporate citizen, supporting a charity in line with their business. However, upon deeper reflection, the food drive represented firstly, a support of the concept of food banks as a solution to the problem of hunger, and secondly, a way for IGA to improve their financial position. Each of these ideas deserves more careful consideration.

According to Riches (1986), food banks do not solve the hunger problem, they simply provide emergency food to some of those in acute need. By providing a means of obtaining food at no cost, food banks help to prevent rampant starvation, a symptom most commonly associated with food shortages in developing nations. Instead, as I pointed out in Chapter One, many disadvantaged Canadians suffer from suboptimal health related to chronic sub-clinical malnutrition; symptoms which are much less visible to the naked eye. In a sense, food banks mask the hunger problem in Canada. By appearing to deal with hunger by preventing starvation, food banks divert attention from government responsibility by concealing the inadequacies of social assistance and other social programs. (I will discuss the inadequacies of social programs in more detail in Chapter Seven.) Corporate support of food banks reflects their institutionalization and growing acceptance as the solution to the hunger problem. At the same time, the corporations are, at

least implicitly, supporting current government action (or inaction) on hunger as appropriate. In effect, they are sanctioning the current social order. Perhaps this is not surprising, considering that most high ranking executives of successful corporations have been served well by the current system. More relevant, however, is the idea that corporate support of food banks sanctions the current workings of the food industry as well. Food banks provide a means of distributing “surplus” food. The concept of surplus food invites the question why, in a country where an estimated 20% of food produced is wasted, never eaten or discarded (Riches, 1986) people are hungry and reliant upon charity for the most basic of human needs. Why is a growing segment of the population unable to obtain sufficient food through standard distribution channels? Why is it that the food industry feels it is in their benefit to support a secondary distribution channel for “surplus” food? The answers to many of these questions become more apparent upon examination of the financial benefits to the food industry for supporting food banks.

The most obvious financial incentive to food industry support of food banks is the goodwill and positive corporate image charitable work generates. The monetary value of goodwill became evident to us as a group when one of our letters to Sobey's initiated (to our chagrin) a food bank drive in which we⁶ were asked to participate in planning. Although we were reluctant to participate, recognizing that we were contributing to the masking of the hunger problem, we did recognize that the food bank was in need of supplies, and that in the short-term, it could best be served by enabling its food distribution function while its board of directors and other interested parties (including us) worked toward finding more long-term solutions to the hunger problem. Since we were asked to participate, however, we felt we could make an impact by using the drive as a means of educating the public regarding some of the root causes of hunger in Canada. At first, Sobey's were quite receptive to the idea. They were willing to imprint their grocery bags

⁶ “We” refers only to the professionals associated with the Parent Centre. Although the initiating letter (Appendix G) was signed by both professionals and women's group members, Sobey's asked that all communication with their personnel be through the professionals only, despite our insistence otherwise.

with educational messages, and to promote the food drive as a stop-gap, but needed measure. At this point, Sobey's informed us of their budget for the program - \$80,000. Having always worked for public sector and voluntary organizations, this figure seemed quite high, so I questioned where the money was coming from. I admit, I was most concerned that a figure of this magnitude would be translated to higher food costs, and thus in effect, accentuate inequities. I was reassured that \$80,000 was Sobey's usual weekly promotional budget; management felt this was an issue of sufficient magnitude to warrant the investment. To them, the food drive was a promotional event. The goodwill it would generate warranted an expense which would be approximately equal to the combined yearly incomes of eight of the families who participated in the research. After having spent several months learning of and trying to appreciate the experiences of low-income families, and sitting in a meeting with corporate executives willing to expend such huge amounts of money at the drop of a hat, I felt at this point like I had never before. I understood the meaning of inequities.

In some ways, my concerns over the cost of the drive contributing to the high cost of food were warranted. In this case, however, the drive alone did not raise the cost of food, but the weekly promotional budgets all contributed on a regular basis. As I discussed in section 6.2.1. on advertising, promotions are costly and must be recouped in some way. The high cost of food is partially a reflection of this expense. Thus, although food drives help to solve the immediate problem of acute food shortage, the promotional activities associated with them help to increase the cost of food, and therefore, accentuate inequities which underlie hunger.

The food drive did not materialize as we had originally planned. After our initial meetings, Sobey's continued with their planning in isolation. Approximately six weeks before the drive we met with Sobey's representatives and food bank representatives to discuss details of implementation. At this point we were all informed, to our surprise and disappointment, that the drive would not contain an educational component. Instead, like

IGA before them, Sobey's were distributing paper grocery bags in local newspapers and urging individual consumers to "give". The message was "Please support our Food Drive and help those in need to have a HAPPY THANKSGIVING". They assured us another message to the effect of "while we look for permanent solutions to hunger" would be incorporated, which we were willing to live with. When the bags appeared in the newspapers, the second message had been omitted. Perhaps they recognized the conflict of interest this would generate. Reflection on social inequities could paint the food industry in an unfavourable light and potentially jeopardize their position of financial security and power⁷.

Another way in which food bank drives better the financial position of the corporation is through the increase in sales they generate. As Kneen (1989) expressed so well,

It helps their public image, it helps keep the product moving, and it helps their balance-sheet if the middle-class can be persuaded to become surrogate customers for the deprived by *buying* processed foods and then, on the far side of the check-out, donating them to the food banks (p. 27, original emphasis).

I am not sure if we will ever find out how much of the \$80,000 was recouped directly in increased sales as a result of the drive, how much contributed to the prohibitive cost of food, and how much generated goodwill. Nonetheless, the food drive certainly did not hinder sales.

Another way in which the food industry can better its financial position through the support of food banks is through the tax receipts generated through the charitable act of

⁷ One year later, Sobey's did sponsor an educational flyer and coupon book in cooperation with the Atlantic Alliance of Food Banks. Use of each coupon at Sobey's stores was associated with a monetary donation to the Alliance. The educational brochure emphasized poverty as the cause of hunger, and the availability of programs to help the poor cope. It did not reflect on underlying inequities leading to poverty, but urged the more fortunate to be generous with charitable support. Corporations were painted in a very favourable light, as the following excerpt illustrates: "Between 1986 and 1991, the Alliance has moved in excess of 4 million pounds of food; donated by corporations throughout Atlantic Canada."

donating food. In fact, most food banks receive the bulk of their contributions from the food industry (their “surplus”), not from individual citizens. When we first started meeting with representatives of the supermarkets, we noted that Sobey’s never donated to the food bank (hence the aforementioned letter), while IGA frequently did so. Noting that IGA had higher prices than Sobey’s, we erroneously concluded that IGA had a practice of generating more waste than Sobey’s, the high cost of the waste contributed to their higher prices. As a group, we supported less waste and lower prices, even if that precluded food bank donations. Later in our discussions with Sobey’s around the food drive, we came to learn that Sobey’s also discards food. (Their lower prices are related more to their larger size, greater purchasing power, and better corporate “connectedness”). They refused to donate to food banks for fear of liability. At the time, law in Nova Scotia could hold the source of the food liable should the recipient fall ill. Sobey’s initiated the food bank drive as a way to get into the food bank game without threatening their security. Sobey’s also became one of the leading advocates for a proposed Good Faith Food Donor and Distributor Act (a private member’s bill before the Legislative Assembly in 1991), an Act which would free any food donor and the food bank of any liability should donated food be the source of illness. This Act would apparently be in the interest of the corporate sector, allowing the donation (and resulting tax receipt) of any food - regardless of edibility.

One of the participants in the women’s group, Denise, had worked at a food bank and shared her experiences with this secondary distribution system with us. Her words made a far greater impact on the understandings of the women than my academic analysis could.

Denise: I used to work for the food bank and it was amazing the people, the different agencies that would phone up to donate stuff right. And normally you would think of somebody just phoning up to donate stuff it was, you know, a charitable thing, but you wouldn’t believe the number of people that asked for a receipt for tax deduction because they had donated X

amount of stuff, and you wouldn't believe the amount of stuff that gets thrown out in the garbage because it's past perishable date and. . . *And would they still get a receipt for it?* Yep. Produce that none of us would go into a store and buy because it was, you know, like lettuce in really bad shape or carrots or potatoes or whatever in really bad shape, um, that none of us would go pay money for, would still be expected to be distributed and I, I, well you just wouldn't believe the stuff that used to go in the garbage because there's no way that anybody who had any common decency wants to give somebody that kind of produce coming into the food bank. And yet I know there are places that do that but, this particular place, you know if it wasn't up to standard it didn't get put out. *And does most of the food at the food bank come from stores?* A large percentage of it does, like it comes either from wholesale, or it comes as a direct result of overstocking, um, but a lot of the stuff which is donated are as you say, items that didn't sell because there was either not a market for them or they were priced too high and their expiry dates came too near. And the other thing is that a lot of the stuff that gets donated, unless ...you have a list of when the expiry dates are, you have absolutely no way of knowing if what you're dispensing is actually still ok or whether it's gone over that expiry date (G15).

Denise's experience provides evidence to suggest that food banks do serve as a secondary distribution network for "surplus" food. When I asked the women what would happen if the food industry produced and priced food in a manner such that it all could be sold (i.e. to sell 100% of the food at 80% of the price instead of 80% of the food at 100% of the price), they responded with: "You wouldn't need the food bank" (G15). The possibility, however improbable, would exist to enable them to purchase food themselves within their means.

6.3. Summary

The apparently simple, everyday household work of procuring food provided a point of entry to the broader social relations constituting the commercial organization of food, health and welfare. Reliance on commercial outlets for procuring food is the most immediate example of how common household practices enter these women into relations with the commercial sphere. Upon analysis of this intersection, aspects of the social organization of nutritional inequities have been brought into clearer view.

The most notable contributor to the social construction of inequities, which these women participated in uncovering, was the corporate practice of establishing and maintaining inequitable pricing policies. These pricing policies embodied the reification of social constructs arising from partial views of the social relations organizing experience (Smith, 1987). From the perspective of the research participants, inequities in price between inner city and suburban supermarkets were not readily apparent, as opportunities to shop in suburban neighbourhoods were infrequent. Yet, the set of social relations constituting pricing inequities compromised the participants' abilities to purchase a nutritious diet while shopping within their own neighbourhood, and thus was evident in their experiences. Travelling elsewhere to purchase food necessitated the investment of scarce resources, notably time and money, for transportation. Thus, overcoming inequities was not something that could be accomplished easily by a change in behaviour by individual research participants. Without the development of alternative opportunities for procuring food, the women were compelled to continue patronizing the supermarkets despite knowledge of inequitable pricing policies, a practice which effectively reproduced the inequities. Interestingly, through the process of participatory research which led to the discovery of pricing inequities, we were also able to explore the problem from the perspective of store managers. The managers were also unaware of the inequities. To their knowledge, the stores within which prices were compared were supposed to have equitable

pricing policies. We discovered, through consultation with higher ranking corporate executives, that the social relations constituting pricing inequities and organizing the experiences of the women and the managers at the local store level were taking place in corporate boardrooms far removed from the local level. By not seeing the totality of the relations, the corporate practice of selling optimal shelf space to expensive national suppliers acted as a “barrier” to the store managers, such that they believed they were powerless to make changes in their own stores. By not seeing how this practice discriminated against low income consumers, executives did not question their well established corporate practice. However, the process of participatory research raised the consciousnesses of these women, and allowed them to reflect upon the opportunity for community action to initiate change in the broader social context, in this case the pricing practices of the supermarkets. As a group, the women were successful in advocating for a reduction in pricing inequities among neighbourhood supermarkets, thereby helping to make the environment more amenable to their needs. Such a change was essential in enabling participants to feed their families an adequate diet. In addition, their new found understandings of the workings of the commercial sector led them to develop alternatives to the supermarkets. They are currently initiating a co-operative grassroots grocery enterprise through the Parent Centre.

Through the process of analyzing supermarket pricing policies, other aspects of the commercial organization of food, health and welfare not immediately evident in household feeding work were brought to view. It became possible to see how the participants were drawn into relations organizing the commercial “system” far beyond the confines of each household, but which permeated aspects of the daily “lifeworld” of these families. An illustrative example of broader commercial relations with profound, yet subtle, influences on eating involves advertising and promotions of food and “health” programs. Advertising and promotion of food and health programs were implicated in the construction of nutritional inequities in numerous ways. First, they directly influenced purchase decisions

of the research participants. The disadvantaged are exposed to the same commercial messages as those with ample disposable income, so understandably, are subjected to the same marketing ploys which sell images of femininity, motherhood and beauty. Yet, for someone with a limited budget, the consequences of succumbing to those marketing ploys can severely compromise their abilities to adequately provide food for their families by diverting income to less essential purchases, while others with more ample income are rewarded with the promised convenience, taste or weight loss. As a result, the disadvantaged share a disproportionate responsibility for being particularly discerning and resisting attractive but superfluous purchases. They also bear the burden of guilt for failing to resist messages designed to influence purchase behaviour, and the burden of guilt for resisting messages which sell images of femininity and “good” motherhood. Advertising and promotions also reinforce inequities by contributing to inflated food costs, thus decreasing the purchasing power of the disadvantaged. Although many of the research participants had great personal strength and resolve which enabled them to diminish the influence of advertising on their families’ eating experiences, the inequities remained. As individuals, the participants were able to cope, but were relatively powerless in overcoming inequities constructed by the commercialized media. As such, the ideological influence of advertising is even more pervasive in the construction of inequities than the more readily visible pricing policies of supermarkets.

Examination of the commercialization of food, health and welfare also revealed the growing corporate role in finding “solutions” to hunger, notably, in their support of food banks. However, the analysis revealed that private sector involvement in public problems not only increases the power and position of the corporations, but effectively removes responsibility from the government to provide adequately for the poor, or to find more permanent solutions to poverty. As such, it reproduces the current social order, including the reproduction of nutritional inequities.

The examination of the limited purchasing power of the research participants, and of private sector responsibility for public problems also provide an entry point to the bureaucratic and political organization of food, health and welfare. Chapter Seven draws us deeper into the explication of the social organization of nutritional inequities.

7.0. The Bureaucratic and Political Organization of Food, Health & Welfare

In Chapter Four, I painted a picture of the financial situations of the five families studied individually. All of these families had been dependent upon government assistance for the majority of their income at some point in their lives; four of the five of them were so dependent at the time of the study and continue to be as this is written (July 1992). As is evident in these descriptions of their financial situations, these four families are living on incomes well below the poverty line; an indication of the inadequacies of current social assistance rates.

In Chapter Five, I introduced the idea that the household work of feeding the family is complicated by the financial constraints imposed by unrealistically low welfare allowances - for food and otherwise. In this Chapter, I will explore this idea further with a more systematic analysis of the bureaucratic organization of food, health and welfare from the perspectives of the everyday lives of the research participants. Figure 7.1., A heuristic depicting eating as embedded within social constructs, situates the current “layer” of analysis.

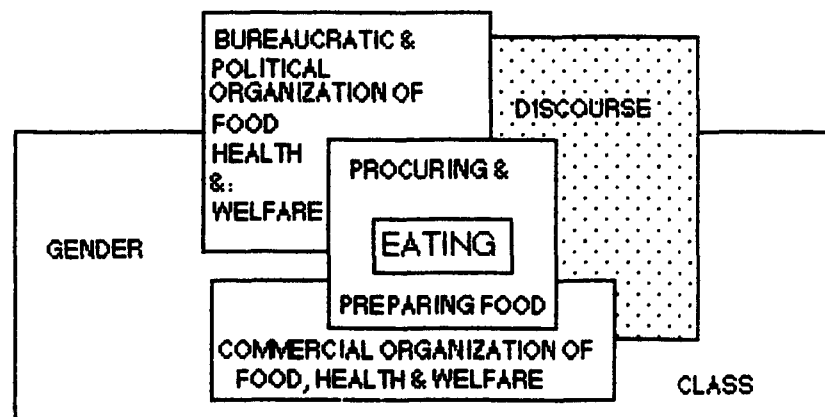


Figure 7.1. A heuristic depicting eating as embedded within social constructs.

For organizational purposes, I have divided this Chapter into two sections. The first section explores the bureaucratic structure of the various agencies and programs with which

the research participants interact in their daily lives. Through a presentation of the historical development of the current structure of social assistance in Canada and an overview of the variety of income assistance/social programs, the intent of this section is to situate nutritional concerns within the context of socio-economic disadvantage. I present evidence to suggest that the current bureaucratic organization of welfare is inadequate to meet even the most basic needs of recipients. In addition, the complexities of the various income assistance/social programs breed inequities, not only among various social strata, but among members of already disadvantaged groups. I argue that the inadequacies and inequities are leading to a resurgent dependence upon charity, an arrangement the current welfare system was initially designed to replace.

The second section relates these bureaucratic structures to food, eating and nutritional health, from the perspectives of the research participants. The analysis begins by situating food within the overall household budget, and proceeds with a comparison of food costs to welfare food allowances. I present evidence to suggest that the current government policy of fiscal restraint is systematically denying the most disadvantaged members of society adequate resources to achieve optimal nutritional health. I conclude with an exploration of the implications of institutionalizing charity as a source of food for the disadvantaged.

7.1. Living with the Bureaucracies

Throughout the course of the research, these women and their families talked about aspects of the various “systems” they interacted with that at times seemed far removed from the practice of eating and the idea of nutritional health. Their talk, however, helped to situate nutritional concerns within the context of socio-economic disadvantage. Thus, the purpose of this section is primarily contextual. I will attempt some analysis of the inadequacies and inequities of the welfare system in particular, but only in as much detail as

necessary to comprehend the impact on food, eating and health. More thorough critiques have been made previously and have been consulted in writing this section (cf.: Blouin, 1989, 1992; Council of the Nova Scotia Association of Social Workers, 1987, 1990; National Council on Welfare, 1987, 1991, 1992a, 1992b). I have also consulted relevant policy, procedure and information manuals for the two social assistance programs studied. I have not cited them specifically in an effort to protect the anonymity of the research site.

Historically, the emergence of Canada's current social welfare system can be traced to the Great Depression of the 1930s. Prior to that time, the need for social assistance was seen as a sign of personal failure, and relief was forthcoming from various charitable agencies. During the Depression, with unemployment rates close to 25% and a growing need for income assistance, public attitudes toward those in need were more favourable. Canada gradually moved from a social assistance system based on charity to a publicly funded one. Over the next 40 years, a series of individual legislations covering aspects of income assistance, such as the *Old Age Assistance Act* and the *Unemployment Assistance Act* evolved. In 1966, the *Canada Assistance Plan* was adopted in an attempt to develop a more comprehensive scheme of income assistance from the multitude of independent plans for different categories of need. The Canada Assistance Plan (CAP) embodies the principle of the right to financial assistance to meet basic needs regardless of cause. Under CAP, which still constitutes the legislative basis for the welfare system, the federal and provincial governments have a 50:50 cost-sharing arrangement for the cost of basic needs. The federal government provides financing while the provincial governments design, administer and finance social assistance programs for their own jurisdictions (National Council on Welfare [NCW], 1987).

As I described in Chapter Four, Nova Scotia has a two-tiered welfare system. The province administers a "long-term" system of social assistance through the *Family Benefits Act*. Provincial Family Benefits are available for persons and their families who meet stringent eligibility requirements and are either disabled or single parents. People who meet

eligibility requirements for Family Benefits are considered “unemployable”. Municipal Social Assistance, intended for “short-term”¹ assistance (for “employables”, those waiting to receive Family Benefits, or for other categories of need not covered by Family Benefits) is administered by each of the 66 municipalities in the province, although there are “only” 29 sets of rules as some municipalities share policy manuals. Municipal Social Assistance is administered through the *Social Assistance Act* (Part II), and is cost-shared with the province (Council of the Nova Scotia Association of Social Workers [CNSASW], 1987). Only one of these 66 municipalities was studied in this research.

A variety of other income assistance/social programs were relied upon by the research participants. Table 7.1 organizes these programs under the bureaucratic system responsible for administering them. Because of the variety of cost-sharing arrangements, most of these programs are intertwined to the extent that jurisdictions are blurred. For ease of comprehension, I have organized them according to point of entry to the system, which is how recipients would first gain experience with the programs. The sheer number of programs testifies to the complexities of what the National Council on Welfare has called the “tangled safety net” (NCW, 1987). Complexities breed inequities through disparities in eligibility requirements and interpretation of administrative policy. In addition, the growing number of charitable organizations involved in providing basic needs (food, shelter and clothing) to the poor suggests that Canada’s publicly funded welfare system is sufficiently inadequate to necessitate supplementation by the very system it was intended to replace after the Depression. Inequities and inadequacies of the current bureaucratic and political organization of food, health and welfare are key issues for analysis and critique.

¹ Although the intent of MSA is to provide emergency assistance for periods of less than 3-6 months, with rising unemployment associated with the current economic recession, many families become reliant on MSA for long-term help. Two of the five families studied individually had been reliant, at least partially, on MSA for over two years.

Table 7.1. Income Assistance/Social Programs Relied upon by Research Participants

Federal	Provincial	Municipal	Charitable
Unemployment Insurance	Family Benefits (single parents)	Social Assistance	Food banks
Family Allowance ²	Family Benefits (disability)	Fresh Start Grants	Clothing depots
Child Tax Credit ²	Subsidized Child Care	Public Housing	Churches
Canada Job Strategy	Family Court Orders	Parent Centre	Salvation Army
GST rebates	Child Welfare (Foster Children)	Children's Aid Societies	School Milk & Cookie Program
Medicare ³	Healthy Babies Program (for pregnant women)	Milk & Orange Juice tickets program (for pregnant women)	Christmas Programs (Christmas Daddies, Goodfellows ⁴)

7.1.1. Inadequacies and Inequities

The Canada Assistance Plan shares the cost of the provincial welfare systems under the condition that the province provides adequate assistance to cover the basic financial requirements of those in need. The problem lies in determining adequacy of assistance. Generally, for both Municipal Social Assistance and Provincial Family Benefits, the two

² A Federal White Paper was issued in conjunction with the February 1992 Federal Budget, which proposed an integrated Child Benefit effective January 1993. The new Child Benefit consolidates Family Allowance, Child Tax Credit, and Child Credit (currently only available to parents with taxes owing, which is why it has been omitted from this table as no research participant qualified) into one Child Benefit paid monthly and targeted toward low and modest income families (Bouchard, 1992).

³ Universal

⁴ It is interesting to note that the names of both of these programs imply a male helper.

welfare systems studied, determination of adequacy is based on a subsistence approach. That is, for those expenses deemed necessary, a specified sum considered “adequate” to meet those needs for a given family size is allowed. For the municipality studied, basic needs are outlined as follows: shelter (including heat), electricity, food, clothing, miscellaneous (a nominal amount meant to cover items such as cleaning supplies, personal hygiene products etc.), telephone, and transportation. The municipality also makes provisions for “special” needs, such as prescription drugs and eye glasses. For provincial Family Benefits, basic needs are more restricted and outlined as follows: shelter (including heat and electricity), food, clothing, miscellaneous and transportation. Telephones are not considered necessary. For Family Benefits recipients on disability, special needs as in Pharmacare and other health-related expenses are covered for the disabled person only, not for other members of their family. For single parents on Family Benefits, special needs were not allowed for the majority of the time studied. On August 1, 1991, Provincial Family Benefits expanded its allowances to include partial coverage of prescription medications for all family members. Prior to that policy change (and still for other special needs), Family Benefits recipients were directed to the Municipal Social Assistance office to assist with any special needs.

Upon initial examination of these categories of allowances, it would appear that basic needs are considered in establishing welfare assistance rates. However, “social assistance budget items, both Provincial and municipal, are not and have never been keyed to actual costs” (CNSASW, 1987, p.11). Although Provincial Family Benefits has (prior to 1989) increased its budget yearly by the cost of living index, thereby giving the impression that allowances are keeping up with price increases, the budget figures were never geared to actual costs, but arbitrarily set (CNSASW, 1987). Since 1989, however, the situation has deteriorated as the provincial government abandoned indexation in favour of annual rate reviews (NCW, 1992b). Prior to the changes in Family Benefits Policy of August 1991 described previously, rates had not undergone substantive review since July

of 1988. Even yearly reviews were made within the context of budgetary restraint, as the following quote illustrates:

Annually, the Executive Council reviews and adjusts allowances to reflect need based on available resources. We want to assure you that as financial resources become available, this department will do all it can to continue to meet the many needs of Family Benefits recipients (Director of Family Benefits, personal communication, April 4, 1991, emphasis added).

Since the aforementioned changes instituted in August 1991, there have been no increases in Family Benefits Allowances, despite increases in the cost of living.

Unlike Provincial Family Benefits, the *Social Assistance Act* never made provision for regular cost of living increases in Municipal Social Assistance (CNSASW, 1987). Although the municipality studied usually reviewed and increased allowances on an annual basis, at the time of the study an approved increase in allowances was never implemented. Lack of resources was cited as the cause:

...we are concerned about the inadequacy of our scales, however, scale increases must be approved in Council and in a recession it is extremely difficult for government to meet all the needs that are presented (Director of Social Services, personal communication, April 30, 1991, emphasis added).

In effect, scales that were arbitrarily set and well below the poverty line to begin with are growing increasingly inadequate as they fail to keep up with the cost of living. The National Council on Welfare (1992a) found that the value of welfare incomes (factoring in changes in the cost of living) actually declined during the duration of this study. Between 1990 and 1991 the value of welfare incomes in Nova Scotia decreased between 1.2-3.4%, depending upon family composition and source of welfare income (provincial versus municipal).

In addition to failure to keep pace with inflation, discretionary “special” needs are being cut back in the name of fiscal restraint. In the meantime, rising unemployment is swelling welfare rolls and placing greater demands on the public purse. A recession is a time of greater need for social assistance, not lesser need. As is evident in Table 7.1, basic needs are not met through publicly funded social assistance, but through charity. As Carolyn pointed out, it is not that the money for social assistance is unavailable, but where the government allocates its money is a matter of priorities. The priorities they have chosen are a source of inequities:

If they can pay Buchanan [a former Premier whose financial dealings were under investigation at the time] thousands and thousands of dollars toward his bills, why can't they pay us, you know? It doesn't make sense. See these guys don't live within their means. They should be made to live within their means. Even the Prime Minister doesn't live within his means (G23).

From the perspective of the taxpayer and welfare administrators, fiscal restraint is a reasonable explanation for lower than subsistence rates for welfare allowances, especially if they adhere to the popular view that poverty is a result of personal inadequacies. However, from the perspective of the recipient, inadequate rates translate to impoverishment and humiliation at their “inability” to make ends meet. Many of the research participants were never given copies of their social assistance budgets, so although they received a cheque each month, they had no idea how much of it theoretically was to be allocated to rent, food, electricity etc. Others were discerning enough to ask for a copy of their budgets. Immediately, they were able to identify inadequacies. Knowledge of their budgets was empowering for them as they were readily able to identify unrealistic allowances as a source of their financial difficulties, and thus were able to absolve themselves of the blame for being unable to make ends meet. The following quotes provide examples of the

deficiencies in allowances for what is considered by both tiers of the welfare system as “basics”:

Paul [speaking of a \$9/month travel allowance]: So anywhere we [the family] went anywhere it would cost us 2, 4 \$7 just to get the bus, to go and to come back.... And this \$9 isn't for the kids or Janice, this \$9 is supposed to be for my transportation, if I'm out looking for work or something (IJ2).

Sunny: Social Services gives me \$50 a month for lights, my light bill is anywhere from, I've gotten two, and the first one was \$120 some and this one was \$118 [for two months]. So, it's about, it's about 20 or 30 dollars more than what they allow me for (IS1).

Tina: They [allowances] don't go up every year like prices do,... and when they do go up it's not very much, not enough to keep up with the cost of living. I guess it's just things they don't take into consideration, like every time you gotta go and take a cab or something in the winter, people with like two or three kids you know aren't going to be trucking down from here to IGA with them and back... I know it's supposed to be only for the basics, and I s'pose what they consider basic is just the food itself, not anything else like, I mean there's a lot of things you get in a grocery store that's not food. And uh, I just, something I find so ridiculous, the clothing allowance is \$17. *A month?* Yea, I mean like uh, what am I going to buy with \$17, a couple pairs of socks? [laughs] (IT5).

Anne: My situation is..., like I find to pay the rent, like my rent is 595, [her allowance for rent at the time was \$447] so I'm trying to move into housing or something like that right (G1).

Sunny: They do not give you enough to pay the actual cost of the basic things that you have to get. I mean if we had a bus pass, now not all of us

have to take the bus everyday or anything, but if we had a bus pass, if our kids got sick and we had to go to ... the [hospital] and we had no money, if you've got the bus pass you can go (G1).

Bessie: Telephone. Every household should be allowed at least a dial telephone for emergencies. If you're a mother at home and your children, or even me where I'm married. If something happened to my husband and I had to rush him to a hospital. What if it happens in the middle of the night? (G24).

For some basic expenses - rent, electricity, telephone, transportation, clothing - the inadequacies were blatantly obvious. Allowances came nowhere near actual costs and the families were forced to stretch their budgets to the limits. For other more variable expenses, such as food, the inadequacies were less apparent and required a more detailed analysis to assess, as section 7.2 will address. On the surface, variable expenditures in excess of the budgeted amount could be easily attributed to the recipients' inability to budget properly; at least that was the common interpretation by case workers when I informally questioned two of them about inadequacies. However, as discussed in Chapter Five, most of these women are quite adept at budgeting by necessity. Comparison of allowances to actual costs reveals that a large part of more "flexible" allowances, such as food and clothing, were being eroded by insufficient funds for other basic needs. In most cases, food and clothing could be obtained from other sources - food banks and clothing depots for example. However, other basic necessities were less flexible, so demanded immediate payment. Sunny explained why food was less of a priority than other basic needs:

But anybody who has a low income or is forced to live on a very limited budget, all the bills have to be paid first. OK, yes my kids need food because they won't live, but they need a roof over their head, without a roof over their head, I wouldn't have my kids, Children's Aid would just come

take them. Without lights you know, nine times out of ten any place you go now, your lights is also your hot water. OK, so your hot water and your lights, you have to have that. If my Social Worker came in here for a home visit and I had no lights or no hot water, the next call that person would make would be Children's Aid and I'd have a Children's Aid worker at my door and they would take them, reprimand [apprehend], or whatever it is, my children and they would take them until I was able to get lights again. You know, you have to pay all of your bills first and you have to be very careful not to run them up (IS1).

According to Blouin (1989) and Thompson (1991), her fears of losing her children may seem dramatic and in violation of her civil liberties, but are not unwarranted considering the history of monitoring single mothers on welfare in Nova Scotia.

In addition to allowances for "basic" needs falling far short of actual costs, "special" needs, which are "solely given at the discretion of the municipality" (Policy, Procedure and Information Manual, p.32) are frequently denied, or inadequately covered. Arbitrariness in discretion breeds inequitable treatment of clients, depending upon the disposition of the case worker or supervisor, and the tenacity of the client⁵. In terms of inadequacies, expenses considered special by social services would by most definitions be considered essential. Prescription medications, corrective eye glasses, and dental care were the three most commonly mentioned special needs that were frequently denied or inadequately covered. In fact, until August 1991 when a 80% coverage of prescription drugs was announced by the provincial government, Family Benefits did not allow for any of these special needs (other than for disabled recipients or for persons with chronic health problems requiring in excess of \$50/month in prescriptions). Family Benefits recipients

⁵Inequitable discretionary practices were sometimes applied with respect to basic needs as well. One research participant receiving MSA was required to show evidence of a set number of job searches each week before his case worker would release his cheque for the family's groceries.

were referred to Municipal Social Assistance for these needs. More often than not, MSA refused assistance, a problem related to inequitable policies between the two tiers of welfare. Generally, Family Benefits allowances are higher than those for MSA, although Family Benefits classifies fewer categories under basic needs as I have already described. Since Family Benefits allowances are higher, MSA frequently refuses special needs assistance on the grounds that the applicant has a budget “surplus”. Sunny described to one bewildered woman the concept of a budget surplus very eloquently:

Well, because City has their own budget for how much they will give a single parent with 1-2-3-4 kids, ok? Now provincial has a separate budget, and their budget is, of course, more than City. So when you call City and you tell them that you have no money and you spent your money and you paid all your bills and everything and now you’ve run out of this, and you don’t have enough to do you until a certain amount of time when you do get more money, they tell you they can’t help you because you’ve got so many dollars more because you’re on Family benefits and you’re not on City. Therefore, they can’t help you because as far as they’re concerned you’re over the budget (G3).

After informing clients of their ineligibility for special assistance due to a budget surplus, it was not unusual for case workers to refer research participants to a charitable agency such as the Food Bank or the Salvation Army. In fact, some of the women who approached charities were told they require a letter from their worker saying they are in need. As such, charitable organizations are, in effect, becoming a bureaucratized appendage of the public welfare system. I will discuss the implications of this bureaucratization more thoroughly in Section 7.2 and in Chapter Eight.

For MSA recipients, coverage for special needs was more rapidly forthcoming, but administratively complicated. For example, Dominique describes the difficulty she encountered upon trying to fill a prescription for her child, and the group joins in:

Dominique: I had to get a prescription filled, and it was really a hassle. I couldn't understand why they [MSA] wouldn't pump everybody out a drug card with their cheque every month and then get the drug store calling for authority or, you know, authorization or something. But you have to phone them [MSA], whoever gets sick, you need Amoxil [an antibiotic], I need Amoxil. OK, come down, take the bus down to pick up the drug card, come back up and go to the drug store.

Lana: And what if they get sick on the weekend? It takes two or three days for them to mail it out. I find in [another municipality], they give you one drug card that lasts you whatever you need for that full month. And if you get from the amount of lines that are on there, if you've got more than what the line will hold, they're supposed to attach a piece of paper onto it, for, although I don't think anybody would unless they got two or three kids being sick at once. But here they ask you how many drug cards you need and what drug store you're taking them to.

Sunny: Yea, it would be so, so simple. I mean like, if they sent out a drug card, because that way the money, like half of us wouldn't be going back to them and saying we need vouchers for food because we spent our food money because, I mean in the long run they end up paying for it, just the extra administration charges you know, it's just a hassle.

Dominique: It's almost, well what it seems to me is they figure, "If we send everybody a drug card they'll use it", you know what I mean?

Group: You can't get a prescription without your doctor.

Dominique: Like, it's crazy, it's like they figure if they make it enough of a hassle for you to go and do it you'll just go and pay for it yourself and forget about it, [group agreement] not thinking that you can't just do that when you only have limited funds.

Kim: So half of it is making it harder for people to get money, it almost seems like it's set up that way, to make it harder to get money.

Dominique: I believe it is. The fact that if they made it too simple everybody would use it and there wouldn't be enough, you know what I mean? And it kinda makes sense them thinking that way (G3).

So single mothers with sick children are forced to make phone calls (even though their welfare allowances may not include a telephone), to their case worker (who is often very difficult to reach), and to travel (with a sick child, or to pay a babysitter) on the bus to the social services office to pick up a drug card, and then to the pharmacy to pick up the needed medication⁶. Dominique seems to think that the administrative "hassle" is related to the fear of abuse, to the extent that she even softens her argument and sympathizes with the system. Yet, welfare abuse has been shown to be much less commonplace than popular discourse suggests and enforcement policies warrant (Blouin, 1989; NCW, 1987). Whatever the reason for the bureaucratic barriers these families must face, the alternative is to go without the medication, which many of these women have tried:

Dominique: I mean if [my son] got a cold, I wouldn't run him to the doctor's because I know I wouldn't have the \$28 for the prescription. I'd go and I'd buy a \$5 bottle of Triaminic or something and hope that that helps and I don't think it's right but...

Sunny: Exactly. And then you've got them at your door, I mean like I've actually had my doctor look at me one day, and I've never gone back to her, I went to her, the baby had an ear infection, Brenda had an ear infection and Kerry had something I don't know what it was, but I needed a prescription. And by the time I had gone like she could tell that like the ear infection had

⁶ Late in the research (1991), this process was streamlined significantly. Each month, each MSA recipient receives a drug card with their cheque - a process similar to what Dominique suggested. Complaints from recipients, and case workers with insufficient time to deal with regular phone calls for prescriptions and the administrative details they entailed, were likely instrumental in implementing this change.

been there for awhile. And I told her, “Where am I going to get the money for a prescription? Why should I come down here, drag my kids here to sit in your office and have you tell me they’re sick, well I know they’re sick, you know, have you write me out a prescription and send me off on my merry way and then I can’t pay for it?” She told me I was not a fit mother because I didn’t take my kids to the doctor as soon as they were sick. That’s what she told me (G5).

So on the one hand, the welfare system bureaucracy makes it extremely difficult to obtain funding for prescriptions, and on the other hand, the health care system chastises the socio-economically disadvantaged for failing to comply with medical advice. No matter what the choice, these women are in a “no-win” situation. Inequities in health are not only related to inequitable opportunities for healthy living, but as this situation indicates, to inequities in health care as well.

Inequities in health care exist in Canada despite our universal medicare system. Medicare only covers medically necessary hospital and physician services (Health & Welfare Canada, 1986-87), not “supplementary” care. As with the prescription medications example, supplementary health care is often beyond the financial means of the socio-economically disadvantaged⁷. As another example, in Nova Scotia, Medical Services Insurance (MSI), the financier of medicare, covers one dental appointment per year for children aged 12 and under. Any additional appointments must be paid for by the recipient or by private insurance plans. Ensuring dental health in a low-income family can prove very difficult. We discussed this difficulty in one of our group sessions:

⁷ It is beyond the scope of this research to make a thorough analysis of the organization of a health care system that has inflated the fees for physician and dental services to a level that even the government cannot afford to pay. Yet, to lower fees would diminish the financial rewards to some of the most powerful and economically advantaged members of our society. See, The Report of the Nova Scotia Royal Commission on Health Care (1989).

Bessie: But what about the parents, if they need dental work done? I mean, even like, you're supposed to have a check up, what, at least once a year? I can't afford it! Who in here can?

Lana: It's \$28 for a cleaning.

Bessie: Yea. And if you got, like, here's Janice here she's got, her kids are no longer covered.

Janice: I know!

Bessie: They're no longer covered so if the five of them went to get their, if all five of them went for a cleaning and checkup, shit that would be over...

Janice: I'd be broke! [laughter] (G24).

Yet, perhaps because dental care is within the jurisdiction of the health care bureaucracy of MSI, the bureaucratic organization of the welfare system does not, in these women's experiences, make special allowances for dental care. Rather, they are directed to find funds elsewhere so that they too, can settle their bills privately as do the more advantaged members of the population. One woman was told to babysit to earn funds to pay for her child's dental bills:

Well I phoned my social worker yesterday because I had to take [my daughter] to the dentist. and she's already been to the dentist. she was to the school trailer last year, the school pays for the dental trailer, so it's been, it hasn't been a year since she's, yea, so when I told them that MSI wouldn't pay for her for the dentist again, because it has to be a year that they'll pay and it's \$38 to take the kid to the dentist, but she has to go, all her teeth are growing in sideways, all her front teeth are all coming in sideways, and I got told to do some babysitting. That's what the social worker told me, that I'd have to do some babysitting to get that \$38. And to me that's bullshit. I don't think that's right, like when it comes to dental care and that kinda

stuff. And the same with me. I wanted to go to the dentist, I've had toothaches going off and on for the last couple of months and I kept putting off because I was scared to, but then I found out that MSI doesn't cover an adult to go, but because I'm on Family Benefits they don't either, and because I'm on Family Benefits, the City doesn't do anything. So I'm screwed (G5).

Another group member was very perceptive in her analysis of the situation: "Social services assumes you don't have bad teeth, you don't need a haircut, you don't need...(G5)." By denying assistance for "special" health care needs, they are in effect expecting welfare recipients to be healthier than the average person. In reality, lack of access to resources which facilitate the achievement of health increases the likelihood that they will be less healthy than the average person.

It is becoming apparent then, that even basic needs are inadequately covered by the two welfare systems in Nova Scotia. What neither system even considers, however, are social needs. School supplies, children's birthdays and recreation were by far the social needs most frequently mentioned as most lacking in welfare budgets. True, none of these can be considered "basic" needs, except perhaps basic school supplies, which case workers were quick to point out should be paid out of the miscellaneous budget or monthly Family Allowance cheques. This does not, however, take into consideration the fact that, due to shortfalls in basic allowances for rent etc., miscellaneous and Family Allowance were frequently unavailable to spend in this way. In addition, sending a child back to school requires expenditures beyond basic school supplies; new clothing for example. Sunny explained:

Well, Social Services does not allow for like school. OK like I'm going to have to take the money out my food to be able to get Kerry school supplies, granted they're on sale and I added it up for what he needs, it's going to cost me about 25 bucks and that's not including his Ninja Turtle bookbag

which is 10 bucks. OK, and like I mean when you, even though you are on Social Services and even if you could get one \$2 cheaper, my kid wants Ninja Turtles. Why shouldn't he have a Ninja Turtle bookbag to go to school, why should he suffer because, it's only \$2 more so you know. ...They don't give you a cent for school, which as far as I'm concerned it doesn't make sense. Like I mean, I cannot like, the way they got the Social Services budget done up, they say that they've got all the necessities, like the absolute bare necessities but they don't. If you have a child that's going to school, school supplies, no I don't expect them to give me enough money so I can buy him four or five outfits for school even just one outfit, enough money to buy one outfit would be at least helpful. At least he could go to school his first day and feel really good, you know because, he's a really self conscious little guy. You know, [if] he doesn't feel good in what he wears he won't go outside the door, or he won't wear it (IS1).

Like most of the mothers in this study, Sunny was well aware that her son's needs for back to school were far beyond new crayons and notebooks. He needs to feel confident on his first day in a new classroom with new classmates. If an extra \$2 for a Ninja Turtle bookbag and a new outfit will help his confidence, it's well worth the expense. To him, these are basic social needs. His mother recognizes it, but the system which supports her financially does not.

Social needs are perhaps even greater during the period of transition from middle class to poverty. In Anne's situation, she had recently split up with her husband and was receiving child support which barely covered her shelter costs. She was therefore being subsidized by Municipal Social Assistance to enable her to meet additional basic needs for her family. Anne was extremely grateful for the help she received from MSA. She laid the

blame for her inability to meet her family's social needs squarely on the shoulders of her ex-husband. The following quote explains:

I'm trying to keep my kids into, my son into band, he's taking his 4th year of trumpet, and my daughter's just joining in September, so I've got to come up with \$120 in September for that, and I don't want to take that away from them because that's the ticket to their future you know. So, I'd have no problem paying their, their um, miscellaneous if my husband wasn't such an asshole! Excuse my French, but he's in the military and he's got the money to spare, but he keeps paying his support, he gives me 650 for support and I think that that's great. Like they asked me how much I should go for and I had no idea, and he came up and said he'd give me this much under the table and this much over the table, I said no, he's not going to come back on me with that! So I went to my lawyer and I told him 700. I knew what to ask for right. I'm getting 650. They cut it down \$50 just to make it his way you see....But he, the husband only has his self to worry about, and we have the children to worry about, so we need more than he does.... Like I was almost out of milk and bread the other day on Sunday, and he comes over on Sunday and takes the children out. And I said to him, he came back and I said, "Can you spare some money? I need some money to get the kids milk and bread." And he said, "Oh I can't do that right now" he says, "I've got this to pay and this to pay", and he just DJ'd the night before. He got paid probably \$150, but he couldn't do it. I called him a few choice names. Told him that we might not be available in a few weeks, you know, for him to come and see, but I'm not going to be that way. But I mean it's for his kids and he's uh, being so selfish. He makes sure his stomach gets fed and you can see it! I mean they're his children and he

couldn't care less. He just takes them out on Sunday to make it look good (G1).

After listening to Anne's story, another woman in the group was quick to point out the difference between bringing a child up in a middle class household and trying to bring your children up with middle class hopes and futures while living in poverty:

Exactly! Anything extra comes out of the grocery money, anything. You know it's, it's not that we couldn't feed our kids properly or we couldn't budget properly, it's just that if there was money allowed, for the, I mean like your Child [meaning mine], you know if you want your child to take piano lessons you're going to make provisions for that child to be able to do so, if we make those provisions, the child still loses out, because it's not getting fed breakfast so it can go to its piano lessons like, you know like that's not fair. Why should children, why should people period that are living on social services have to live below, you know like the level. I mean it would be nice just to be able to know when I get my cheque I can go to the grocery store and get what I need. If there's anything left over well great, if there's not, well at least I know I got what I needed to get, and not have to splurge here and budget there, I mean just, it's pathetic (G1).

As I argued in Chapter Five, the "culture of poverty" (Lewis, 1970) may be a myth, but considering the lack of consideration for social needs given by the bureaucratic system administering assistance, it is a credit to the strength of these women and their families that they continue to optimistically plan for a future beyond poverty.

Anne's situation brings to light inadequacies in one of the income support programs a great deal of women in poverty rely upon - court ordered child support. It is hard to fathom how the courts can justify awarding a mother of three children who has always worked full-time in her home only \$650 per month, an amount which barely covers her

shelter costs and leaves her reliant upon government assistance to meet basic needs. We discussed this in one of our group sessions, and the women told me of the form women and the fathers of their children are required to file with Family Court which details their expenses and needs. During the break, one of the women actually walked ten minutes to Family Court and asked for a copy of the form so that we could compare the list of needs to social assistance's basic needs. The needs outlined on the form included the following: rent, taxes, fire insurance, food, heat, electricity, water, clothing, toilet supplies, telephone, newspapers or magazines, vehicles, gas, license, insurance, hair, grooming, Christmas, birthdays, events, allowances, drugs, dental, glasses, repairs to house, church donations, life insurance, laundry, dry cleaning, holidays, babysitter and daycare, cable, school supplies, parties, alcohol, tobacco, and debt payments. Apparently, social needs are considered essential in assessing both the men's and women's needs when child support settlements are arranged. However, in these women's experiences, their needs are not taken as seriously as are those of the fathers. Some of these women were awarded support in ridiculous amounts such as one dollar per year, based upon the man's "inability" to pay more once he has fulfilled his obligations, including his own social needs. For those women who are awarded support, but remain reliant upon social assistance to supplement their income, late or delinquent child support payments can make a difficult financial system unbearable, as the responsibility for reporting late/delinquent support and finding the men who have failed to live up to their obligations lies solely on the shoulders of the women⁸. The women must then appeal to Social Services for additional assistance, and usually must wait several days before receiving monies to replace the missing income. The

⁸ Part way through the research in the Spring of 1991, the Provincial government announced a program which would benefit Family Benefits recipients whose child support payments are late or delinquent. The program involved issuing Family Benefits cheques in amounts covering their full allowances including child support, and making child support payable to the government. The women applauded this move as it no longer punished them for someone else's failure to live up to their obligations. The program is not without its inadequacies. First, it benefits only those women in receipt of Family Benefits. Women receiving Municipal Social Assistance or those women not receiving government income assistance are not beneficiaries. Secondly, implementation has been unbearably slow. One year following the program's announcement it had yet to be operationalized.

women thus find themselves late in making their own payments or must draw from their “flexible” allowances, such as food, to make these payments. So while the man’s social needs are being met, the women and children continue to be denied even the most basic of needs. As a sign of a true bureaucracy, Social Services are not always sympathetic to a problem which has arisen from another jurisdiction, in this case Family Court. Lana’s quote illustrates:

...like when I first came here, I was on City and I ran out or whatever, towards the end of the month, and I called them to ask if they could help 'cause he didn't pay his child support, and she gave me a food voucher but she told me no more, it was the last time. Isn't that what they're there supposed to be for, to help? (G3).

To answer Lana’s question, according to the Canada Assistance Plan, yes. Social Services are supposed to be there to help. Yet, increasingly the research participants were denied assistance or reduced to begging for it.

If welfare allowances were based upon actual costs, regularly reviewed and indexed to keep pace with the cost of living such that they truly met the basic needs of the families that require assistance, it is possible that some governmental income assistance programs could fulfill social needs. Federal Family Allowance and Child Tax Credit rebates, especially once integrated into the monthly Child Benefit payment (Bouchard, 1992), could help make birthdays, back to school, and other social occasions less stressful financially. However, as they are currently administered, the bulk of federal monies received go toward meeting basic needs not adequately covered by social assistance programs. The exception is the Child Tax Credit rebate, which arrived in November, and had been used partially to make the holiday season more festive for many of these families, as the following quote illustrates:

You know the only time that the government is any help now anyway is at Christmas time. Because they, you know, we get our Child Tax Credit

before Christmas, so that at least now we can give our kids... but then of course by the time that rolls around, half of us owe out so many bills, that half of the income tax is paid on bills. And then we're still trying, [my son] needs this and [my daughter] wants that and you know. Sometimes it's just a losing battle, when you think you're gonna get ahead, there's always something. And social services just doesn't allow (G1).

What is most disturbing is that in these times of fiscal restraint, many of the research participants have been told by their case workers that money is not available from the welfare system, and that federal "comfort" payments such as the Child Tax Credit is meant to pay for "special" needs. This practice is in direct violation of provincial policy which clearly states that Family Allowance and Child Tax Credits are to be exempted from available income when calculating needs for assistance. The practice of including these benefits as income is not surprising however, considering that late in 1990, debate ensued in the provincial legislature over whether or not GST rebates, a Federal replacement income to defray the added costs of the new Goods and Services Tax to lower income Canadians, would be deducted from welfare cheques (Erskine, 1990). Thankfully, the decision was made not to deduct the rebates. However, considering that the practice was even considered, one wonders if the proposed monthly Child Benefit will be an impetus for the bureaucratic welfare system to justify a decrease in allowances rather than to exempt this income so that it may be used to fulfill social needs of families.

In summary, inadequacies in the bureaucratic welfare system leave the majority of research participants living within less than subsistence means. Because of large discrepancies between allowances and actual costs for fixed expenses such as rent and electricity, more variable expenses, particularly food, are sacrificed. The result is simply not having enough money for food, and an over reliance on charity for basic needs, especially food, to the extent that charities too are becoming a bureaucratized appendage of the welfare system. Yet, it is not only allowances for fixed expenses that are unrealistic. In

the next section, the inadequacies of food allowances and their implications will be explored.

7.2. Food in Bureaucratic Context

As I stated previously, inadequacies in allowances for fixed expenses such as rent are immediately obvious, while inadequacies in allowances for variable expenses, such as food, can only be exposed upon a systematic analysis of the cost of food required to comprise a nutritious diet. Without such an analysis, the first assumption made (by case workers, members of the general public, and the women themselves) upon encountering a shortfall in a food allowance is that the money was not budgeted appropriately. More often than not, the research participants encountered accusations from their case workers who obviously adhere to this assumption. When the assumption is projected upon the welfare recipient it can lead to self-doubt and self-blame. Denise described her experience, and proclaims the importance of not accepting the blame:

And the other thing that really upsets me is, and I say this personally because I think we should know that it is bullshit. A social worker who automatically expects that you're running short because you don't know how to budget. You can be the best budgeter in the world... (G15).

In an attempt to test the (in)validity of this assumption, as a group we decided to assess the adequacy of welfare food allowances using data collected from our supermarket comparison pricing exercise (Chapter Six).

In our collection of food prices at various local supermarkets, we used a grocery list which comprised both Agriculture Canada's Nutritious Food Basket and their Thrifty Food Basket. With these basic data, we were able to follow Agriculture Canada's standard procedures for calculating the cost of a nutritious diet for various family sizes (Robbins & Robichon-Hunt, 1989). Although the women assisted with the collection of the prices as

described in Chapter Six, I performed all calculations with the assistance of a computer spreadsheet software package known as EXCEL version 2.2. (Microsoft, 1989). Detailed tables of the analysis are included in Appendix H. Results are summarized in Table 7.2.

Table 7.2. Costs of Food Baskets vs. Welfare Food Allowances

Date & Family Size	Monthly Food Basket Cost				Food Allowance	
	Nutritious Basket		Thrifty Basket		Family Benefits	Municipal Soc.Assist
	Inner City	Suburbs	Inner City	Suburbs		
3 Feb 91						
3a	\$357.94	\$312.58	\$317.46	\$283.67	\$282.00	\$266.00
4b	\$518.73	\$451.09	\$460.52	\$409.48	\$445.00	\$414.00
10 Oct 91						
3a	\$329.23	\$319.12	\$298.64	\$289.14	\$317.00	\$266.00
4b	\$473.68	\$459.58	\$429.64	\$416.78	\$489.00	\$414.00

a - Composed of a woman (25-49 years), a boy (10-12 years), and a girl (4-6 years).

b - Composed of a man (25-49 years), a woman (25-49 years), a boy (13-15 years) and a girl (7-9 years).

On our first excursion in February, The cost of the Nutritious Basket ranged from 17-27% higher than Family Benefits, and 25-35% higher than MSA allowances when priced in the inner city. The same basket ranged from 1-11% higher than Family Benefits, and 9-18% higher than MSA allowances when priced in the suburbs. Therefore, regardless of where one shopped, both Family Benefits and MSA allowances were inadequate to purchase a Nutritious Food Basket as defined by Agriculture Canada. These findings support those of the Nova Scotia Nutrition Council (1988). Allowances came closer to meeting needs when shopping in the suburban stores⁹, but the additional costs of

⁹ An indication of how the commercial and bureaucratic spheres are intertwined.

transportation to inner city dwellers would increase inadequacies closer to the level observed in their own neighbourhood.

The Thrifty Food Basket, which according to Agriculture Canada more adequately reflects the cost of feeding lower-income Canadians through its use of more economical sources of nutrients and proportions consistent with low-income spending patterns (Robbins & Robichon-Hunt, 1989), fared slightly better. Both Family Benefits and MSA allowances would adequately cover the cost of a Thrifty Basket for a family of four when priced in the suburban supermarket. This does not, however, include the cost of transportation for inner city dwellers, nor does it take into consideration the probable situation of competing needs eroding the food budget, as discussed in Section 7.1. When priced in inner city supermarkets, the cost of the Thrifty Basket exceeded Family Benefits allowances by 3-13%, and MSA allowances by 11-19%. Thus, within the neighbourhood where the majority of research participants lived, under ideal conditions (i.e. no children demanding “extra” purchases, no competing expenses eroding food money), and with optimal nutritional knowledge of what comprises a nutritious diet, it would not be possible for a family of three or four to purchase a food basket based on the needs and preferences of the “average” low-income family with the food allowances offered by either welfare system studied.

The overall inadequacies of the food allowances were not surprising to the group members. Instead, our findings helped to confirm their suspicions, and to relieve them of any guilt associated with the myth of their ineptness at budgeting for food. This alone was an empowering experience. However, the women were outraged at the inequities between allowances for different family compositions. Generally, in any publicly released comparisons of food allowances to food costs, the “sample” family used is Agriculture Canada’s composite described in footnote “a” to Table 7.2. Since this family of two adults and two children is likely to be less representative of a family in poverty than a single-parent woman-led family, we decided to assess the food basket adequacy based on such a

family of three in addition to the standard family of four. In all cases, allowances for the single parent family were 7-10% less adequate than those for the dual-parent family. It was also discovered that the age-sex groupings based upon varying nutritional needs specified by Agriculture Canada are not used in setting welfare food allowances; neither system studied specifies sex-differences in determining need, with the exception of additional allowances for pregnant and lactating women¹⁰, and age groupings appear arbitrarily set. Upon review of allowances and food costs for each individual age-sex group, it became apparent that allowances were less likely to meet the nutritional needs of children than those of adults. In essence, children are the biggest victims of inequities of welfare policy pertaining to food allowances.

Armed with this new found knowledge, the women decided to mount a letter-writing campaign to officials in both branches of the two-tier welfare system. Copies of the letters can be found in Appendix I. Our key questions to the welfare administrators revolved around their rationale for not basing food allowances on the actual cost of a nutritious diet, and for arbitrary age-sex groupings for allowances which fail to take nutritional needs into account. We copied the letters to local political leaders.

Soon after sending the letters, the City began its yearly budget deliberations. To our surprise and delight, media coverage of the deliberations made mention of the inadequacies of MSA food allowances as compared to Agriculture Canada's standards. We excitedly discussed the possibility that our letter may have made an impact during one of our group sessions:

Kim: *Do you think he read our letter?*

¹⁰ The Municipality studied provides milk and orange juice tickets for pregnant and lactating women, while Family Benefits recipients, through their Healthy Babies program, receive an additional \$28 per month to cover the cost of additional food needed for pregnant and lactating women. It is not uncommon for women on MSA to feed the milk and orange juice to other children at home. Considering the inadequacies of standard allowances, it is unlikely that the additional money for Family Benefits recipients is able to be spent solely on the woman's additional nutritional needs.

Daisy: I think so. I was shocked when I heard it, I said, "That's the man that we wrote the letter to, about more money and all those other kinds of things!" I heard it! (G15)

Later, at a social gathering at the Parent Centre with the Mayor, he confirmed that the letter was brought to the attention of Council during budget deliberations. The women were ecstatic to think they may have made a difference. Newspaper reports suggested that major enhancements to the budget were forthcoming:

City council decided last night to spend \$187,500 more to bring food and rent allowances closer to provincial [Family Benefits] standards...If council doesn't rescind its decision during final budget deliberations, a family of four...will get about \$429 for food..., up from \$414.... If 50 percent provincial cost-sharing comes forth - though council doesn't expect this - those allowances will raise to provincial standards of \$445...(Soucie, 1991, emphasis added)

We then received a written response to our letter from the Director of Social Services, confirming that an increase in food scales was approved, although not to the provincial standard as they had hoped because of a provincial cap on cost sharing to municipalities. Yet, the increase was never implemented as is evident in Table 7.2. The rationale for the freeze was fiscal restraint. Upon repeating our pricing survey and comparison to welfare allowances in October, we came to the realization that food scales had never been increased as promised. Because of the lack of increase in food scales and the increase in food basket costs in suburban stores¹¹, MSA food allowances were insufficient to purchase either the Nutritious or Thrifty Food Basket at this time. In other words, inequities were accentuated by an increase in the cost of living which was ignored by the political system in assessing social services budgets.

¹¹ There was actually a price decrease in the inner city stores which could be at least partially attributed to the lobbying by the women's group described in Chapter Six. Thus, in the inner city, food scales, although inadequate, attained a greater purchasing power despite the politicized freeze in scales.

Our response from the Director of Family Benefits also cried fiscal restraint, although this time enhancements were forthcoming. Effective August 1, 1991, food scales were increased to what they claimed to be the level of Agriculture Canada's Thrifty Basket. In our repeat survey in October 1991 summarized in Table 7.2, Family Benefits allowances actually exceeded Thrifty Food Basket costs by 6-17%¹² depending upon the store and the family size. Allowances for a family of four even exceeded Nutritious Food Basket costs in the inner city by 3%, although allowances for a family of three remained inadequate, reflecting a failure to adjust allowances according to the nutritional needs of each age-sex group. As stated before, part of the improvements could be attributed to a decrease in food costs initiated by the group's letters to and meetings with the inner city supermarkets. The political action by these women, partially through the survey and letter, and partially through their new-found involvement with a grassroots anti-poverty organization, may have also contributed to the concessions made by the government, although we may never know the actual impetus for change.

The area where we failed to make any impact was the adjustment to food allowances to meet the unique energy and nutritional needs of various age-sex groups. Although our written response from the Director of Family Benefits indicated that, "In October 1988, food allowances for children were considerably increased taking into account the needs of the different age groups" (Director of Family Benefits, personal communication, April 4, 1991), the food scales still did not adequately address varying needs. Food allowances are clustered into four large age groups as follows: 0-6 years, 7-12 years, 13-18 years and over 19 years with no sex specification. On the other hand, Agriculture Canada includes 19 different age-sex groupings, excluding additional groups for pregnant and lactating women (Robbins & Robichon-Hunt, 1989). These groupings

¹² When assessing Agriculture Canada's published figures for both Thrifty and Nutritious Food Baskets, published figures were actually 8-14% higher than the costed figures we obtained in the inner city stores. This could reflect higher prices in other areas of the city that we did not evaluate but which are assessed by Agriculture Canada, or could be an indication of the extent to which the women sought the lowest prices possible as they were instructed.

reflect needs based upon Recommended Nutrient Intakes (RNI) for Canadians (Health & Welfare Canada, 1983)¹³. Because of these discrepancies, the probability exists that many families that do not fit the specifications of the “test” family of four may be inadequately provided for by “adequate” food allowances. The inadequacies of the allowances for our test family of three (Table 7.2) illustrates this point.

What none of these technical and mathematical manipulations take into account are the practicalities of feeding different people with different needs and habits. The women discussed this as a group:

Kim: *Um, another thing we were talking about was different ages of kids, we were talking about how certain kids at a certain age start to get really hungry.*

Carolyn: Oh, you should see mine! Non-stop eating

Kim: *It doesn't make any difference when it comes to your food level [allowance].*

Group: No it doesn't

Anne: Well my 13 year old eats man-sized meals, he can eat and eat and eat and he's still not full, you know. He's got a worm somewhere I think.

Valerie: My son, he's no bigger than a minute, he looks like he's something from Ethiopia. But he eats like, his arms are about that big...

Martha: I swear to God everything he eats he puts in his legs, it goes right to his legs, it has to 'cause he's constantly eating.

Kim: *They give you a little bit more money if you have a teenager is that right?*

¹³ The RNI s have since been revised, but the Food Baskets were calculated prior to this revision. The number of groupings remain essentially unchanged in the newer version.

Martha: Well that's what they told us because last summer I had my 13 year old step daughter with us, well she was 12 at the time, and when the Family Benefits worker came in to do up our budget to have her added on, he said that we would get more, a little bit more on the food allowance because of her age compared to the two boys, because, they figure a teenager eats more than what a seven year old or five year old does. I don't agree with that.

Christine: I agree with you there, because a teenager, I know when I was going to school and we had to travel 25 miles on a bus, to go to school. And we used to go without our lunch because you know girls they didn't want to take their lunch in a brown bag you know, well we didn't anyway. But we would go without our lunch, sometimes we'd go to school without our breakfast, and I mean we were fine 'til we come home at supper time. But you take a seven year-old, you have a seven year-old do that.

Anne: Oh my son couldn't do that.

Martha: Mine can't either because he passes out. You know like he's gotta have his three meals plus a snack before he goes to bed because if he doesn't, I've seen him hit the floor in the morning, he's passed out, he's gone, and he's not diabetic or nothing, it's just that he's gotta . . .

Barbara: Well. . . it's like Bessie's kids, they don't eat half as much as my kids but they're the same age. I mean like my kids will eat twice as much as Bessie's kids.

Kim: *That's another thing. They make the allowance for everybody in the same age group, they give them the same amount of food*

money, but we all know that two people in the exact same age group can be completely different in terms of what they eat.

Bessie: But they really couldn't personalize it much either. Because then you're getting too much, the person would well, if this person was getting 200, this person may get 300 you know, and the person getting 200 says, "well that's not fair". [group agreement]

Rae: Then you could walk in and say that your child eats a whole lot and it may not be the truth so. . . [group agreement]

Bessie: They couldn't make a budget, because the one that's smaller is probably a much pickier eater than the one who will eat just about everything. Like Barbara you can feed your kids anything. Mine won't eat, mine are picky.

Kim: *And picky eaters might cost just as much though because you have to buy a lot of different things.*

Bessie: That's right, yea (G12).

Recommended Nutrient Intakes and average costs to feed a family of four are imperfect measures never meant to be applied to individuals, but to populations. As such, they are useful in gauging the needs of groups, and probably the best available method for setting standard allowances across a population of welfare recipients, for example. Nonetheless, the vast majority of individuals and families are not average. Therefore, even if food allowances could be shown to be adequate by Agriculture Canada standards, the probability exists that many individuals and families would still not be able to meet their nutritional and energy needs with such an allowance. This inability may have nothing to do with their ability to budget, but everything to do with the idiosyncrasies of individual human beings. The bureaucratic organization of public assistance is not sufficiently flexible to take such idiosyncrasies into consideration.

Where the public welfare systems do have some flexibility is in providing additional food allowances for those recipients following “special” or therapeutic diets (although this too is at the discretion of the client’s physician, nutritionist and case worker). As discussed in Chapter Six, Bessie received an additional \$45 per month on her food allowance because she was following a reducing diet. The foods recommended for Bessie’s diet were not expensive specialty foods, but lower fat, higher fibre foods such as fresh fruits and vegetables. Ideally, the Nutrition Recommendations for Canadians (Health & Welfare Canada, 1989b) state that all Canadians over the age of two should be consuming a diet similar in composition to what Bessie was prescribed. By admitting that welfare food allowances are insufficient to purchase such a diet, the bureaucratic system is, in essence, admitting that the majority of clients are being denied sufficient funds to purchase foods consistent with optimal health. Yet, this admission is an unwitting one, as welfare administrators are hiding behind the guidelines set by another bureaucracy - Agriculture Canada. Upon review of the contents of the Nutritious and Thrifty Food Basket contents (Appendix H), it is apparent that many of the foods included in the baskets are the higher fat, lower fibre choices within the food group (i.e. white bread instead of whole wheat, canned vegetables instead of frozen, sandwich cream cookies instead of oatmeal cookies). Thus, although the Food Baskets may include foods necessary to avoid nutrient deficiencies, they do not address the larger nutritional problem in Canada of diseases of nutrient excess; obesity, cardiovascular diseases and diabetes to name a few. As such, food allowances that may appear adequate by Agriculture Canada’s standards may be inadequate to achieve current nutrition recommendations. Research from the Montreal Diet Dispensary (1991) reveals that their own food basket designed for the nutritional needs of low income families were increased in cost by 5% when revised to take the 1989 Nutrition Recommendations for Canadians into account. An American study found food costs to range from 13-49% higher when based upon current nutrition recommendations as compared to the American counterpart to the Nutritious Food Basket (Crockett & Clancy,

1992). Both studies support the hypothesis that current food allowances are especially inadequate when judged with regard to current nutrition recommendations for optimal health.

With welfare food allowances being eroded by competing basic, special and social needs, and with food allowances themselves insufficient to provide for an adequate, let alone optimally nutritious diet, the majority of research participants were reliant upon charity to avoid “extensive food deprivation” (Tarasuk & Maclean, 1990b, p. 331). In the experiences of these families, charity was proving itself to be an institutionalized and bureaucratized system of aid. People in dire straits were being turned away from the Salvation Army for failing to provide written proof from their case worker of their need for help. People who waited to go to a food bank until their cupboards were bare were being asked by food bank workers to provide detailed financial and personal information so that their frequency of use could be monitored, and then were turned away if they asked for help “too often”. More often than not, a request to Social Services for additional assistance was denied, but accompanied by a referral to a charitable agency. The participants were so dependent upon food banks that when they heard of a local conference to discuss plans for their future closure so that alternate solutions to hunger could be found, they immediately rallied and collected several hundred signatures to protest. Most of the protesters were pleasantly surprised upon hearing that the goal of the food bank to close by 1994 was in an effort to find more permanent solutions to hunger, as Janice’s quote indicates:

I think they should try, you know, it may not be '94, maybe '96 or '97, I think they should still try to do that. *Did you think that before you went to the conference?* I didn't really have any idea what it was going to be about you know, so the way . . . like the way different people were saying, you know, they were going to close the food bank, like now, you know, they're not going to worry or try to do anything else, they're just gonna close it, and um, *That's why they got the petition going was it?* Yea, see this was

even what Melinda was saying right, she was saying that the volunteers say they don't like the way it's being run, people are doing this, and people are doing that and they're just going to close it all down and forget all about it and that's it! But um, after going over there and listening to what they had to say, like even reading the speech over again. . .I can see what they're saying, like the need to close it, because it was just meant to be a temporary thing. Anyway, I guess they figured it's getting a little out of hand probably, but um, you know, they should still work towards closing it. But '94's kinda close (IJ3).

Food banks do not provide a solution to the hunger problem. They are but a stop-gap measure attempting to provide emergency assistance to those not adequately served by the weakening public welfare safety net. Their very existence is testimony to the inadequacies of public social assistance. Their institutionalization reflects an apparent lack of political will to make changes in public policy which would provide adequately for those in need of financial assistance. In fact, their continued existence relieves pressure on the government to meet their responsibility to provide an adequate minimum for those in need of assistance by providing the illusion of solving the hunger problem.

7.3. Summary

In this chapter, these families' everyday struggles to make ends meet were examined within the context of welfare state policies; particularly the bureaucratic and political organization of food, health and welfare. I began with an examination of the various income assistance/ social programs relied upon by the research participants. This analysis was not a "disinterested" or "objective" one, but done from the perspective of the families who live with the experience of being dependent upon government and charitable assistance on a daily basis. From their perspective, it became readily apparent that the

current organization of the welfare system is failing to meet even the most basic needs of recipients, despite the government's legislated commitment to the Canada Assistance Plan (CAP) which embodies the principle of the right to financial assistance to meet basic needs regardless of cause. Many of the research participants are unable to find safe and suitable housing for their families within the budgets allocated by welfare. They are therefore forced to spend part of their other allowances to meet shelter costs. Usually, it is the food allowance which suffers as opportunities for obtaining food through charitable channels are available. The net result is a subsistence existence where social assistance recipients are reduced to begging for substandard food at food banks and soup kitchens.

Considering the fact that the government is failing to fulfil its obligation to meet even the most basic needs of the disadvantaged members of our society, it was not surprising to find that "special" needs, such as dental care or eyeglasses, are also not adequately provided for. Social needs, such as a special book bag to allow a child to "fit in" with new classmates, are not even a consideration. Yet, as mothers, the women in this study recognized that special and social needs are real needs for their children, particularly in a society which places such a high value on the possession of material comforts. They therefore made special provisions to enable their children to meet some of their special and social needs. As the government was of no assistance, they again dipped into their food money and became even more reliant upon charitable help. The government's unwillingness to assist any further was reflected in the emerging policy of case workers referring their clients to charities upon a request for additional assistance, and of charities developing complex screening procedures, including requiring a letter of referral from a welfare worker, before granting help. The charitable system which evolved to catch those falling through the growing holes in the public safety net is becoming a bureaucratized appendage of the welfare system. Just as the data in Chapter Five demonstrated how men's decisions about family food preferences complicated the women's work of providing nutritious food for their families, the data in this chapter show how state decisions about

what constitute “needs” make the women’s feeding work more difficult. Gordon (1990) argues that women on welfare move from relations of family patriarchy to state patriarchy. In this study, women’s experiences were organized by relations of family patriarchy, state patriarchy, and controlling the bureaucracy of the charities upon which they became reliant, even charitable patriarchy.

The inability of these women to adequately provide food for their families was not solely due to competing needs eroding the food budget, however. As a group, we compared the cost of purchasing the contents of Agriculture Canada’s Nutritious and Thrifty Food Baskets in local supermarkets with welfare food allowances. The allowances were woefully inadequate. In effect, the bureaucratic organization of food, health and welfare was systematically denying the most disadvantaged members of society adequate resources for the achievement of nutritional health, and thus was working to actively construct nutritional inequities. Developing this analysis was an enlightening experience for the women. Having been repeatedly told by their welfare workers that they were unable to meet their families’ nutritional needs because of personal inadequacies (the inability to budget their “adequate” funds), they were suddenly faced with the realization that it was not their personal inadequacies, but the inadequacies of the allowances that were to blame. They recognized some of the structural causes of their difficulties. The burden of guilt was removed from their shoulders, and they were able to creatively initiate community action in the form of lobbying for better allowances. They were not about to sit back and let the “system” do this “to” them. They actively participated in the reconstruction of welfare food allowances. Their efforts were met with initial success, albeit limited. Their purchasing power was enhanced when a second comparison was made several months later. Unfortunately, however, cries of fiscal restraint echoed more loudly in the politicians’ ears than the cries of a small group of “welfare women”. Since the changes in welfare budgets at least partially initiated by the women’s group at the time of the research, there have been no budget increases in any aspect of welfare allowances, including usual cost-of-living

raises. Thus, the practice of fiscal restraint, although viewed as socially responsible by the more advantaged members of society, is experienced quite differently by the disadvantaged. In their experience, fiscal restraint accentuates and reproduces the inequities they live with on a daily basis.

The analysis in this chapter makes clear the dominant perspective on welfare held by Canadian policy makers and the public at large. State welfare appears to be viewed as necessary for alleviating the most severe deprivation, but assistance from private and voluntary sectors is seen as appropriate. According to Williams (1989), this general attitude toward the welfare state is consistent with non-socialist welfare collectivism, usually associated with political liberalism. This perspective on welfare values “individual liberty within an efficient, compassionate capitalism” (p. 21). That is, social problems are caused by individual inadequacies combined with failures of the economy.

This research took place during the depths of the most severe recession in recent history. A recession implies a dysfunctional economy. Yet, it was the experience of the research participants that they were personally blamed for their failure to stretch their inadequate budgets. The government saw the recession as a time to exercise fiscal restraint; decreasing the value of social assistance to the most disadvantaged members of society by failing to provide realistic allowances indexed to the cost of living. This practice placed increasing responsibility on the shoulders of the most unfortunate to find individual solutions to their problems; problems that were not individual, but public ones. In addition, the responsibility for providing the most basic needs of life to Canadian citizens is being increasingly shifted to the private and voluntary sectors. Charity has always been and probably always will be around to make life more comfortable for the disadvantaged. But when charity becomes a bureaucratized appendage of the social welfare system, it is a sad testimony to the state of the public safety net. From the perspective of the research participants, the government appears to be moving away from a welfare collectivism perspective, toward a non-collectivist, individualist perspective. As Therborn and

Roebroek (1986) argue, such attempts to marginalize the welfare state give rise to a dualistic economy. In other words, inequities are accentuated.

Williams (1989) argues that social policies reinforce ideas of what constitutes family life and national unity. With respect to national unity, welfare collectivist policies emphasize shared state, private, and voluntary sector roles in the provision of assistance. Such policies assume that the private, public and voluntary sectors can work efficiently and effectively together to provide an adequate existence for all citizens. Thus, as fiscal restraint demands cuts in government spending, a move toward increased reliance on the private and voluntary sectors appears logical and socially responsible. However, this assumption is naive in its failure to recognize that tough economic times mean that non-governmental sectors will also have fewer resources to share. But more importantly, these “solutions” fail to address the root of social problems, and may actually reproduce them (Williams). In Chapter One, I quoted Eide (1982) as naming “conflict of interest” as the root cause of hunger, and the data presented in this chapter allow for some illustration of the social relations giving rise to conflict of interest. For example, Riches (1986) argues that the rise of Canadian food banks has coincided with economic recession and the accompanying persistent high levels of long-term unemployment. He believes, probably accurately, that current government assistance policies are outdated in assuming the possibility of full employment. Yet, rising unemployment is associated with the private sector’s own plan of fiscal restraint, and is, therefore, actually a contributing factor to the increasing demands on the public purse. Thus, there is a conflict of interest between the private sector’s fiscal responsibility, and the public sector’s fiscal responsibility. As another example, reliance on corporate donations to food banks fails to take into account the conflict in interest between corporations (a profit interest), and charity recipients (with an interest in procuring affordable food within their own means through the market). As the analysis in Chapter Six revealed, this conflict contributes to the social construction of inequities. To “legislate”

dependence upon the charity of corporations is more likely to contribute to nutritional inequities than to diminish them.

Riches' (1986) assumptions about full employment can be used to examine how state policies constitute ideas about family life. Pearce (1990) argues that the concept of full employment implies full male employment, thus, it is gender-blind. Welfare exists for those women and children who "deviate from the norm" of being supported by men (Gordon, 1990). As long as there is public interest in women staying at home to care for their children, full employment for women creates a conflict of interest, and thus cannot be the solution to female poverty (Pearce) and the food insecurity which accompanies poverty. As another example, a reliance on the voluntary sector to provide emergency food assistance assumes the availability of a volunteer work force, a work force which has traditionally been comprised largely of women. Thus, there is a conflict between the interests of female recipients of social assistance to become self-reliant, and the interests of government to maintain a voluntary sector, an interest which implies the availability of persons (women) dependent on neither their own employment nor government assistance. The implication is that women's continued dependence on men's employment income is a desirable precondition to the efficient and effective provision of necessary voluntary/charitable assistance. As Gordon (1990) argues, public "discourse about dependence [on the state] masks the evident interdependence of vast numbers of the population in modern societies" (p. 14). In addition, as gender inequities are implicated in the social organization of nutritional inequities (Chapter Five), these examples reflect how the government's transfer of responsibility to the private and voluntary sectors is reproducing, not reducing, nutritional inequities.

By analyzing the assumptions regarding family life and national unity embedded within Canadian social policy, the discursive dimension of that policy can be exposed. In Chapter Eight, the explication of the role of discourse in the organization of nutritional inequities continues.

8.0. Eating as Embedded in Discourse

Throughout the discussion thus far, I have indicated at several junctures how “discourse” appears to be contributing to the social organization of nutritional inequities. In Chapter Five, for instance, I described how the work of planning meals for the family is embedded within such professional nutritional discourse as Canada’s Food Guide. In Chapter Six, I displayed how the practice of buying food is embedded within the discourse of commercial advertising. In Chapter Seven, I introduced the idea that a subsistence approach to welfare allowances is embedded within the public discourse relating poverty to personal failures rather than social inadequacies. In this chapter, I will explore in greater depth how public and professional discourses are inextricably linked with the everyday practice of eating. Figure 8.1. Eating as embedded within social constructs, situates the current “layer” of analysis.

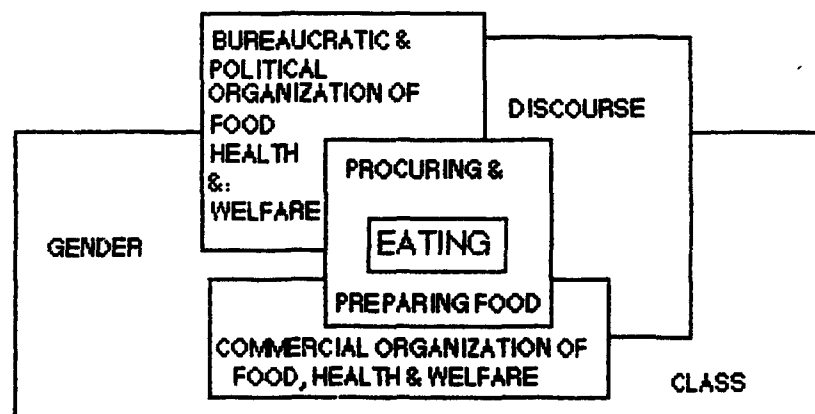


Figure 8.1. A heuristic depicting eating as embedded within social constructs.

At this point, however, it is appropriate to explain my use of the term “discourse”. This task of definition is not an easy one as the term is used differently by various disciplines, and thus no single definition proves satisfactory. It is generally accepted that

discourse is associated with language, and the term has its roots in linguistics (Bullock, Stallybrass & Trombley, 1988, p.232). However, many social scientists, beginning with Foucault (1971), have expanded the definition to refer to the system of language and conventions that make the knowledge of a particular discipline possible. Philp (1985) paraphrased Foucault well in the following quote:

...a discourse can be seen as a system of possibility: it is what allows us to produce statements which will be either true or false - it makes possible a field of knowledge (p. 69).

The idea of a system of language and conventions constituting a field of knowledge is the working definition I have chosen to provide meaning within the context of this Chapter.

This definition assumes there are multiple discourses. For example, the discourse of sociology is quite different from the discourse of nutrition which, in turn, is quite different from the discourse of biochemistry. Each field has conventions which help to determine what "counts" as valid knowledge within the discipline and its own language systems (which "outsiders" frequently refer to as "jargon") for interpreting and utilizing that knowledge. As different fields borrow ideas from each other, the discourses inform one another and the fields grow and overlap. So, for example, the field of nutritional sociology will be informed by a discourse which has grown from both sociological and nutritional discourses. The field of nutritional biochemistry will be informed by a discourse which has grown from both nutritional and biochemical discourses. At the same time however, each sub-field develops a more specialized discourse. So, the discourse of nutritional sociology is quite different from that of nutritional biochemistry, and what is valued as knowledge in one may be very different from what is valued as knowledge in the other. Through the failure to recognize the value of knowledge which exists outside of the discourse, discourse can become ideological; some evidence, considered within the field to be irrelevant, can be ignored. Such practice works to construct a partial (Habermas'[1984] "fragmented consciousness") and misinformed (Fay's [1987] "false consciousness") view.

Discourses, however, exist external to specialized academic disciplines. Within the public domain, specific sets of rules exist which allow us to judge statements and acts as true or acceptable. These sets of rules constitute what I will refer to as public or popular discourse. Public discourse is usually formed by the dominant culture¹, or in Smith's (1987) terms, the "ruling class". As such, public discourse, although reflective of the views of the majority, may serve the interests of only a privileged minority, and thus, may be ideological in nature and function. It is the ideological, and hence seldom questioned, dimension of public discourse that contributes to its power in social organization. Some authors (Fraser, 1989; Smith, 1990) use the terms ideology and discourse almost interchangeably; a practice reflective of that power.

In this Chapter, I am mapping out the ways in which nutritional inequities are embedded within discourse(s). I will begin with an analysis of public discourses, particularly those informed by an individualistic ideology. I argue that such discourse contributes to the construction of socially acceptable inequities, both among and within various class segments of Canadian society. But, in addition to contributing to social acceptability, ideologically determined public discourses also buttress ideology through infiltration into public policy. Policies reflective of such ideology not only condone inequities, but in effect, legislate them. I then examine the construction of public discourse through the media, one avenue by which the research participants were able to explore and critique the ideological distortion of public discourse.

In section 8.2, I move to an examination of the more specialized discourses of the nutrition and "helping" professions. I begin with an examination of how professional discourse, like public discourse, grows from an individualistic ideology. I then explore nutritional discourse in detail, beginning with a presentation of evidence to refute common

¹This is not meant to imply that specific subgroups will not have their own public discourses, but simply that only certain discourses will become popular and acceptable within the public domain. Just as small bits of the discourse of nutritional biochemistry will become prevalent in popular discourse (the word "cholesterol" for example), so will pieces of discourse from various subcultures. By and large, however, the discourse of the dominant culture is most likely to pervade mainstream thinking.

claims that 'the poor are not hearing our messages'. Through an analysis of nutrition education practices to which the research participants were exposed, I argue that these practices are frequently deficient in that they do not appreciate the context within which the disadvantaged must make their nutrition decisions. Thus, nutritional discourse can foster feelings of guilt on behalf of the client, and victim-blaming on the part of the professional. I argue that structural and policy initiatives can make a much greater impact on nutrition-related actions for the disadvantaged than individually-focused initiatives can. I conclude by highlighting the power and dangers of misappropriated discourse.

As will become readily apparent, the two categories of discourse I have chosen for organizational purposes are not mutually exclusive, but inform one another.

8.1. Public Discourse

The analysis presented in Chapter Seven of the bureaucratic and political organization of food, health and welfare from the perspectives of the research participants reveals a discursive or ideological dimension to that organization. From the perspectives of these socially disadvantaged women and their families, the policies and practices of the welfare state are far from logical and even oppressive. Yet, from the perspective of the "ruling class", these practices must hold some logic or reason, or they would not be so resistant to change. According to Fraser (1989), the discursive dimension is not distinct from the practices of the welfare state, but refers to "the tacit norms and implicit assumptions that are constitutive of those practices" (p. 146). In order to envision the role of public discourse in the construction of nutritional inequities, an explication of the assumptions embedded within welfare programs is required. The experiences of the research participants with the Canadian welfare system provide a point of entry to an analysis of these assumptions.

8.1.1.Individualism: The Ideology of Socially Acceptable Inequities

Through the course of this research, the experiences of the research participants revealed changing public and political attitudes toward social programs and assistance. During the worst economic recession in recent history, the government did not increase its compensation to those most affected by the dysfunctional economy, but froze welfare allowances, effectively decreasing the value of assistance to the growing numbers in need. Increasingly, the responsibility for providing disadvantaged citizens with the basic necessities of life was being shifted from the state to the private and voluntary sectors. Corporate and volunteer sponsored charity became a bureaucratized appendage to the welfare system, such that upon requests from clients for additional emergency assistance, government employed welfare workers referred them to food banks. In effect, this placed more responsibility on the shoulders of the disadvantaged to find private solutions to their public problems. It was also the experience of the research participants that their inability to stretch their inadequate budgets was viewed more often by others (including welfare workers and policy makers) as a reflection of their individual inadequacies, rather than of the inadequacies of the economic system. Collectively, these experiences reflect a change in assumptions regarding the cause of social problems from a combination of individual failure and economic dysfunction (characteristic of collectivist, political liberal perspectives), to individual failure alone (characteristic of anti-collectivist, individualist, market liberal perspectives) (Williams, 1989). If one follows these changed assumptions to their logical conclusions, poverty is viewed as a failure of the individual to seize the available opportunities or to work sufficiently hard within the current social structure, and not a reflection of inequities and inadequacies within the social order. As such, individualism is an ideology of socially acceptable inequities.

This dominant ideological perspective would be expected to be reflected in public discourse, and evidence collected during the research process supports this assertion. For example, in popular terms, socially acceptable inequities are a reflection of the public

discourse, 'the poor are lazy or stupid and therefore undeserving of assistance'. In Nova Scotia at the time of the study, similar views were commonplace. In April of 1990, a police department spokesman was quoted in a local newspaper as being tired of "being gouged to death taxwise", and unwilling "to pay any more for social programs"... "You have welfare breeding welfare...the genetics are just not there to produce Einsteins" (Latter, 1990, p. A1). A regional phone-in poll sponsored by a local television station revealed that 90% of callers were supportive of his comments (Hueston, 1990). Although the poll was not a scientific one and may reflect extreme views, it does indicate the stigmatization of social assistance recipients through public discourse reflective of individualistic ideology.

The stigma is one that the majority of research participants live with on a daily basis, as the following excerpt from a group discussion illustrates:

Martha: I mean because you're on either... City Social Services or Family Benefits, you are labelled a welfare bum no matter who you are or what you are. [group agreement] You know, have you ever tried walking into a bank to cash your cheque or whatever, and you got people that are standing behind you looking, "I won't stand next to them they're welfare burns"? Or take your kids to a playground, for instance the one across from [place owned by the military]?

Sunny: They'll kick our kids out of that park.

Martha: They'll kick our kids out, "you're not allowed in here, you're welfare bums, get out!"... Kids did not ask to be brought up in that situation and they shouldn't be labelled like that. I mean I've had my oldest son come in tears when we lived in [apartment building], because he was kicked out of the playground because he was a welfare bum. Now I mean a five year-old kid doesn't know what a welfare bum is.

Sunny: Exactly.

Anne: My kids don't want anyone to know they're on welfare.
[agreement] They're embarrassed.

Sunny: I don't want anybody to know I'm on welfare. I mean, you know, but I mean if I go somewhere, I'm doing something, I don't want anybody to know what my financial situation is. Do you know that I don't even want to go out to a bar, like even if my babysitter's paid for and I don't have to pay for my drinks, because the first [question is], "What do you do?" "Well I'm a mother." "Where's your husband?" "Well I don't have one." "Where do you work?" "I don't work." Do you know how quickly people leave the table? They think you're out drinking on your welfare cheque, and there are some that do, but I don't, and there's a lot of us that don't, and you know, so you make up these stories and like half of your life you're living a lie, because you're trying to hide the truth because you're as embarrassed as hell and because other people will not look at you, talk to you, or associate with you the way they would if you were who you pretend you are, if that makes any sense (G1).

It is possible to argue that the stigmatization experienced by the research participants arises only from human stupidity and prejudice. However, such a view fails to account for the reproduction of social inequities through the local practices of people, including the practice of prejudice. According to Williams (1989), stigmatization arises from the

tendency to see social problems and the solutions to them as quite independent of the social and economic structure, [and] takes little account of the extent to which conflicts of interest and ensuing relations of power at the societal level are reproduced at the local level, particularly in terms of class, 'race' and gender (p.29).

Therefore, living with the stigma on a daily basis means more than being ashamed of receiving public assistance. Through the infiltration of public discourse into government

welfare policy, stigmatization affects welfare recipients more than socially and emotionally but also physically, by denying them adequate assistance to obtain sufficient, nutritious food to sustain optimal health, for example. Through the practice of prejudice (mis)informed by the ideological discourse of individualism, the oppressive practices of the welfare state are reinforced and inequities reproduced. Of course, there is a two-way relationship here. Policy which implies individual failure as the source of social problems breeds prejudice.

Within the context of this dissertation, evaluation of the inadequacies of rates of social assistance in Chapter Seven suggests that less than subsistence allowances are a reflection of public discourse informed by individualist ideology. According to Riches (1986),

In general, [the] approach to the question of what constitutes an adequate income depends on assumptions about poverty. If you believe people are poor because of their own fault, you will tend to favour a "market basket" or subsistence approach. If, however, you think that poverty is generated by structural inequalities built into the fabric of capitalist society, you will favour a relative deprivation approach (p. 82).

As such, this example of the infiltration of popular discourse into public policy, in effect, legislates poverty and nutritional inequities by blaming the victim for inadequacies in the social structure which prohibit full employment at a living wage and support for women who choose to work at home to nurture the next generation of Canadians.

The penetration of popular discourse into public policy not only legislates socially acceptable inequities, but reinforces individualistic ideology. According to the National Council on Welfare (1992b), although rising unemployment levels are coincident with increasing demand for public assistance, government does not appear to recognize that the high unemployment rates associated with recessionary times necessitates a greater commitment to income security programs such as welfare. The Council argues that the

increased demand for public assistance which has stressed the government financially has led to a reemphasis on individual responsibility, as the following quote illustrates:

Advocates of this new point of view argued that individuals, rather than the state, must take primary responsibility for their own well-being. The role of the state was to encourage self-reliance and to provide assistance only when absolutely necessary. Terms such as "income security" were heard less often in government circles. Instead, there was talk of the proper role of welfare as a "springboard" to the labour market and new emphasis on a process known as "employability enhancement" (NCW, 1992b, p.4-5).

I do not dispute that a return to the work force is a reasonable and logical goal for many welfare recipients, and I suspect neither would the majority of research participants. However, the discourse in the above quote fails to recognize that it is possible to "enhance the employability" of an individual without decreasing their dependence on welfare by failing to contribute to the creation of employment opportunities (a structural change). Consider John, who at the time of the research, studied to become a nursing assistant and graduated near the top of his class. Currently, his personal employability as a nursing assistant has indeed been enhanced beyond his pre-diploma employability. Yet, he graduated during a recession, and nursing staff across the province are losing their jobs as positions are cut in the name of fiscal restraint. John's chances of finding employment have actually not been enhanced. His participation in "employability enhancement" programs only means he can now be reclassified from "unskilled" to "skilled" able-bodied unemployed. Yet, public discourse, through its penetration into government policy, places all of the responsibility for breaking free of the welfare system on John and other individuals in similar situations - those with the least political power to initiate farther-reaching structural change.

8.1.2. The Hierarchy Within: Internalizing an Oppressive Discourse

The research participants were well aware of the public discourse surrounding poverty, as the following passage from a group session indicates:

Melinda: Like this one here [referring to her notes on the keynote speaker at a conference she attended on food banks, who was discussing the myths surrounding the poor], it says the poor in Canada are lazy, the poor get too much and waste it, the poor prefer welfare to working, the poor are the makers of their own misfortune.

Dominique: I don't believe that.

Sunny: ...That's what a lot of people think.

Melinda: That's what society thinks (G13).

What they may not have been aware of was how many of them participated in the construction of these myths through their own beliefs about "others" in poverty. They too often subscribed to individualist views, believing that they were the exceptions. I came to call this separation among themselves between the "deserving" and "undeserving" poor as the "hierarchy within".

The hierarchy within was a phenomenon observed early on in the research process . For example, at the Parent Centre, I recognized a rift between some "staff" members (who were welfare recipients participating in the Fresh Start "employability enhancement" program) and some of the women who came to the centre to utilize its services. Break-time conversations among Centre staff often revolved around the personal situations of the Centre's clientele, and were frequently critical of their lifestyles and choices. The clients were sensitive to the attitudes many of the staff held, so often referred to them as "uppity" or "snobs". Where I would have expected a great deal more empathy between "peer counsellors" and clients, I found only pockets of empathy. This finding is similar to that of Bremner & Campbell (1992) who found that peer educators' perceptions of clientele in a nutrition program for low-income mothers were more consistent with professionals'

perceptions than clients' self-perceptions. To the Centre staff, their work at the Centre seemed to make them more deserving recipients of assistance, and perhaps helped them to emulate the middle class values espoused by the professionals at the Centre. In actuality, many of the clients of the Centre were ineligible to become staff, as only Municipal Social Assistance recipients were eligible to receive Fresh Start Grants, thereby excluding Family Benefits recipients from the opportunity. Yet, despite their knowledge of this inequity in opportunity, believing the popular discourse appeared to help the staff rise above the "undeserving poor". As one moves out of poverty, believing that poverty is a result of personal failure reaffirms that one's current success is a result of personal victory and hard work. Unfortunately, accepting the discourse as given is counterproductive to uncovering and changing the structural barriers that many others in poverty continue to face, despite their own hard work.

The bureaucratization of charitable relief, such as food banks, makes an interesting case study of the ramifications of accepting the distinction between undeserving and deserving poor prevalent in individualistic discourse. Food banks, although initially conceived as an emergency measure to relieve acute food shortages, were at the time of the study reported in the local newspaper as "in danger of becoming accepted as institutions" (Jeffrey, 1991, p. A5). The report quotes the Executive Director of one food bank as recognizing that people now plan to use the food bank as a means of stretching their incomes to purchase less essential "extras" as opposed to as an emergency last resort. In response to the increased demand supposedly associated with this "changed thinking", the report explains how food banks have started placing limits on the frequency with which people are allowed to ask for food. Rather than attribute the increased demand to swelling welfare rolls and increasingly inadequate levels of assistance (Chapter Seven), the Executive Director's comments imply that the food bank system is being abused; hence the emphasis on "policing" frequency of use. The following quote from John, who regularly

uses food banks indirectly through the receipt of food from the Parent Centre, explained his perception of what is happening in food banks in relation to the hierarchy within:

With food banks, I look at it as being good in one way and bad in another. You're providing food for people who can't afford it, but you are also getting a large portion of the people who are going to the food banks who are taking advantage of it....I do feel that it's being abused, because people who would normally go out and buy their week's groceries or month's groceries what ever's the case, and buy what their families really need, are overlooking that and buying maybe some junk food or that extra carton of cigarettes that they really want, or taking a portion of that money and going out and having a good time at the tavern some night, knowing that they're going to be able to go to the food bank and get some food afterwards. And, I haven't noticed any real keeping track of when, why and how these people are going to get the food, any documentation. I don't know enough about it, maybe I'm totally out of the way here, but it seems to me that there's room for a lot of abuse without a fall back to make sure it doesn't happen (IB3).

John's point that there is room for abuse is true. However, his suspicions are unsubstantiated. Estimates of abuse of food banks prior to the initiation of controls were only 3% (Jeffrey, 1991). As I described in Chapter Five, going to a food bank to ask for food can be a less than dignifying experience; even more so when asked to supply the details of your woeful financial situation. It is unlikely that many people would willingly submit themselves to the embarrassment more frequently than absolutely necessary. John's opinion seems to mirror public discourse. We need food banks (or social assistance) for those "deserving" few who really need it; others abuse the charity of their fellow citizens. Yet, as the data in Chapter Seven highlighted, a monthly trip to the food bank may have become necessary for social assistance recipients to stretch their food allowances. However, for the majority, it is not so they may abuse the system to purchase potato chips

or drink away their welfare cheques, but it is simply so they may be able to obtain sufficient food to prevent their families from going hungry.

Although concerns over the abuse of food banks have only recently been brought to the forefront of the public's attention, concerns over welfare fraud have been evident within public discourse for some time. The following quote, overheard by Christine from a participant in the food bank conference is illustrative of public discourse surrounding welfare abuse:

I know they brought up yesterday too, ... about social assistance are supposed to be giving um, like expectant mothers \$28 extra or something in there for their juice and their milk or whatever, and there was a woman sitting... there, "\$28" she says, "I know they wouldn't spend the \$28 on the milk or the juice that they're supposed to be having, if they're smokin' or whatever" (G13).

Yet, evidence does not support this popular view. According to Blouin (1989), estimates of welfare fraud are less than 3% of all cases, similar to the levels previously reported for food bank abuse. The substantial efforts put into monitoring potential abuse would suggest much higher levels². Thus, it appears monitoring efforts mirror popular opinion as opposed to substantiated evidence. In turn, the practice of monitoring fuels public doubts regarding the integrity of those in need of assistance, to the extent that the socially and economically disadvantaged begin to doubt their neighbours and themselves. Following an informal meeting with two Family Benefits workers, it became apparent that public discourse is invading the professional practice of social work, such that welfare workers' roles are becoming monitoring and policing roles rather than helping ones. When I asked the workers at a group session with the women what we could do to help ensure more adequate levels of assistance, their response was to report their neighbours who are

²It is true that monitoring has a deterrent effect, and that governments and charities must be accountable for monies spent. But, to examine the lives of the vast majority of honest recipients under a microscope seems unnecessary when random spot checks and audits would serve the purpose.

“cheating on the system” to ensure that sufficient funds are available for those “deserving” of assistance. By turning ideological public discourse into a professional discourse (Section 8.2), their professional practice was helping to construct the hierarchy within, and thus separating the people who could potentially derive a great deal of support from each other.

8.1.3. The Media: A Critique of the Construction of Public Discourse

One major way in which public perceptions of the poor are influenced, and thus, public discourse created, is through the media. During the course of the research, participants had the opportunity to view first hand how the news media can distort an issue or occurrence so as to portray an image to the viewer quite different from the image an observer of the happening would expect. By critically evaluating the media portrayal of an event they had all participated in, the women were able to recognize how public discourse may be distorted, and hence were determined to free themselves from the stereotypes they did not fit. This learning experience created a solidarity among the participants, rather than allowing the discourse to divide them.

The analysis began when during one rather boisterous group session the women started discussing a “tour” by the then Minister of Community Services, to various social agencies, including the Parent Centre and the local public housing project. The tour was arranged by a grassroots anti-poverty organization whose membership included many Parent Centre “regulars”. The participants were aware ahead of time that the media would be present. The Parent Centre was the lunch stop for the tour; the in-house caterers had prepared a buffet. Most of the group participants were at the Centre during the tour. After the tour had finished, the media admonished the members of the anti-poverty group for being too civil to the Minister, as Melinda explains. The process of analysis that followed is worth quoting at length:

Melinda: That’s when we got in trouble, our association got in trouble. All the people on that tour got snubbed by that [media] lady because we didn’t talk like she’s talking right now [Bessie was expressing her views on the

inadequacies of the welfare system quite vehemently]...We gave her the red carpet treatment instead of yelling at her and...I know why we did it. We brought her out into the community to meet us. We did not bring her out to hang her, but the media didn't want to hear that, they wanted to hear what she's saying now.

Kim: But, you're wrong. I mean, you're right, that's what the media wanted to hear, but the media didn't take advantage of the opportunity. Because when she was here, she first came in and everyone says, "Hello, how are you?" , I mean people who are on welfare aren't ignorant, I mean you're going to extend the same niceties as you would to anyone coming into your house right? When she's in here, and she's got a few sandwiches in her face, we tore her apart in that dining room, and the media were sitting outside having a cigarette. They weren't there. They came, listened to her make a statement, a planned statement and then they left. Then, we were , so it's the media's fault that they didn't get that.

Melinda: We didn't say anything, we didn't speak up.

Bessie: We did, and we did downtown, but the media...

Dominique: The media left....

Melinda: That [media] lady was fed up with us, that's what she told [one of the leaders of the anti-poverty group] and [she] is very upset about it, and I can't tell you...

Bessie: Well that's too bad about [her], because [she] should've stayed around long enough, the media should've stayed around long enough....We tried to explain what we were doing...

Melinda: Did she know that you were low income? Did she know that? Maybe she thought that...

Bessie: I mean I looked low income that day! [group laughs]

Melinda: Let me tell you something. This is what the media said to me,
“Why are you all dressed up?”

[There is some discussion over how Bessie was dressed]

Melinda: And you looked more like one of them....

Bessie: Well excuse me, the next time they're coming here I will come with my blue jeans tied up with a rope, and my shirt sleeves rolled up with a couple of rips in them.

Melinda: Well that's the way we should go to government house. [The women were also discussing a protest march during this session.]...How old were the clothes you were wearing?

Bessie: ... This old thing I had to make and I only had two bucks worth of material, that's all I can afford!

Melinda: Did you tell them that? Because they thought we were dressed....

Dominique: Well why, what was wrong, who said to you about the way everybody was dressed up?

Bessie: Why can't we dress up?

Melinda: [name], the reporter that was here.

Dominique: So what, we were supposed to come in our rags?

Melinda: She said, “What's going on here? Why is everybody giving her the red carpet treatment?”...

Bessie: They didn't want that because all they were looking for was, they were looking for, [imitates a screaming person], that's what they were looking for. And we don't have to be that way!

Melinda: We were too good to her.

Bessie: We don't have to act the way they have set out the rules for us to act. There's no reason why we can't go over there, dressed half decent. We

don't have to look like we're useless tools in society! They're making it look that way, but we're not!

Dominique: That's what they want us to look like, that's what they want for news. All the welfare bums down here, you know, women with their bras hanging out and their, you know.

Melinda: I think that we should have a press conference, that's what I think. I think we should have a press conference and tell them how we feel.

Bessie: A press conference Melinda, what they'll do, they'll tape the whole damn show, but they will cut out what they want to, they will show what they want to. They will not put the point through that we're trying to get across. The only way we're going to get it across is if we're out there saying, "We need these things to make it!" ...

Melinda: Go to the Annapolis Valley and get a job picking apples didn't you hear? [this is the comment made by the Minister that the media exploited.]

Kim: *Well that's the point. The media just picked up on that one little point .*

Dominique: They attacked her with that when she first walked in here and she said, I don't remember the exact words, but they said something about all these people on welfare going up to the Annapolis Valley to pick fruit, and she said, "Now wait a minute, don't take what I said out of context, that wasn't what I said."

Bessie: That's exactly what she said.

Dominique: And that was exactly what she said to them right there. She said, "What I said was hopefully that with the season opening up that there will be some people that could go there", like right? Yea. That's an option, she's not, she didn't say everyone on welfare should be up in the Annapolis Valley you know, picking apples or whatever.

Daisy: Why the hell don't she go and pick some apple.

Bessie: Yea but, I think her point is...

Melinda: The welfare rights people..., they were really complaining about her, and none of them were even here to hear her say that so would you go to bat for her? Would you go and say what you just said?

Bessie: I would, because I heard her.

Dominique: What do you mean?

Melinda: Yea, They picked up on that and they come to some of the anti-poverty meetings that I attend.

Dominique: But that's because the media took it right out, do you know what I mean? Like that was the media, the way the media did it. [agreement]

Kim: *And do you know what would've happened, you say the media was pissed off, if we had started going wacko? The media would've picked up on, "Look at these welfare bums!"*

Bessie: Look at these animals!

Kim: *Those animals. And that would've made us look worse. So who cares if the media's pissed off!*

Bessie: There's no reason on God's green earth why we can't go over there [government house] on the lunch hour when there's more people around to see, the people will see. We're not asking for the world on a silver tray or a platter. All we're asking for is a little more money to make ends meet.Like I say, if you guys decide to do it, I don't expect any one of you to be dressed shabby. Why should we look like the label they're putting on us? They have put a label on us, and I can draw you a picture of a welfare person. All Janice would have to do is puff her hair up some more, and wear her beer shirt! [laughter]...

Melinda: This is the problem. They're looking at us, they're looking at us and saying, "Oh my God, she's got designer jeans, you know. If she's on welfare how can she afford designer jeans?"

Kim: *Because she gets them from the leftover clothes that come in here into the house....*

Bessie: And they also have us in a category where we're, that's why if everybody can, wear something reasonably nice. Why should we look the way they want us to look?

Dominique: Stereotype.

Bessie: Yes, let's fight the stereotype, we have to break it down.... They are going to be looking for a stereotype. We don't want to give them the stereotype....

Dominique: It's like they think everybody walks around, anybody on welfare walks around in friggin' grub right. I mean, here's Daisy here, high heels, nice pants, nice shirt, like, I mean, they would take a look at her and they wouldn't think that she was on welfare right?

Melinda: They have a different image of us.

Dominique: That's what their image is, that's what they are, and I think that's what Bessie is trying to get at is that, we don't dress that way. I mean Daisy didn't come here because she was going to be on TV and that's why she wore, she wore what she wanted to wear today, just like anybody else.

Bessie: "Welfare people", they have their hair in rollers, a cigarette drippin' out of their mouth, and in a nightdress.

Dominique: That's right.

Bessie: Don't come with a night dress on.

Melinda: That's what they expect us to look like (G24).

The women had witnessed an event which appeared very differently to them in the media coverage of the event. This provided a unique learning opportunity for them, as it sparked a process of analysis which enabled the women to recognize how an event can be distorted by selective media coverage. The process of analysis helped them to assess more critically the production of popular discourse through media channels, and in turn, enabled them to critically examine other public discourses, including the discourse within which welfare policy is embedded. The analysis also allowed them to explore the popular construction of an oppressive stereotype through media channels. The women were actually criticized for failing to present themselves as the media expected - as scruffy, rude and ignorant. Yet, the women did not present themselves any differently than they would normally present themselves in a public event. Their actions defied popular discourse because their lives defied popular discourse. There was a “disjuncture” or “line of fault” (Smith, 1987) between public discourse and the everyday lives of these women. They resolved to change the discourse, to show the public themselves what the media has distorted.

Although the media can create popular discourse through their portrayal of images of the poor and “undesirable”, they are also used as vehicles to sell more desirable qualities and material goods. At this juncture, it is possible to envision how the media facilitate the intersection of public discourse with the commercial sector. In Chapter Six, I introduced the idea that the research participants’ eating and shopping practices are influenced by the images transmitted via mass media. For instance, commercial media messages herald the time-saving advantages of convenience foods, and transmit the aesthetic ideal of thinness. I argued that such messages accentuate social and economic disadvantage by inflating the cost of nutritious food and by reinforcing the idea that health and beauty are commodities that can be purchased by those with adequate resources. For those with subsistence resources, attaining the ideal portrayed via media images can seem impossible, and can frustrate one’s efforts to maintain their self-image in a positive light. Yet, these media

images are not simply imagined in a context-free, unbiased environment. The images are a reflection of public discourse. However, they also may contribute to the production of discourse. This type of production of discourse or culture through media images is part of what Horkheimer & Adorno refer to as the culture industry (Held, 1980). The culture industry produces for mass consumption, but is not driven by the demands of the masses. Rather, through its techniques of promotion, the culture industry urges people to identify with existing social relations. The following interchange between Bessie, John and me illustrates how popular discourse generated by commercial media images surrounding the aesthetic ideal of thinness can penetrate one's everyday experience even after a critical examination of the role of the media in its construction has led to an intellectual rejection of the discourse:

Bessie: I mean these women that watch the soap operas, I feel sorry for them, because how many fat women do you see on soap operas? . . . But you don't see anybody unless they have a size five waist or... They dictate what we're supposed to do but unfortunately, it's a set back, it's a set back because I'm happy the way I am... [a few minutes later]... I'm glad, I'm really pleased that Susie [her daughter] is as small as she is. I was always hoping and John and I both said...

Kim: *Isn't that interesting though. I mean, even though you're sitting here saying that it doesn't really matter whether you're big or whether you're small, you're glad that your daughter is small. Because it will be easier for her to fit in with this screwed up society's image?*

Eccsie: Yea, by the time she gets growing up, she won't have the problem of um, "I have to lose weight to look good", you know, "You're not going to get a date unless you look good", you know. I mean that's the reason I thought no one ever asked me out, because I was fat.

John: Yea, but see the problem, the real problem is, and I'm more radical than Bessie when it comes to that, I'd like to see society's attitude changed rather than people trying to conform with it, because I think in that particular instance, society is wrong, definitely wrong.... Years ago when people didn't care how fat you were as long as you were healthy, you did your work.....But I'd rather see a really radical move by women to put a stop to this.

Kim: *What can we do?*

John: What can you do? I can tell you exactly what to do. Stop buying and buying into all these weight watch programs. Put them right off the market completely, because you women are buying them, very few men on the whole.

Kim: *I'm not, she's not.*

John: But I'm talking in general.

Kim: *Ok, but what can we, I mean the two of us right here, we're obviously making our little stab at it because we're not buying into these weight watch programs, but it's more than that.*

John: It's all education, that's what it comes down to (IB3).

John's point is a good one; until the discourse has changed, perhaps through popular education, it remains very difficult for individuals to break free of the images portrayed in the media on a practical level, even if they are able on an intellectual level. One way to change the commercially driven construction of the discourse is to literally avoid "buying" into the commercial messages.

In sum, the data provide evidence that welfare policy is embedded within public discourse, and that commercial media images create and are also permeated by public discourse. Of interest however, is the interpenetration of popular discourse, government policy and the commercial sector. To illustrate, a local newspaper article published in April

1991 stated: “Thousands of ...children go hungry every day...Corporate and community sponsors should help feed them, says the province’s study on child hunger...” (“Thousands of children hungry”, 1991). The government report does not highlight the inadequacies of public assistance which provide insufficient funds to purchase a nutritious diet, but instead looks to the corporate sector to make charitable contributions toward “solving” the hunger problem. This recommendation is consistent with economic/market liberal discourse which has faith in the integrity of the market as the saviour for social ills. Through making this recommendation in a public government report, public discourse is bolstered. In addition, as government documents are a resource for professionals, professional discourse is penetrated.

8.2. Professional Discourse

8.2.1. “Do You Teach Them How to Budget?” Professional Discourse and Individualistic Ideology

In some instances, it becomes apparent that professional discourse, like public discourse, is reflective of individualistic ideology. For example, both public and professional discourses appear to adhere to the assumption that the poor have sufficient resources, but do not have the knowledge to use them wisely. Lack of budgeting knowledge and skill is the source of their money problems. To follow this assumption to its logical conclusion, it is through their own fault that they run out of food at the end of the month, or have insufficient funds to pay for a prescription. I have discussed previously how the research participants have been wrongly confronted with accusations of being ‘out drinking on their welfare cheque’, or having to use the food bank because they do not know how to appropriately budget their food allowances. Yet, the analysis presented in Chapter Seven which details the inadequacies of welfare allowances, combined with the evidence of advanced budgeting skills among research participants presented in Chapter

Five, should be sufficient grounds to reject the ideological discourse. But, despite this evidence many professionals (and the policy makers who rely upon professional opinion for decision-making), including welfare “social” workers who should have an appreciation of the limits of the allowances they administer, continue to blame their clients for their failure to make ends meet.

Within discourse generated by individualistic ideology, inequities are not only socially acceptable, but provide a rationale for professionals to continue to practice in a way which attempts to change the “deficiencies” of the individual, while ignoring the social context within which these individuals work. To illustrate within the context of this dissertation, several times throughout the research when I confronted welfare workers and policy makers with the financial difficulties of the research participants, the immediate and first response was, ‘Do you teach them how to budget?’ Dominique expressed her extreme frustration with this attitude:

Every time these friggin’ people walk in the fuckin’ door, that’s the first thing that comes out of their mouths is uh... that lady, what’s her name? [referring to the Minister of Community Services], “Oh, do you have any budgeting programs? Do you teach them how to budget?” You know, and it’s like, they give you money but they just don’t know how to make it, they don’t know to make it last (G24).

A similar attitude was shared by the keynote speaker at a “progressive” conference on alternatives to food banks that I attended along with several group members, as Grace’s quote explains: “Another thing that was brought up too was that people need to be taught how to spend money. You know, they’re given out money but they’re not taught how to spend money.” (G13)

I do not dispute the idea that learning to budget effectively is an important skill for anyone to learn, especially for someone with a limited income. In fact, budgeting classes are offered at the Parent Centre by the City’s home economist, and most of the research

participants had taken advantage of them. Because of this opportunity, it is possible that the superior skills the research participants exhibited are not common among other socially and economically disadvantaged citizens. Even members of the women's group recognize such a possibility:

Sunny: But that is true sometimes too, ...I mean like you get a young girl who first goes on social services with her baby and you give her this big giant cheque and you tell her to go pay rent, go pay her phone bill, go pay her lights, go get her groceries, clothe her baby and clothe herself, and she doesn't know how to do it (G8).

What I do have difficulty with is with the blanket assumption that learning to budget will in some way erase the inadequacies of welfare allowances. Again, the onus is on the victims of the system to change within it; the system remains unquestioned.

In an effort to motivate welfare workers to question the system, one participant suggested a role-playing exercise:

Dominique: Well I'd like to see some of these social workers, I mean they make good money don't they? Social workers make good money. [Group - yea, oh yea.] I'd like to see them have to go and buy their groceries on what we're given for the amount... (G17).

Another participant had actually suggested such an exercise to her worker, but was met with the following paternalistic neo-conservative response:

Sunny: Yea, I agree with you but do you know what they say about that though? I'll tell you because I went down about my social worker... and do you know what they tell you? They are working individuals earning a pay. They have been trained for that position therefore they are entitled to that pay. Now, we, yes, yes, yes, and that they, we ok, should be happy that we are given, that we are at least able to keep our children, and house them and feed them, and that it is not up to the government or the province or the

city to provide extra money for luxuries, even in food, I mean you're talking about a steak instead of a hamburger. I mean that's what I was told, and if I did not...remove my children and take them home, she was going to call child welfare (G17).

Hopefully, such a response would not be characteristic of the majority of professionals who interact with the socially and economically disadvantaged. Unfortunately, however, strong opinions like these do filter into professional discourse and thereby contribute to inequities through systematic discrimination against their clients by professionals.

8.2.2. Eating as Embedded within the Discourse of the Nutrition Profession

In Chapter Five, I scratched the surface of an analysis which revealed the penetration of professional nutrition discourse into the daily work of feeding the families of these research participants. Contrary to commonly held professional opinion which still appears to be informed by Lewis' (1970) "culture of poverty" hypothesis, the data revealed that these women are not simply adhering to a "live for today" mentality, but are planning for long-term food security, receiving the messages that professionals believe they should hear, and acting upon them when their resources permit, if they have relevance/ practical application for their families. In this section, my purpose is to explore in more depth how nutritional discourse is received and acted upon by the research participants.

Current nutrition recommendations encourage Canadians to limit their salt, fat and caffeine intakes, and to optimize consumption of foods rich in essential nutrients, such as vitamins and iron (Health & Welfare Canada, 1989b). The following quotes are but a few examples which illustrate that research participants were aware of such recommendations, and were attempting to plan their eating practices accordingly:

Janice: I don't usually put salt in anything I'm cooking.... I guess basically because I don't care for salt and I figure there's enough salt in the food already when you buy it (IJ1).

Tina: Well, I guess its um, trying to get enough, or trying to get more foods with iron. Whenever I've got my hemoglobin checked its always low, its always been low since I was a teenager (IT1).

April: That's the other reason I'd like to go to 2% [milk] for both the kids and him. I don't think he needs as much fat as he's getting (IA1).

Kim: *[reviewing food records] So you had some pop.*

Tina: Oh yea, I drank about 4 glasses, [laughs] caffeine free though!

Kim: *Ok. Are you really concerned about the caffeine you drink?*

Tina: Sometimes yea, because I drink tea and, you know, I don't want to give up my tea, but then if I drink tea during the day and then go out to a barbecue and have four glasses of, like if I had like regular Coke or something, you know, I think that would be too much, so I bought caffeine free Pepsi and there was another caffeine free Coke there (IT3).

Other, more popular nutritional discourse less substantiated by scientific evidence, such as the avoidance of sugar and preservatives, was also attended to:

Sunny: I put the sugar on. I don't like my kids to have it. Like if they don't ask for it, I don't give it to them. I don't want them, like my kids don't get a lot of candy, I don't buy cookies, I don't buy sweets at all. Every now and then I may buy something to make chocolate chip cookies because I think it is more fun for the kids to help make it. And I think it is a little more healthy cause you know what goes into it, it's not all preservatives (IS1).

Their knowledge extended beyond simplistic messages too, to a practical knowledge of food sources of specific nutrients:

John: I hate liver especially, and so does Bessie so it very seldom comes in the house. The iron we'd normally get from the liver we can make up for in something else. *Like?* Lots of meats have a lot of iron in them, and a lot of vegetables which have iron. Bessie's a great believer in vegetables. If you come for supper you won't just get potatoes, you'll get potatoes and probably three or four different varieties of vegetables and uh, you know, eat what you want and leave what you don't (IB4).

In all five of the families studied intensively, there was evidence of attention to and application of nutritional discourse in meal planning, preparation and eating.

As regular patrons of the Parent Centre and its services, all of the research participants had access to nutrition education through the Centre's home economist, and through regularly scheduled seminars by the City's nutritionist. Therefore, the penetration of professional discourse into their daily practices is not surprising. It is also possible that such a penetration may not be characteristic of the entire population of socially and economically disadvantaged persons, although other ethnographic research revealed that even the homeless were paying attention to nutritional discourse when scavenging for food (Hill & Stamey, 1990).

Curious about the source of the discourse, I asked most participants where they received their nutritional messages. The sources were varied. As expected, some participants cited the Parent Centre as a predominant source of general information. Some remembered learning nutrition in home economics in school. Others heard messages through the media, although most messages heard via media channels were tied to commercial interests that took nutrition information out of context to promote a product. For most, however, health professionals and hospitals were cited as sources, particularly when referring to specialized information regarding a specific nutritional concern. For the women, pregnancy and childbirth were cited most as events which stimulated nutrition discussions between themselves and health professionals, as Janice's quote indicates:

You get all kinds of stuff in the hospital when you have babies. *Was that stuff useful to you?* Yea, it was, yea, especially when I had Ian. *The first one you always...* Yes, read. *Read, read, read!* Yes, my sister, she started, she's due in September and I think she's read every book that was possible already. Every time I see her, it's, "Look at this book, look at this, look at this." (IJ3)

Contrary to commonly held professional opinion, these women were interested in learning whatever they could to facilitate a healthy pregnancy outcome and a healthy infancy. Motivation to learn, during pregnancy and at other times of their lives, was not usually the limiting factor leading to sub-optimal nutritional intake.

However, implementing the nutritional recommendations received was not always straightforward. The type of information given or the "education" process used by the professionals was not always relevant or useful to the women. During the research, I had the opportunity to observe education sessions given by the City's nutritionist, and to question the women regarding their impressions and ideas after the session. The following discussion took place after the nutritionist facilitated a working session on healthy lunches for children:

Sunny: I did not realize that you are supposed to use all the food groups for each meal. I always thought that it was something that had, as long as you had all the food groups within the run of a day, then you were doing OK. But I didn't realize that you needed that balance at every single meal. [There is group agreement on this point, and I confirm that her impressions are correct.]

Lana: I don't go by that I just, ...figure out what I'm having for dinner and do that but I don't go by...*You don't go by food groups?* No. *Most people don't go by food groups?* No. But if I sit down and try, if I sit down and watch it, I do, I am giving her all from it but I don't sit down and say you

know, this is from this, and this is from this...*No, it just sorta comes together.* Like when you're grocery shopping you don't wanna have a double list.

Dominique: Like when we have supper we have, you know, like we have ham steaks or whatever you have, we always have baked potato or rice and I always make sure there's a vegetable right? You know. And it all straightens out (G5).

Although the nutritionist had avoided lecturing and was successful in attaining the women's participation, the message received by the majority of those in attendance was to follow Canada's Food Guide in planning each meal; a useful message but one they had all heard before. In fact, most of the women were already acting on the message, even though their work was routinized as opposed to thought through carefully at each meal. However, by suggesting that the women plan to choose foods from all four food groups at each meal rather than throughout the day (which is acceptable), the message contributed to feelings of inadequacy and guilt for not doing as well as they might.

As long as professional practice continues to place primary emphasis on changing individuals without consideration of the context within which they work, the potential remains high for victim blaming on the part of professionals, and guilt on the part of the individual who is unable to live up to expectations. For these research participants, guilt for failing to adhere to recommendations they knew were best for their families was ever present. The following passage from a discussion with Tina over what she fed her toddler when he was suffering from a cold is illustrative of guilt:

Tina: I had some of that chicken noodle soup in there, ... I remember I gave Josh some of the noodles, it has a lot of salt in it but, I gave him some of the noodles out of the can anyway.

Kim: Do you worry about, a couple of times you mentioned to me you know there's a lot of salt in something, do you worry about too much salt in food?

Tina: Yea I guess I do. I don't know where I got it from but yea, I guess it's those books that say, not those ones but the ones uh, that you get at the hospital, from Birth to Year One Feeding Baby? [This is a Department of Health publication , the actual title of which is Year One: Food for Baby.] And there's another one after that. They just mention that canned, canned stuff like vegetables and soups , they always say they're not a good choice because they have a lot of salt. They're good for us, I mean it doesn't bother us but, I don't know for him, I suppose once in awhile (IT4).

Tina's son was sick and had a poor appetite. Wanting to feed him something, she resorted to a can of chicken noodle soup she had received from the food bank. Yet, she felt pangs of guilt for feeding her son something that was not consistent with a nutrition message she had received. Dogmatic nutrition messages do not assist the disadvantaged in making reasonable and moderate choices among available alternatives, which the chicken soup decision could have been, but foster a sense of inadequacy and guilt for failing to live up to the standard set by them. These findings are similar to those of Devault (1991). Considering that economically disadvantaged citizens are becoming reliant upon food banks (Chapter Seven), which often provide less than optimal nutritional choices, professional discourse is becoming even more damning as options are limited.

At times, however, unnecessary guilt generated by unrealistic expectations was not as big an issue as was the sheer impracticality of following nutrition recommendations. The following discussion between Tina and me illustrates an example of the impracticality of implementing nutritional recommendations:

Kim: When you went to visit [the nutritionist] in her office, ... what kind of advice did she give you on diet and...?

Tina: She gave me a few pamphlets and that, um, and there was, she asked me if I was taking my prenatal vitamins I remember we were talking about iron... and I told her, I said every time I have my iron taken, it's usually down around 10 or 11, a little below normal, so she suggested that I, she gave me a list of different foods, but I already knew them .. to try to eat more iron...to try to eat more of those. I do try to eat more but, you know, I don't think I eat enough to make a difference, you know? ... I can't eat too much of that...so I can eat a little but not enough things to make a difference, so I keep taking iron pills I guess, those prenatal vitamins.... The other pamphlets were just about, one was about breast feeding, one was about nutrition during pregnancy... I had already read them.

Kim: *What about your doctor, does she give you any suggestions about eating or tell you to buy certain things or...?*

Tina: No, not really. She has asked me before if I eat well and I tell her yes, or I think I do most of the time. No we never get into that much.

Kim: *So it's just sort of a general question, "Do you eat well?" So it's up to you to tell her yes or no, it's up to you to figure out whether you do.*

Tina: Yea [laughs]. She does ask if I'm taking my vitamins (IT2).

Since this was not Tina's first pregnancy, she had already heard the usual lecture on nutrition and pregnancy, and had read the more common pamphlets. She was sufficiently literate (Grade Eight) to read and understand the pamphlets, and motivated to review them. She was also aware of her greatest nutritional problem in iron-deficiency anemia. Yet, despite her knowledge and motivation, neither her nutritionist nor her physician was able to assist her in improving her food choices. The standard list of iron-rich foods that the nutritionist provided were foods either unfamiliar, objectionable, or too expensive for Tina to consume in sufficient quantities to make a difference. The advice she received was not practical information that would assist her in incorporating unfamiliar and inexpensive

foods into her diet in acceptable ways, but merely a list of foods. The nutritionist did disseminate nutrition information, but did not educate. In addition, the information may not have even been received if it were not for Tina's literacy and motivation. One wonders how many others are left with a pile of pamphlets they cannot read or do not have the time to review, while the nutritionist leaves feeling she had done her job as an educator, only to return in a month's time to chastise the client for not complying with her advice. Almost as if in anticipation of non-compliance, both health professionals in this example were happy to rely upon the "security" of the knowledge that she was taking her prenatal vitamins, even though nutritional discourse values a varied diet over a supplemented one.

For Tina, and many others of the research participants, the nutritional quality of her diet was improved more by structural and policy initiatives than by dissemination of irrelevant and impractical nutrition information. Tina was relatively advantaged as her prenatal vitamins were paid for by municipal social assistance; for those mothers in receipt of Family Benefits, prenatal supplements are an unaffordable luxury. As well, all pregnant women on social assistance in the municipality studied, regardless of the tier of assistance, were eligible to receive an additional food allowance or vouchers toward the purchase of milk and orange juice to help meet their increased nutritional requirements during pregnancy. For the women I studied, the nutritional counselling that accompanied these programs was less helpful.

I have mentioned previously how April's situation could be used to illustrate the possibilities after welfare. Within the context of making nutritional recommendations accessible and realistic, April's situation illustrates how a structural change, in this case the availability of resources, can make an impact on one's abilities to implement nutritional change:

April: I find the more you know about food, the healthier you are. I find when my children were babies, things I ate then and what I eat now, I do see a difference....I really watch what the children eat and make sure that they are getting everything from the food groups. I feel the more education you get, then the more, and just talking to other Moms to get ideas (IA1).

For April, who had more resources than other research participants, nutrition information was more relevant and pragmatic.

The above quote not only illustrates April's ability to implement recommendations to the extent that she can meet the standards set by professionals and thus remain guilt-free, but also brings to light the role of differences between clients and professionals in constructing nutritional inequities. Most professional nutrition educators would argue that they are better able to provide more relevant and practical advice to "clients" most like themselves. Part of this could be lack of understanding of the context within which the socially and economically disadvantaged make their nutrition decisions. April was, at the time of the research, joining the ranks of helping professionals. She therefore identified more with the professional nutritionists she dealt with, and they with her. In addition, however, April's example reveals a skill in obtaining relevant information from a professional. April seemed to understand how to get the information she needed; she once told me "I'm the type of person that wouldn't settle for pamphlets either." (IA1). She learned to press further, to challenge the nutritionist to provide more than pamphlets. Yet, identifying with professionals has its pitfalls, as a great deal of valuable learning from non-professionals can be undervalued. It is of interest to note that although April's quote reveals she has also learned a lot from "just talking to other Moms to get ideas", this sort of learning was not equal in value to professional nutrition education in her assessment. Although April was able to measure her nutritional knowledge against the standard of professional nutritional discourse, one wonders if her outstanding abilities to feed her

family on a less than optimal income are related to her knowledge of the academic subject matter (gained from professionals) or to her practical knowledge (gained from experience and talking with other Moms) of implementing what she felt was best.

I was able to explore the idea that professionals do not have sufficient understanding of the context within which the socially and economically disadvantaged make their nutrition decisions more deeply with John, a research participant training to become a health professional. John was living in a low-income situation, and I therefore expected him to be more understanding of the context and less tied to professional discourse. As the following conversation illustrates, I was mistaken:

John: And nutritionally it's not, it's not so much a situation where people can't afford the food, it's that they're in such a position financially, emotionally, so much stress in low income areas, just with the fact that you have a low income and so on, that lower income people smoke more on the average, they eat more, but it's generally not nutritious food, especially the adults.

Bessie: But that's not, I don't think that's always the case. I mean we're low income.

John: It's not always the case but it's more prevalent in a low income society than it is in a higher income...

Bessie: But anybody who has any brain at all knows that you need fruit, vegetables, meats and breads.

John: No I'm sorry, I beg to differ with you there, because one of the high functions of a nurse is to ensure proper nutrition in their patients. And so much focus is put on it because lower income groups especially, are not generally getting the nutrition they need. And it's more an education situation than it is...

Bessie: Ok, let's just get back to our own household, that's not a problem in this house.

John: No, it's not in this house, but in this particular situation...

Kim: *Do you think that's because there's not nutrition knowledge, or do you think that's because um, there's not enough money to buy?*

John: I think it, speaking from the aspect of nursing, so much focus is put on nutrition because of the fact that society in general is not educated enough, and it's because the commercials are aimed toward junk food or something that's quick and easy. Financially, the lower income groups do suffer, and nutritionally as well, but looking at it from a nursing aspect, it's not just because of money, it's the amount of stress put on lower income groups (IB3).

Reminiscent of the "hierarchy within" (section 8.1.2.), John seems to think his family is the exception in planning nutritious meals. His nursing training has taught him that people living in low-income situations have more health problems and poorer health habits, which is extensively documented in professional literature, and reviewed in Chapter One. Yet, he does not seem to fully appreciate the possibility of structural "barriers" to healthy living (although the commercialization of food does enter into his analysis). Instead, he attributes poor health habits to "stress", believing the answer to lie in individual education. The valuing of individual health education reflects the dominant individualistic ideology subscribed to by health professional schools. John has dismissed his own personal experience of living in poverty as exceptional, and has placed more value on his newly attained theoretical knowledge which does not locate the health problems and habits of the poor into social context. As discussed in section 8.1., John's adoption of the professional discourse reinforces popular discourse confirming his ability to rise above the problems of poverty as a result of his own knowledge and hard work. Because he feels his family is the exception, his potential to appreciate the context within which health decisions are made is

tempered. Like many other health professionals, his professional practice will likely work to modify the habits and beliefs of the individuals within the current social order, rather than to critique the social structure as a potential source of inequities.

As the examples presented in this chapter attest, professional discourse is powerful. It penetrates the everyday practice of eating directly through conveying nutritional messages to individuals, it intersects with the commercial sector when it is co-opted to sell a product, and it permeates policy by informing decision-makers. Because of its consistency with individualistic ideology, professional discourse can accentuate inequalities in nutritional health by failing to examine the fabric of society as a source of inequities, and laying blame upon the disadvantaged individuals who, despite their best efforts, are unable to live up to expectations set by professionals. Taken even further, discourse is dangerous when it is used to exert the power of the state over individuals who are struggling to work within an inequitable system. The following quote illustrates the potential for state intervention in the lives of these women based on nutritional discourse which places sole responsibility for change upon the individual:

Lana: I'm going through a custody case right now, and I've got a grandmother who's trying to take my daughter from me, between her and her father. And they had all this mumbo jumbo that I wasn't feedin' her the right food and that and I wasn't cookin' her home-cooked meals, it was pre-cooked food. I don't know where they got all that anyway, they said uh, I shouldn't be givin' her hamburger and french fries and Kraft dinner and all that. I said, "Why cook somethin' the child is not gonna eat, when you know the child is gonna eat the Kraft dinner and stuff, why can't you cook it?" So,...the judge just looks at them when he was reading through this, the list they had wrote, and he said, "Well it's certainly economical for..." 'cause where I was on welfare at the time, and he just laughed in their faces (G3).

Thankfully, the judge in this situation was appreciative of the struggles Lana faces to feed her family, and did not place blame on her for failing to conform with idealistic nutritional discourse. Dominique, however, was quick to point out one of the structural sources of inequities that Lana faced, one that the judge did not acknowledge: “You know what he should’ve done, he should’ve turned around to them and he shoulda said, ‘well I think we better up that child’s support another \$100 a month or \$50 a month so that child can eat better’.” (G3). Lana’s ex-husband was only ordered to pay \$50 per month in child support, yet she was expected to feed her child as if she drew upon unlimited resources, and risked being deemed an “unfit” parent incapable of custody. When abused to justify decisions beyond the scope of professional practice, discourse can be dangerous indeed.

In sum, if one were to examine the eating practices of the socially disadvantaged population in isolation, and to impose nutritional discourse from the perspective of the professional, it may be easy to come to the conclusion that the poor do not pay attention to our messages and that their “unwise” food choices, such as expensive convenience foods, are made as a result of living in a “culture of poverty”. However, by analyzing practices from the perspective of the participant, and by tracing how eating is embedded within social constructs, it becomes more readily apparent that nutritional messages are attended to and acted upon if resources permit, and that purchasing convenience foods is logical if basic ingredients are not available at reasonable prices locally, or if food preparation facilities are less than ideal. As nutrition educators, we have to be cognizant of our potential to too easily “blame the victim”.

8.3. Summary

The experiences of the research participants within the Canadian welfare and health care systems provided points of entry to an analysis of the discursive/ ideological dimension to the social organization of nutritional inequities. I argued in Chapter One that:

ideology contributes to the social construction of nutrition and health. What the explicative aspect of this research has demonstrated is that the discursive/ ideological dimension is not separate from the practices of the commercial and bureaucratic sectors which are organizing nutritional inequities, but implicitly constitutes those practices through a set of unquestioned assumptions (Fraser, 1989).

I argued in Chapter Seven that the experiences of the research participants within the Canadian welfare state reflect a change in public discourse regarding the cause of social problems from a combination of individual failure and economic dysfunction (characteristic of collectivist, political liberal perspectives), to individual failure alone (characteristic of anti-collectivist, individualist, market liberal perspectives) (Williams, 1989). This individualistic discourse suggests that poverty is viewed as a failure of the individual to seize the available opportunities or to work sufficiently hard within the current social structure, and not a reflection of inequities and inadequacies within the social order. As such, individualism is an ideology of socially acceptable inequities. Such a discourse justifies the government practice of providing less than subsistence social assistance allowances (Riches, 1986). Individualistic public discourse also justifies placing all of the responsibility for breaking free of the welfare system on those living within it, those with the least political power to initiate farther-reaching structural change. Thus, individualistic discourse has a "victim-blaming" ideology (Ryan, 1971). Unfortunately, some of the research participants' practices suggested an internalization of the oppressive, individualistic discourse. When they blamed themselves for failures to stretch woefully inadequate, state-controlled budgets, and when they viewed their anti-stereotypical situations as exceptional, they reinforced public discourse and participated in the reproduction of nutritional inequities.

The research participants were afforded a unique learning opportunity when the incongruence between their experience of an event and the media's portrayal of the same event sparked an analysis of the production of popular discourse through media channels.

The analysis also allowed them to explore the popular construction of an oppressive stereotype. The women were actually criticized for failing to present themselves as the media expected. Yet, the women did not present themselves any differently than they would normally present themselves in a public event. Their actions defied popular discourse because their lives defied popular discourse. There was a “disjuncture” or “line of fault” (Smith, 1987) between public discourse and the everyday lives of these women. They resolved to change the discourse, and to dispel the public’s distorted or “false consciousness” (Fay, 1987).

Although in this chapter I separated public and professional discourse for organizational purposes, it should be apparent that the two inform one another. Professional discourse, like public discourse, is generated by individualistic ideology. In Chapter One I argued that the generally accepted premise citing “faulty” personal behaviour as the primary cause of poor nutritional health is ideological. This ideological discourse is implicit in professional practice which attempts to change the “deficiencies” of the individual, while ignoring the social context within which these individuals work. The analysis in this chapter is an embodiment of these theoretical conceptualizations. The majority of the research participants attended to nutritional messages, and implemented them to the extent that their limited resources would allow. Yet, owing to the irrelevance and impracticality of class-biased nutritional messages, they benefitted far less from nutrition counselling than they did from structural and policy initiatives which improved their access to healthy food. Thus, both public and professional discourses prevented an adequate understanding of the experiences of these research participants. For example, imposing an individualistic discourse on the welfare experiences of these participants does injustice to the everyday work they do to provide for their families. Imposing nutritional discourse does not reveal their attendance to, but inability to implement nutritional recommendations. It is not until the analysis proceeds from the perspective of the

disadvantaged and strips away the discourse that the social organization of nutritional inequities comes into view.

As part of a move toward a reduction in nutritional inequities, the discourse must be changed. I will draw my account of the research to a close by arguing how emancipatory nutrition education for social change can work, and has worked, to change the discourse and the everyday experiences of those who live on the disadvantaged side of inequities.

9.0. Conclusions: Explication and Education

In this final chapter, my intent is to locate this inquiry within the context of emancipatory nutrition education. I will begin by summarizing the findings which fulfill the first aim of the inquiry. These data make explicit the social organization of nutritional inequities as experienced by the participants in this research endeavour. I will then move to an analysis of how this process of discovery was, and continues to be, an educative one. The process of learning and social action will be highlighted by chronicling changes made partly or wholly because of the participatory research experience, and by charting how the empowerment of the research participants continues to have an impact on their lives long after the process of data collection has ended. I will also reflect upon the realities and limitations of such an emancipatory project: the missed opportunities, the conflict over “ownership” of the project/process, and the danger of placing too much responsibility on the shoulders of those with the fewest resources and least political power to initiate change. I will draw this dissertation to a close by bringing to light the implications of the research and recommendations for future research and needed social change.

9.1. Making Explicit the Social Organization of Nutritional Inequities

I entered into this research endeavour assuming that inequalities in nutritional health are in some way linked to social inequities. Both nutrient intake data and measures of nutritional status document inequalities in nutritional health among various income groups. Combined with indicators of the growing problem of food insecurity in Canada, such as the proliferation of food banks, these data suggest that nutritional inequalities may be associated with inequitable opportunities for healthy eating, including poverty-related inequities in access to nutritious food. With that notion in mind, my first aim was to

explicate the social organization of nutritional inequities among economically disadvantaged women and their families. This was articulated in Chapters Five through Eight. I chose to summarize the social organization of nutritional inequities schematically with a heuristic. The heuristic is not meant to be interpreted as an unchanging or rigid abstraction of reality, but rather as a conceptual device or a map, suggesting ways in which the social organization of nutritional inequities was made more explicit in the context of this research. Gender, class, commerce, policy and discourse are all social constructs. That is, they are not naturally occurring phenomena but are constructed by people in their relations with one another. The practice of eating and the work of procuring and preparing food necessary for eating to occur are embedded within those social constructs (Figure 9.1). By examining the research participants' experiences within those social constructs, and their active participation in their reproduction and transformation, it becomes possible to develop a clearer view of the social organization of nutritional inequities.

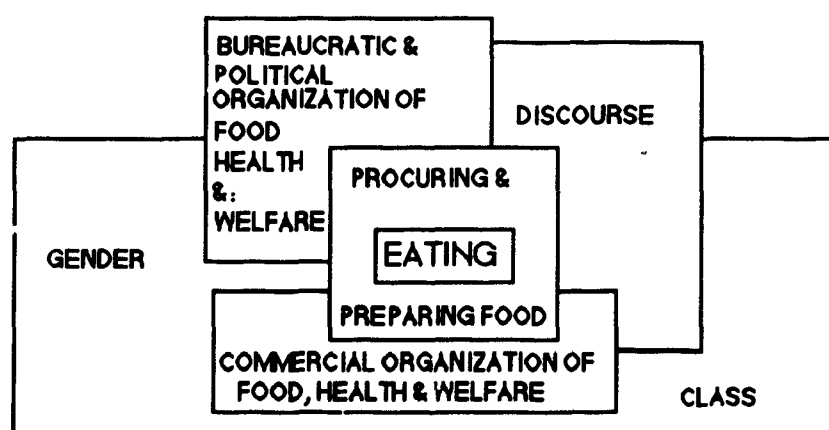


Figure 9.1. A heuristic depicting eating as embedded within social constructs.

The explication began with the examination of the everyday work of feeding the family. Early in the analysis, the gendered nature of feeding work became readily apparent. Within the majority of families studied, the household work of planning and preparing

meals is primarily or solely the responsibility of women. In the many single-parent female-headed households the gendered division of labour is by necessity. Yet, even when the opportunity for a more equitable division of labour exists with the presence of older children or male adults, the women often participate in the maintenance of the *status quo*. They seldom critically examine or question their roles, they involve their daughters in feeding work more often than their sons, and they maintain standards which make the transfer of some responsibility to others, whose skills are rusty from less practice, a frustrating experience that is easily abandoned. Part of the difficulty in transferring some of the responsibility for feeding work to others is its "invisible" nature. A great deal of feeding work, particularly aspects of planning, goes unnoticed and unnamed, even by the women themselves. As such, their experiences are "outside the frame" (Smith, 1987, p.61) within which male definitions of work have been constructed. None of these findings are new; they support findings in previous qualitative and quantitative research. What is unique in this study, however, is the class context.

Relations of class actively constructed feeding work for these families. The work of planning and preparing meals is done within severe material constraints. The ability of these women to accommodate individual taste preferences, nutrition, and family members' schedules, while so constrained, is a testimony to their skills and knowledge. The class context of feeding work became particularly evident upon examination of the practice of procuring food. The apparently simple act of buying groceries is complicated by limited access to inexpensive stores. Issues seemingly unrelated to food (issues of child care, transportation and housing design) have major impacts upon the abilities of these women to purchase foods in the "usual" manner. Because of the practical difficulties, most of these families rely upon a variety of innovative strategies for purchasing food. Negotiating credit and buying from independent door-to-door sales people are two examples of ways that these women are able to maintain their dignity by continuing to obtain their food via socially acceptable ways - through the market. Notwithstanding these strategies, however,

these families frequently are sufficiently short of funds which necessitates a reliance on charity for food.

To a large extent, the social organization of nutritional inequities remains implicit in the ethnographic description of the participants' households. To develop an understanding of why people are compelled by necessity to rely upon charity for food, however, requires investigation beyond the individual household level. Examination of practices within households allows for a more complete appreciation of the context of feeding work, and provides an entry point to broader social relations working outside of the households, but evident within them. The work these women do and/or coordinate in their households enters them into relations with sectors seemingly far removed from the local level.

The household work of procuring food is an obvious point of entry to the commercial organization of food, health and welfare. The supermarket provides an interesting case study of the intersection between household practices and the commercial sphere. The practical difficulties these women experience in buying their groceries provide some insight into how supermarkets are geared toward more affluent consumers, particularly those with cars and with adequate storage space to stock up on "specials". Beyond the practical difficulties, however, supermarkets in the study neighbourhood also were found to enforce inequitable pricing policies. Prices were found to be more expensive in the inner-city stores - those closest to the majority of socially disadvantaged consumers. Pricing inequities between inner city and suburban supermarkets within the same chain compromised the participants' abilities to purchase a nutritious diet while shopping within their own neighbourhood. Travelling elsewhere to purchase food necessitated the investment of scarce resources, notably time and money, for transportation. Thus, overcoming inequities was not something that could easily be accomplished by a change in behaviour by individual research participants. Without the development of alternative opportunities for procuring food, the women were compelled to continue patronizing the supermarkets, despite knowledge of inequitable pricing policies, a practice which

effectively reproduced the inequities. However, the process of analysis leading to these conclusions was an empowering educational experience for the research participants which led to community action and structural change (see section 9.2).

Through the process of analyzing supermarket pricing policies, other aspects of the commercial organization of food, health and welfare not immediately evident in household feeding work were brought to view. An illustrative example of broader commercial relations with profound, yet subtle, influences on eating involves food advertising and promotions. Advertising and promotion of food were implicated in the construction of nutritional inequities by negatively influencing purchase decisions of the research participants and by contributing to inflated food costs. Although many of the research participants had great personal strength and resolve which enabled them to diminish the influence of advertising on their families' eating experiences, the inequities remained. As individuals, the participants were able to cope, but were relatively powerless in overcoming inequities constructed by the commercialized media. The ideological influence of advertising is even more pervasive in the construction of inequities than the more readily visible pricing policies of supermarkets.

Examination of the commercialization of food, health and welfare also revealed the growing corporate role in finding "solutions" to hunger, notably, in corporations' support of food banks. However, the analysis revealed that private sector involvement in public problems not only increases the power and position of the corporations, but effectively removes responsibility from the government to provide adequately for the poor, or to find more permanent solutions to poverty. As such, it reproduces the current social order, including the reproduction of nutritional inequities.

The examination of the limited purchasing power of the research participants, and of increasing private sector responsibility for public problems, also provide an entry point to the bureaucratic and political organization of food, health and welfare. For those research participants solely or partially reliant upon social assistance for income "security", it

became evident upon examination of the work of planning meals within the context of the household budget, that food is only one need among many competing for the limited funds available. The women frequently attributed their difficulties in making ends meet to inadequacies in their own personal abilities to “stretch” their budgets. However, examination of social assistance allowances, for food and other needs, revealed that the inadequacies were not within the recipients, but within the allowances themselves. Commonly, money meant for food is eroded by other essential expenditures, such as rent, because of unrealistic allowances for those other necessities. The food budget is targeted, as it is always possible simply to purchase less food, and still partially meet a need, and/or to resort to charity as a food source for the remainder, whereas it is not possible to pay only part of the rent, as the consequences (eviction) are immediate. The families studied suffered the consequences of compromising the food budget in the form of suboptimal nutritional health, although such a consequence was less tangible and less immediate than, for example, a rent crisis would be.

Allowances for food are not insufficient simply because they are utilized to meet other needs. The process of analysis undertaken by the group in conjunction with the supermarket pricing exercise revealed that, even if the full food allowance is available to spend on food, allowances are still insufficient to purchase an adequate, let alone optimally nutritious diet. In essence, the current government policy of fiscal restraint is systematically denying the most disadvantaged members of society adequate resources to achieve optimal nutritional health, and thus, is working to actively construct nutritional inequities. Institutionalization of charitable relief, such as food banks, is a reflection of government’s lack of commitment to find a more permanent and lasting solution to the hunger problem. Again, this process of analysis by the group was an enlightening experience which led to community action and social change (see section 9.2).

The analysis of the bureaucratic and political organization of food, health and welfare makes clear the dominant perspective on welfare held by Canadian policy makers

and the public at large. State welfare appears to be viewed as necessary for alleviating the most severe deprivation, but assistance from private and voluntary sectors is seen as appropriate. Theoretically, such a perspective usually assumes that social problems are caused by individual inadequacies combined with failures of the economy. However, this research took place during the depths of the most severe recession in recent history. A recession implies a dysfunctional economy. Yet, it was the experience of the research participants that they were personally blamed for their failure to stretch their inadequate budgets. The government saw the recession as a time to exercise fiscal restraint, and therefore decreased the value of social assistance to the most disadvantaged members of society by failing to provide realistic allowances indexed to the cost of living. This practice placed increasing responsibility on the shoulders of the most unfortunate to find individual solutions to their problems; problems that were not individual, but public ones. In addition, the responsibility for providing the most basic needs of life to Canadian citizens is being increasingly shifted to the private and voluntary sectors, such that charity is becoming a bureaucratized appendage of the social welfare system. From the perspective of the research participants, the government appears to be moving away from a welfare collectivism perspective, toward a non-collectivist, individualist perspective. Thus, the analysis of social policy from the perspectives of the research participants reveals a discursive dimension of that policy, and provides a point of entry to the examination of discourse in the organization of nutritional inequities.

Public and professional discourses are the systems of language and conventions constituting public knowledge and the knowledge of nutrition professionals respectively. Discourse is usually formed by the dominant culture. As such, discourse, although reflective of the views of the majority, may serve the interests of only a privileged minority. Thus, discourse may be ideological in nature and function. It is the ideological, and hence seldom questioned, dimension of discourse that contributes to its power in social organization.

The public discourse which seems most consistent with the findings and experience of this research is one apparently informed by an individualistic ideology. Individualism assumes that the current social system provides sufficient and equal opportunity for individuals to move within the social system according to their abilities. Within this ideological construct, poverty results from the individual's failure to seize the opportunity or to work sufficiently hard within the current social structure; it is not a reflection of inadequacies and inequities within that social order. The rationale for subsistence rates of social assistance is but one example of how discourse is informed by an ideology of socially acceptable inequities.

Professional discourse is not immune to the influence of ideology. For example, individualistic views provide a rationale for professionals to continue to practice in a manner which attempts to change the "deficiencies" of the individual while ignoring the social context within which these individuals work. Yet, professional practice which attempts to assist an individual in adapting to an oppressive situation in no way erases the inequities of the social system. For example, teaching someone to budget does not address the structural inequity created by inadequate welfare allowances.

Within the context of this research, neither public nor professional discourses provided an adequate understanding of the experiences of the research participants. For example, contrary to popularly touted nutritional discourse which still seems to be informed by Lewis' (1970) "culture of poverty" hypothesis, the women in this study are not adhering to a "live for today" mentality. Instead, they are planning for long-term food security, receiving the messages that professionals believe they should hear, and acting upon them when their resources permit, if they have relevance/ practical application for their families. Such a discourse does not do justice to the work these women do to provide food and nutrition for their families. Yet, if one were to look at the eating practices of the socially disadvantaged population in isolation, and to impose nutritional discourse from the perspective of the professional, it might be easy to draw an erroneous conclusion that a

“live for today” mentality is fostering “unwise” food choices such as convenience foods. However, by analyzing practices from the perspective of the participant, and by tracing how eating is embedded within social constructs, actions such as purchasing convenience foods may appear more logical if basic ingredients are not available at reasonable prices locally, or if food preparation facilities are less than ideal. As nutrition educators, we must be cognizant of our potential to readily “blame the victim”. To reduce nutritional inequities, the discourse must be changed.

In conclusion, Figure 9.1, A heuristic depicting eating as embedded within social constructs is a schematic of the social organization of the everyday practice of eating. The heuristic is applicable to more than the socially and economically disadvantaged members of society. How one experiences the various “layers” will depend upon one’s social position. Thus, the heuristic can help in the explication of the social construction of nutritional inequities. The heuristic can also be used as an educational device: to critique social constructs as a source of inequities. In the next section I will move to an analysis of how the process of discovery associated with the development of the heuristic was, and continues to be, an educative one.

9.2. Nutrition Education for Social Change

The second aim of this inquiry was to empower research participants to initiate collective action for social change toward a reduction in nutritional inequities. Through the process of explication, the achievement of this aim was made possible, although there were practical limitations tempering the extent to which social change occurred. This research revealed that the participants are not helpless “puppets” of the social structure, but are able to initiate transformation. However, the social structure is also not a malleable entity totally under the control of human will and action, but can exert “barrier-like” constraints on human action, and thus is, at least partially, resistant to change. Thus, the process of

change experienced within the context of this research was consistent with theoretical assumptions placing social structure and human agency in dialogue. In this section, I will share details of the process by which the participants struggled to understand their experiences, how they acted upon that understanding to create change, and how they encountered resistance to action. I will also reflect upon my own experiences as an educator. Following Kuyek's (1990) conceptualization of community development, I will discuss the education process within the context of four "directions" of community work for a "balanced community": cultural, social, economic and political.

According to Kuyek (1990), community development often begins with the process of "creating a culture of hope" (p.64). Such was the case with this project. The learning process began with a consciousness-raising experience. For the first few months of the women's group meetings, the women "simply" talked. They shared their own experiences surrounding the difficulties of feeding their families with severely restricted incomes, they listened to others' experiences. They were bitter and angry at the "system" for failing them, and at themselves for perceived inadequacies in their abilities to stretch their budgets. Yet, suddenly they were not alone. By listening to others talk about how they dealt with/overcame an experience similar to their own, they learned coping strategies from one another. Even more importantly, however, each woman began to realize that she alone could not be fully responsible for creating the difficulties she faced, as so many people were facing similar problems for which she could have had no responsibility. Recognizing the possibility of common origins of their problems, they began to build hope toward working together for solutions. Almost imperceptibly, the group sessions progressed from "complaining sessions" to consciousness-raising and problem-solving sessions.

There are many parallels between the consciousness-raising that took place at the Parent Centre and the consciousness-raising within women's groups in the 1960s and 70s. Hart (1990a) has evaluated these consciousness-raising groups as tools for transformative learning. Her work can be used to help evaluate the learning process that took place within

the context of the research. Hart argues that consciousness-raising is a practical process which begins with the experience of oppression. Women came together to talk about those experiences, and in doing so, broke the “culture of silence” (Freire, 1970). “Problems, sufferings, and difficulties were no longer seen as individual or personal failures and shortcomings but as being rooted in structures affecting the life of every woman alike” (Hart, p. 49). Together, through a process of “mutual self-reflection” (Hart, p. 56), they were able to name and analyze their experiences that had previously been regarded as trivial, unimportant and uniquely personal. Their common experiences enabled them to explore the sources of oppression as socially organized.

Consciousness-raising is therefore a process of transformative learning because it changes the structure and the frame of experience in general and thus the entire frame of reference within whose parameters the individual woman has been acting so far (Hart, 1990a, p. 55).

This process of consciousness-raising mirrors the process of learning experienced by the research participants. They began with their experiences of oppression, by gender, by class, and sometimes by race. They broke the culture of silence by sharing experiences among themselves. They came to recognize the common and political roots of their oppression, and thus were able to shed their self-blame. They progressed through a “perspective transformation” (Mezirow, 1981, p. 145), a new way of seeing, thinking about and relating to the social world. Yet, this was only the beginning.

I admit that at this stage, I probably learned much more from the women than they from me or from each other. But this learning was essential to progress. Without an appreciation of the everyday experiences of these women and their families, I may have been tempted to take on a traditional nutrition educator role as the outside expert with all of the answers coming in to help. I learned very quickly that I did not have the answers. To impose a solution from my privileged, professional position would be a form of “cultural invasion” to use Freire’s (1970) term. My academic knowledge did not do justice to their

experiences. To remain attached to the professional discourse would have blinded me and prevented me from learning “the true nature of their particular reality” (Hart, 1990a, p. 51). By taking the time to learn of their plight, I was able to integrate into their culture rather than invade it. I was still different and recognized as having more advantages than they, but we were comfortable with each other. We were able to interact on more equal terms. We were able to work together through the learning and change process.

The social direction of community development accompanied the evolution of the Thursday morning gathering from a collection of individuals to a group with a common sense of purpose. Early in the research process our conversations were two-dimensional. That is, I would ask questions, and individuals would respond. In effect, I was having individual conversations with many people while others listened. As the process progressed, group participants would ask each other questions, challenge each other and support one another’s concerns. There were times that I felt that I was not in “control” of the session. Looking back, I was not, and appropriately so. It was the women who were in control. If I had not tape recorded the session for later replay and reflection, I might not have realized the value of what transpired. One example of such a group process was the critique of the media coverage of the Minister’s visit which is excerpted in Chapter Eight. Other than a few encouraging comments, I contributed very little to the exchange. The women were the ones who were able to identify how the media coverage distorted the event they had witnessed. Through critical reflection on the media’s participation in the social construction of previously taken-for-granted stereotypes, they were more readily able to trust the validity of their own experiences. Brookfield (1990), refers to this critical learning process as the development of “media literacy”. The women were divided in opinion as the exchange began, but through a process of constructive argument, were able to come to a consensus over a course of collective action to challenge the media’s role in the construction of inequities through the perpetuation of oppressive discourse. The following exchange reveals one way in which they planned to change the discourse by changing the

way in which they were labeled by the media in coverage of a planned public demonstration:

Melinda: One thing I don't want to see in the paper is, "a bunch of angry welfare women", I don't want to see that, I want to see "low income", let's change that image.

Bessie: We're not going as welfare, we are going as low income. I am low income, my husband gets money every two weeks and it's not from the city.

Melinda: We're all low income, but how do you get around that word welfare. Low income women.

Bessie: We will not even mention the word welfare, it will be low income.

Every poster we make will say low income (G24).

Through the processes of developing media literacy and taking action to contest the construction of stereotypes through media channels, the women suggested they were more than a group, but a learning community with a common purpose in social change.

Explication of the commercial organization of food, health and welfare (Chapter Six) enabled a process of education leading to community development in the economic direction. Through the supermarket pricing comparison initiative, the women gained personal skills, such as the use of unit pricing, which could assist them in finding the lowest food prices in their personal shopping. However, the educational impact of the experience went far beyond the personal. The process was an enlightening one in that the participants were able to identify a concrete source of the nutritional inequities they experience on a daily basis. The pricing exercise, by exposing inequitable pricing policies, revealed to them how they were being taken advantage of by supermarket chains in their own neighbourhoods. One source of their problem had been identified, and they participated actively in the identification. From a learning perspective, consciousness-raising had progressed beyond an analysis of personal experience, to the use of personal

experience as a point of entry (Smith, 1987) to broader social relations structuring that experience. Consciousness-raising had progressed from an analysis of individually experienced oppression to “a theoretical grasp of power as a larger social reality” (Hart, 1990a, p. 71). In Freire’s (1970) term, conscientization had occurred.

But enlightenment is not enough. New-found knowledge can bring power to an individual or group by allowing them to critically reflect upon the nature of their social position and thus opening up new possibilities for social arrangements. However, reflection is not enough. For meaningful social change to occur, the learning must also be empowering in a practical, active sense. It is not sufficient for an individual to be conscious of power relations. This consciousness must lead to social action toward the creation of more equitable relations. “The critical-analytical dimension of emancipatory education here joins with its relational, and thus its anticipatory-utopian dimension. This is the essence of emancipatory education” (Hart, 1990b, p. 132). In this example, knowledge of the supermarkets’ roles in the construction of inequities was the catalyst for community action. The women found strength in working together and came to the realization that they do have power in numbers. As consumers, they have the power to withdraw their business. They confronted both local supermarket chains with their findings and recommendations for action. To their surprise and delight, the stores listened. Both local stores implemented the more cosmetic changes requested: candy-free check-outs and kiddie grocery carts. Both stores also changed buying practices to decrease price inequities between inner-city and suburban locations. In one chain the action of the group was the impetus for establishing a bulk-food section in the inner-city store, a move which eliminated price inequities between neighbourhoods for that chain. All of these changes increased the ability of members of the women’s group and other socially disadvantaged families to purchase food more affordably. These changes live on long after the research process has ended. This is empowerment. This is emancipatory nutrition education.

In many aspects, however, these changes could be considered superficial. The women were still exposed to oppressive commercial images via the mass media and marketing ploys that attempt to manipulate “irrational” purchase behaviour. As a group they were able to question the ploys and overcome them as individuals, but they did not attempt to influence longer lasting social change around these issues. I believe a major change to the way supermarkets, food companies, and weight loss programs conduct business will require years of multisectoral advocacy, not unlike the past twenty years’ efforts to control tobacco advertising and sales. Since the research participants were enlightened regarding the oppressive nature of these ploys, they may be more likely to participate in a movement toward change. The education process may have seeded an emancipatory movement. It is unrealistic to expect, however, that a small group of disadvantaged women would wield sufficient power to change the way food and nutrition business is done. Professional nutritionists have been trying for years to regulate the weight loss industry to limited avail. The experiences of the research participants can contribute a new dimension to the fight by incorporating the impact of food security into evaluative criteria for food, nutrition and health businesses which have been traditionally judged on scientific merit alone. Their experiences make it possible for professionals to critique these businesses on the basis of their oppressive practices and their contribution to nutritional inequities, rather than be limited to a critique of their nutrition and health claims.

Another way in which the changes the research participants were able to initiate within supermarkets could be viewed as superficial is related to the reality that the women are still reliant upon corporate controlled commercial outlets for the bulk of their food. During the research process many of the women and their families found alternative commercial outlets for part of their food needs. As I described in Chapter Six, many of the participants found more economical alternatives at independently owned meat and vegetable markets. Such practice was personally empowering as it enabled the purchase of more nutritious food within a severely limited budget. It does, however, cost more in terms of

human time spent in shopping around and transportation. Again, the responsibility for stretching the food budget is placed solely on the shoulders of those with the fewest resources. Without child-free time and transportation, even these relatively minor changes in shopping strategies can pose practical difficulties which negate the potential savings.

Currently, reliance upon commercial outlets for food among participants at the Parent Centre is in the process of changing. Based upon findings of this research, I worked with a subgroup of the women to submit a proposal for funding of a grassroots co-operative grocery enterprise to be operated out of the Parent Centre. The proposal was fully funded and we now have almost \$4000 to fund the first year of work in establishing the co-op. The co-op will be run by an organizing committee comprised primarily of socially/economically disadvantaged women from the community, with the help of nutrition students who are receiving community education experience. It was the voices and experiences of the research participants that gave birth to the idea, although they alone did not have all of the resources available to them to make the idea a reality. They required assistance in grant preparation, and I expect they will require some assistance in the organization and day-to-day operations of the co-op until they themselves have developed the skills necessary for the work. The process will, I expect, be an empowering learning experience in both the personal and the economic/political senses.

The process of learning for the research participants also had another political dimension. As the details presented in Chapter Seven attest, the pricing survey allowed the participants to explore another aspect of the social relations organizing their experience - the bureaucratic and political organization of food, health and welfare. The food costs collected during the pricing survey enabled us to determine that welfare food allowances are inadequate to purchase sufficient food to meet the basic nutritional needs of their families. This knowledge alone, although enraging, was empowering. The participants were able to break free of self-blame by demonstrating clearly that their inabilities to purchase adequate food for their families' nutritional health are rooted in oppressive policy, and not in their

personal inadequacies. They were able to pronounce mythical the public discourse surrounding misuse of adequate funds by the poor. So empowered, they were able to take action toward change. Their letters to political leaders, combined with the work of a grassroots anti-poverty group in which some of the participants became active, helped to raise welfare food (and other) allowances, albeit only marginally. These changes affected not only those advocating for change, but many others in similar financial situations. Unfortunately, the changes were also not as long lasting as changes made within the supermarkets, as welfare allowances continue to fail to keep pace with increases in the cost of living.

By participating successfully in this small aspect of political change, the group members came to recognize their collective power, and were able to act accordingly when the need arose. In March of 1992, four months following the completion of data collection, the City began budget deliberations which proposed closure of the Parent Centre due to fiscal restraint. For the next two weeks while the deliberations and public hearings continued, the women staged a car _ aign to save the centre. Almost daily I saw familiar faces and heard familiar voices as I watched local television news, listened to the radio, and read the newspaper. The women called press conferences and spoke frankly to the media about the value of the centre and the work done within it. After school they marched on the steps of City Hall with their placard-carrying children - a sight which captured the media's attention and landed pictures in the newspaper. Although the women were frequently critical of the media's tendency to air only a small portion of what transpired at each interview, their message successfully caught the public's attention. The centre was saved from closure, at least for one year - another fight is anticipated. Since the fight was such a public one, the group may have done more than influence policy makers; they may have worked to change mythical public discourse surrounding the poor as well.

To summarize the emancipatory learning process theoretically, the women's actions revealed oscillations between various levels of Labonte's (1991) empowerment continuum.

This continuum theorizes empowerment as a complex of intersections and progressions through personal empowerment, small group development, community organization, coalition advocacy and political action. These “levels” of empowerment roughly correspond with the “levels” of the ecological model for health promotion (intrapersonal, interpersonal, institutional, community and public policy) presented in Chapter One (McLeroy et al., 1988). The women were empowered personally when, for example, they learned to make more economical food choices in their daily shopping practices. Through participation in meetings at the Parent Centre, they learned that others shared their experiences and oppression; their empowerment progressed to small group development and the health promotion process became an interpersonal one. When they organized as a community to develop local actions on supermarket pricing inequities, the health promotion process proceeded at an institutional level. Their collective community action which involved building coalitions with a local tenants’ association and a grassroots anti-poverty organization to lobby for changes in welfare policies reflected a level of empowerment correspondent with coalition advocacy. The process of health promotion moved toward, but did not quite achieve, action at the level of public policy and empowerment at the level of political action. Creating “power-free relations” (Hart, 1990b), and the “ideal speech situation” (Habermas, 1984) may seem to be utopian goals for emancipatory education, but these goals must be achieved one small but significant step at a time.

To this point, I realize I have made the progress of the group appear almost ideal. Although it is true that the group made outstanding progress in initiating important social change, the progress was not as straightforward as these last few pages have made it seem. There were set-backs, missed opportunities and practical constraints to their action. These, too, were part of the learning process (theirs and mine) and, as such, deserve reflection.

I have already highlighted some of the practical constraints these women faced: lack of child care, undeveloped writing skills, few resources such as typewriters and telephones. Although constraining, most of the work the group was able to accomplish

overcame these limitations. I was able to assist them by putting their ideas into a written format. Child care was available at the Parent Centre, so much of the work involved in composing letters and meeting with policy makers was accomplished at the Centre. It was quite unrealistic to expect many of the women to participate in meetings and organizing activities outside of the time spent at the Centre, as at home they were faced with a number of competing priorities for their time and energy. To illustrate the difficulties of working at home, I will use the example of a planned march on the provincial legislature that was to take place in June of 1991, but that never materialized. The following is an excerpt from the planning session that took place at the Parent Centre:

Bessie: What we should do is, all we have to do is go to province house on the steps, they can't kick us out of there...

Dominique: And do what, like scream and yell or what?

Bessie: No, what you do you have one spokesperson and a crowd, and then whatever that person says, they say, "Yes, this is what we want", you just reinforce what that person is saying, or you get there protesting, "We need more money", and they say "Why?", then you tell them why.

Grace: I'll have a poster with a picture of a telephone on it.

Bessie: Posters, yeah, then you read the posters, "We need more money for... our phone allowance is not enough, we need school supplies, dental care should not stop at 13 years old."
[laughter]...

Bessie: Now next Tuesday and Wednesday, next Wednesday, John's out of school, he can watch my kids. The kids are still in school. But we need more than you people, we need you fellas to bring your friends.

Daisy: What time are you going over?

Bessie: Lunch time. If we can arrange it. Because that's when they listen. That's when there's more people outside having their lunch, and that's the people we want to appeal to. Let them know, they may be working but...

Melinda: Where do we say where we're from? The City ... Parent Centre?

Bessie: No, we're just a women's group that meets, that are low income, that we need this. I mean like we don't have to have a title or name. All we are is a group of women that are getting together that are getting tired of being shafted by the government.

Dominique: Whose house are you getting together at to make these posters?

Bessie: You can have mine.

Kim: *Where are you gonna get the paper?*

Bessie: I've got big sheets of paper at the house. It's just paper but hey, IGA throws out cardboard boxes, we can glue them on cardboard boxes.

Lana: You can staple them!

Bessie: Or staple them or whatever. We can scotch tape them. I've got oodles of scotch tape at home. We can tape the big sheets of paper front and back on sheets of cardboard and if we have to fold them up. We can put string and hang them around our neck.

Lana: Like a sandwich.

Melinda: You say go at lunch time, what about all the people that have kids coming home for lunch?

Kim: *Yea, that might be difficult,*

Bessie: It may be difficult but, maybe we could arrange something so that somebody who doesn't want to go could probably watch

some kids in the neighbourhood. And not just our neighbourhood, I'm looking at your neighbourhood and your neighbourhood....and if not, we can all take the kids.

Kim: *You know, I think that's not a bad idea to take the kids.*

Maureen: Yea, 'cause they'll say, "Where are the kids, in day care?"

Bessie: Ok, let's take our kids, let's all go together and take our kids....

Melinda: Are we going to let the media know ahead of time we're going to do this?

Daisy: No, we don't even want them to know.

Bessie: Who?

Melinda: The media, should we let them know so there's TV cameras and that?

Dominique: No.

Melinda: So what's the use of it then, If nobody sees us on TV or...

Bessie: Because the media, like you said, they cut out the important things, and put in the stuff that's not really needed, they take out the important things. The fact that a bunch of ladies that are low income...

Bessie: Plan. Plan One. Friday night and Saturday, drop down to my house to try to get some posters together [She shares her address]. Drop in like Friday night and all day Saturday. Sunday's Father's day, that day is out for me. That's my day with Dad and the kids. Monday, Tuesday and Wednesday, start calling up people now and making a list of people and then call them, the people you get, call them Wednesday night and remind them, be there.

Melinda: I'll tell the tenants' association on Tuesday night at the meeting (G24).

Unfortunately, the planned public demonstration never happened. Despite the best of intentions, reality intervened. Many of the women admitted they were unable to make child care arrangements that would allow for preparation for the demonstration. As a local welfare activist and single mother said, "I wanted to go out and change the world but I couldn't find a baby-sitter" (Thompson, 1990).

The possibility exists, however, that there were other underlying reasons for not participating. More than once group members asked questions about the repercussions of their actions. Many were very vulnerable and reliant upon the government for their sole source of income. For them, the fear of having their welfare benefits withdrawn was a realistic enough threat to prevent any action which may draw attention to themselves, especially action which challenged the government which provided their income. "Don't bite the hand that feeds you" was prominent in their minds.

At times, participation may have been prevented by a lack of realization on the participants' part that through their actions, they were able to make progress and initiate change. The following quote is illustrative.

Kim: *I've been listening and you guys are really good at saying what's the problem!*

Daisy: But that's not in public though.

Melinda: They're not good listeners. I mean, you're a good listener, but you can't do anything...

Lana: You can be the government and we'll holler at you.

Melinda: You can't change it. Only the people can change it, the politicians can't change it unless the people force the politicians to change it.

Kim: *Yea. Well we were writing letters, that did something didn't it?*

Bessie: Yea, that made some changes with the grocery stores, ok?

Kim: *And maybe a little bit of a difference with the food allowances.*

Bessie: Yea it did.

Dominique: Yea, it did. They didn't go for the healthy food basket but the thrifty one (G24).

Not long after celebrating the differences their work had made, they had been forgotten.

At other times, attempts to make a change were initiated by members of the group, but ignored by those with the power to implement the change. For example, during the research process the City held a number of public meetings encouraging citizens to express their ideas and concerns over the health of the community. Some of the group members attended the meetings, and attempted to express concern over food security, particularly the over-reliance on food banks. During the process, however, the expressed concerns were "lost", as Janice explains:

Kim: *Did they talk about anything that you thought that would particularly affect us, was there any talk about food or anything like that? No? That's too bad. How did that sorta get lost in the second session?*

Janice: I don't know. I kept on bringing it up, but they just kept talking about other topics. And I thought I would have a little bit of help there because [the minister's wife] was there....I thought I might have a little bit of help there but she kept talking about, her main concern was the youth. You know, not enough out there for the youth. I kept bringing it up and it kept getting written down but when it came down to the priorities, the ones that got mentioned most, it was not there, it did not make it (G24).

This experience represented a prime example of how concerns of the disadvantaged, although solicited, can easily become overshadowed by majority/middle class issues. Unfortunately, the concerns of the majority are usually not the most crucial to a reduction in inequities.

In conclusion, the ethnographic description of the feeding work these women do so skillfully attests to the practical knowledge they possess. They gained this knowledge through a variety of routes. They learned by experience, they learned from talking to their friends and relatives, and they learned from professionals in both formal and non-formal educational settings. Their practical knowledge enables them to cope successfully with suboptimal financial and nutritional circumstances. Through its adaptive function, it therefore contributes to personal empowerment; they are able to exert power to control their immediate (household) environments. However, such personal empowerment does nothing to eliminate the social inequities which are a source of nutritional impoverishment. Instead, it in some ways reproduces inequities, by making oppression less visible. Their abilities to cope mask the seriousness of the problem of food insecurity in Canada. For a reduction in nutritional inequities to occur, it is necessary to progress beyond personal empowerment. The process of emancipatory nutrition education can contribute to a move toward community political empowerment for social change.

From the perspective of a nutrition educator, an emancipatory practice is a radically reoriented one. Throughout this research process I seldom offered my "expert" nutritional advice. This is not to say there is no value in my expert nutritional knowledge, but simply that in this particular situation, the women were already well versed on that which was necessary to provide their families with a nutritionally balanced diet. In another situation without the resources of the Parent Centre, some degree of information dissemination may have been appropriate. Rather, as an educator, my role was more of a facilitative one. I helped them to analyze and reflect upon their experiences in ways which allowed them to explore the social roots of their problems. They learned a great deal about nutrition, but more of nutritional politics than nutritional science. As Kent (1988) so eloquently stated: "nutritional literacy means more than knowing technical aspects of nutrition. . . . the teaching of nutrition should include examination of the world which generates nutrition problems" (p. 194).

At times, I also had an advocacy role, sometimes even a catalyst role! As an advocate, I continue to communicate the findings of the group and the experiences of the women to others who may be instrumental in initiating structural and policy changes. At times, even my writing in this dissertation has taken on an advocacy tone. I feel it is my obligation to write in a way which amplifies the voices of the people which have been silenced in the past. These are the voices which give this research its foundation and which give this document its power. These are the voices which must be heard for social change to take place. As a catalyst, I encouraged the women to put their expressed ideas into action. It is difficult to assess how much of the social action this group participated in would have taken place in my absence. Without the process of social analysis which I facilitated, none of it may have transpired. However, if I had remained a facilitator only, they may have taken action without my catalytic influence. Their successful fight for the centre to remain open took place after my “departure”. I cannot say whether their experiences as activists during the research process contributed to their initiative at that time, or whether they would have taken activist roles at the time of the research without my prodding. If part of emancipatory nutrition education practice is acting to facilitate social action, agitation may be one of the skills an emancipatory educator requires. If social activism is necessary for social change, and if activist skills are necessary to achieve that action, teaching those skills must be part of emancipatory education practice.

Despite a variety of practical constraints, through involvement in a process of emancipatory nutrition education the research participants were able to initiate community action for social change toward a reduction in inequities. Although, at times, the participants did not seem to recognize that their efforts were making a difference, for the most part, their participation engendered a sense of accomplishment and power. So much so that some group members became quite protective of the ideas and actions generated by the group. When a local tenants’ association who were supportive in the group’s public efforts began reporting progress at their meetings, some participants took exception. This

project was ours, not the tenants' association's. To these participants, initiating change was not as important as participating in the process, and they wanted to make it clear that they were involved in the process. Their involvement was a learning experience that no one can ever take from them - it is rightfully theirs.

9.3. Implications and Recommendations

In my rationale for this study given in Chapter One, I stated that a large part of this study's significance is directly related to potential implications for social change. As the data presented in this final chapter attest, that potential was realized. The educative nature of the participatory research process empowered study participants to initiate structural change in commercial pricing practices and welfare policies. These changes had implications for increasing the food security of not only the research participants, but for other socially/economically disadvantaged persons within the city and province.

The implications for the socially/economically disadvantaged population stretches beyond the confines of local geography, however. With this research, the social organization of nutritional inequities has been explicated from the perspective of the disadvantaged. This research perspective has helped to expose the oppressive nature of this social organization, and to explode myths surrounding poverty. Through making the analysis available to others, it may be possible to work toward changing the public discourse which penetrates everyday life and perpetuates inequities in our society.

Implications for health and nutrition educators are two-fold. First, the explicative aspect of the research can assist educators in understanding the realities of everyday life for those people they hope to reach. As such, the research can help to facilitate nutrition education practice which is more sensitive to the needs of the disadvantaged. The second implication follows logically; the research calls for a reorientation in community educational practice from the dominant individual orientation to a social orientation. A politicization of

practice calls for educators to assume advocacy roles. A social orientation to professional practice has implications for the undergraduate and graduate education of nutrition/health educators. Curricula must address more than the technical aspects of nutrition, health and education, but also the social, structural and procedural aspects.

The implications for policy-makers are numerous. Throughout this dissertation, a variety of oppressive policies contributing to the perpetuation of nutrition and health inequities were exposed. In order to reach Canada's stated goal of Achieving Health for All, these policies must be changed. The task is a large one, and recognizably difficult given the domination of market liberal discourse guiding policy. But, if reducing inequities is truly a health challenge worth striving for, political change is essential.

The research undertaken for this dissertation is only the beginning. As long as inequities in nutritional health continue to be a problem in this country, there will be a need for research which focuses on social, economic and political change. This research examined only one small segment of the population - economically disadvantaged women in the urban setting. The study of other disenfranchised groups - the rural poor and aboriginal populations to name but two, could make valuable contributions to our knowledge of the social construction of inequities. In addition, more detailed ethnographic studies of some of the practices found contributing to inequities, such as the professional practice of health education or social work, the corporate organization of food, and the political organization of welfare could contribute to our understanding of this complex problem.

APPENDIX A

INFORMED CONSENT FORM (women's groups)

Title: Reducing Nutrition Inequities through Community Organization

Introduction:

You are invited to take part in a research study. Whether or not you take part is completely up to you, and you may withdraw at any time. If you do choose to participate, you should be aware of what the study involves, and you are encouraged to discuss the study with me (Kim Travers).

Purpose of the research:

The purpose of this research is: 1) to try to understand how limited incomes create barriers to healthy eating, and 2) to explore, along with research participants such as you, ways of empowering people to work together to change the system.

I understand that people who live on limited incomes are less likely to have healthy diets. This means that all people don't have equal chances to be healthy. For this research, instead of bringing outside "experts" in to change the people who experience these problems, I am asking you to help solve the problem because you live with trying to balance your money and food everyday. You know ways that the system needs to be changed to make a difference.

What I am asking you to do:

I am asking you to participate in the second part of a two-part study. The first part involves looking at households within which members of your group live. Over the course of one month, I will spend parts of several days in these households to observe eating, shopping, food preparation, and other food-related activities. I will also interview household members about these things. This will help me to understand what we talk about in the second part of the study that you are involved in.

During the second part of the study, we will return to the women's group to give you and other group members the opportunity to talk about your experiences and to add to our findings. Group meetings will be tape recorded, later to be typed by me. Hopefully, understanding these experiences will lead us to examine how high grocery store prices, TV commercials, and social assistance budget rules, etc., affect your household and others. I will ask you and other women's group members to help with "fact-finding" about these influences. As a group, you may decide to organize to question or change some of these influences.

Benefits: Although no benefits can be guaranteed, you may come to understand why it is so difficult to eat a healthy diet on a limited income, and you may learn ways of organizing as a group to overcome some of the barriers you experience.

Inconveniences/ Risks: The major inconvenience is the time involved. The possibility exists that you may also be frustrated by some of what you learn. Although I am bound to keep what you say in the strictest of confidence (see below), other members of the group are not, and we will have to work this trust out as a group.

Confidentiality: Confidentiality will be protected by ensuring that your real name will never be used in written reports, interview transcripts, or field notes. A code name will identify you to only me. All tape recordings will be erased after they have been typed. At no time will notes or tapes be shared with social workers, health workers or others that you may

have to work with. Although you may recognize yourself or your words in what I write up, it is unlikely that others will.

COMPLETE ITEM BELOW

I have read the explanation of this study and have been given the opportunity to discuss it and ask questions. I give consent to take part in this study. I understand that I may contact Kim at the numbers below at any time if I have questions or concerns.

Signature:

Researcher:

Kim D. Travers
PhD Candidate
Dalhousie University
Phone: 852-4503 or 494-2584

APPENDIX B**INFORMED CONSENT FORM**
(Individual Households)

Title: Reducing Nutrition Inequities through Community Organization

Introduction:

You are invited to take part in a research study. Whether or not you take part is completely up to you, and you may withdraw at any time. If you do choose to participate, you should be aware of what the study involves, and you are encouraged to discuss the study with me (Kim Travers).

Purpose of the research:

The purpose of this research is: 1) to try to understand how limited incomes create barriers to healthy eating, and 2) to explore, along with research participants such as you, ways of empowering people to work together to change the system.

I understand that people who live on limited incomes are less likely to have healthy diets. This means that all people don't have equal chances to be healthy. For this research, instead of bringing outside "experts" in to change the people who experience these problems, I am asking you to help solve the problem because you live with trying to balance your money and food everyday. You know ways that the system needs to be changed to make a difference.

What I am asking you to do:

I am asking you to participate in a two-part study. The first part involves looking at your household, and requires the participation of all adult household members. Children may be involved, depending on their ages and abilities. Over the course of one month, I will spend parts of several days with you and other household members, at times set up and agreeable to both of us. My purpose is to observe eating, shopping, food preparation, and other food-related activities. I will also interview you and other household members about these things. All interviews will be tape recorded (later to be typed by me), and I will make notes of observations.

During the second part of the study, we will return to the women's group, where group members will be given the opportunity to talk about their experiences and add to our findings. Hopefully, understanding these experiences will lead us to examine how high grocery store prices, TV commercials, and social assistance budget rules, etc., affect your household and others. I will ask women's group members to help with "fact-finding" about these influences.

Benefits: Although no benefits can be guaranteed, you may come to understand why it is so difficult to eat a healthy diet on a limited income, and you may learn ways of organizing as a group to overcome some of the barriers you experience.

Inconveniences/ Risks: The major inconvenience is the time involved. The possibility exists that you may also be frustrated by some of what you learn. There are no risks involved with the first part of the study, as all information will be kept in the strictest of confidence (see below).

Confidentiality: Confidentiality will be protected by ensuring that your real name will never be used in written reports, interview transcripts, or field notes. A code name will identify you to only me. All tape recordings will be erased after they have been typed. At no time will notes or tapes be shared with social workers, health workers or others that you may

have to work with. Although you may recognize yourself or your words in what I write up, it is unlikely that others will.

COMPLETE ITEM BELOW

I have read the explanation of this study and have been given the opportunity to discuss it and ask questions. I give consent to take part in this study. I understand that I may contact Kim at the numbers below at any time if I have questions or concerns.

Signatures:

Researcher:

Kim D. Travers
PhD Candidate
Dalhousie University
Phone: 852-4503 or 494-2584

APPENDIX C. INDIVIDUAL INTERVIEW GUIDES

INTERVIEW #1. (With Household Food Manager)

Purpose: -To elicit a descriptive account of everyday experiences and practices of managing food for a low-income household
 -To identify preliminary issues for exploration in future interviews and observation

Interview Description:
 -remind re: the purpose of the research project (refer to consent forms for simplified explanation)
 -describe the purpose of this interview
 -explain the use of the tape recorder; remind the respondent that it may be turned off at their request
 -remind re: confidentiality

Ethnographic Questions: (Descriptive)

Ask for a description of a “usual” day in relation to food/eating. (may start by asking for a description of yesterday, and asking for reflections on how representative a day it was)

Probes:
 Description of meal times - where? when? who?

Planning meals - spontaneous? daily plans? weekly plans? nutritional considerations? budget considerations? other?

Meal preparation - who? facilities/ resources? time involved? nutritional considerations?

Eating - household likes/dislikes? special treats? eating problems? concerns?

Cleaning up - who? when? time involved?

Shopping - where? when? with whom? budget concerns? nutritional concerns? household concerns? alternate sources of food? use of lists? coupons? vouchers?

How do patterns change over the course of a month/week?

Demographic Questions: (to be dispersed throughout this and other interviews and observation periods, in order to prevent boredom/ alienation)

Number of people/ household -	ages
Occupations of adults -	full/part-time
	shifts
	job security/ benefits
	if unemployed, for how long?
	seasonal employment
	work history
Sources/ amount of income -	employment
	UIC
	social assistance (municipal or provincial)
	investment income (eg. rental)
	old age security
	pension
	scholarships
	alimony/ child support
	benefits/ insurance
Education levels of household members	
Residence -	location
	rent/owned (cost/month)
	convenience/ transportation
	appliances/ food storage and preparation facilities
	neighbour support
	utilities cost
Food and nutrition -	general impressions as to adequacy
	costs
	inconveniences
	perceived barriers
	perceived household health status
Other major expenses -	clothing
	cigarettes
	alcohol

Procedural Questions: related to the arrangement of mutually convenient times for future interviews/ observations

INTERVIEW #2
(With each household member)

Purpose: To elicit descriptive accounts of individual household members' usual eating patterns and their roles in household food management.

Ethnographic Description:

- review purpose of the research project
- describe purpose of the interview
- explain/re-remind re: use of the tape recorder
- remind re: confidentiality

Ethnographic questions: (Descriptive)

Ask for a description of an "average" day of eating. (may start by asking for a description of yesterday, and asking how much this varies from the "usual")

Probes:

- food eaten - type, quantity
- time eaten
- where eaten - home, work, school, other
- eaten with whom?
- was the food purchased, prepared (by whom?), carried from home?
- was eating associated with a particular activity or event?
- does this pattern vary on weekends? after pay days? after grocery days?
- feelings associated with eating (or not eating) - hunger? boredom?
- special likes/ treats/ dislikes
- special health concerns

INTERVIEW #3
(With household food manager)

Purpose: This interview will follow several periods of observation, both within the household and external to it; at worksites, grocery stores, schools etc. The purpose of this interview is to move beyond description to more structural questions - to find out how informants organize their knowledge and to find out the meanings they give to their actions. Since the interview will be predicated on data arising from previous interviews and observations, it is impossible at this point to delineate exactly the topics to be covered.

Ethnographic explanation:

- review purpose of the research project, particularly in relation to progress thus far
- explain purpose of the interview
- remind re: confidentiality
- remind re: use of tape recorder

Potential topic areas to cover in ethnographic questioning:

- | | |
|--------------------------------------|--|
| Media Influences - | How do media messages, such as commercials or images, relate to what happens in the household with regard to food and nutrition practices? |
| Health Care Work/ Discourse - | How does the household respond to messages from health care providers? Are the messages relevant? practical? realistic? |
| Social Influences - | In what ways do grocery stores, food banks, worksites, schools, make it easier or harder for the household to eat well? |
| Interpersonal Influences - | Do individual household members or peers influence food and nutrition practices? How? |
| Policy Influences - | Explore in more detail how social welfare/ worksite etc. policies implicated in previous interviews/ observations influence the household's food and nutrition practices |

APPENDIX D. GROUP INTERVIEW GUIDES

INTERVIEW 1: INTRODUCTION OF RESEARCH PROJECT TO THE GROUP

- Purpose:**
- to introduce/ explain the nature of the research in a non-threatening environment
 - to recruit research participants for in-depth and collective phases
 - to include research participants in the early stages of planning research
 - to identify some common areas of concern/ interest of the population
 - to develop rapport
 - to plan logistics of entry/ access to individual homes

Ethnographic explanation:

- Explain purpose of research (refer to consent form for simplified explanation)
- Explain two parts of study, and ask people who are interested in in-depth phase to contact me after the meeting
- Explain confidentiality
- Encourage participants to ask questions about the project and to provide input into what they feel should be discussed
- Provide opportunity for those not interested in participating to leave
- Explain use of tape recorder

Ethnographic Questions:

For this interview, it is appropriate to leave the floor open to the participants, to let them know their input is valued. Start by asking them to talk about their concerns or problems they encounter in trying to feed their families.

Administrative procedures:

- Obtain informed consent
- Arrange meeting times
- Arrange for initial household visits

INTERVIEWS 2-7

The remaining interviews will draw on the experiences observed and discussed in the individual phase of the study, and from discussions in previous group sessions. It is therefore impossible to predict the precise nature of the issues to be covered, or the order of coverage. It is anticipated that group discussions will revolve around the following broad issues, with only one issue covered in-depth during each session:

1. Getting food

- shopping - where? when?
- alternate sources of food - food banks? co-ops?
- getting to and from the food source - transportation?
- paying for food - use of cash, cheques, coupons, credit?

2. Menu planning and food preparation

- facilities available for preparing and storing food?
- food choice decisions - cost? taste? nutrition? convenience?
- food preparation skills?
- division of household labour?

3. Influences of worksite/school on eating practices

- food programs at school/ work?
- facilities for food preparation/eating?

4. Money issues

- managing a limited budget
- needs competing for food budget

5. Household dynamics

- intrahousehold differences in members' eating habits.
- who eats what?
- who sacrifices so others can eat?
- who places demands on the budget?

APPENDIX E. PRICING COMPARISON GROCERY LIST

Store Name: _____
 Location: _____ Date: _____

Food	Size	Cost	comments
DAIRY PRODUCTS			
2% Milk	2 l		Thrifty/nutritious
Cheddar cheese	1 kg		Thrifty/nutritious
Cheese slices	250 g		Thrifty/nutritious
Powdered skim milk	1.5 kg		Thrifty/nutritious
Mozzarella cheese	340 g		Nutritious
yogurt	500 g		Nutritious
Canned milk	385 ml		Nutritious
Ice cream	2 l		Nutritious
EGGS			
Eggs, large	1 doz.		Thrifty/nutritious
MEAT, POULTRY AND FISH			
Round steak	1 kg		Thrifty/nutritious
Stewing Beef	1 kg		Thrifty/nutritious
Regular Gound Beef	1 kg		Thrifty/nutritious
pork butt roast	1 kg		Thrifty
Chicken	1 kg		Thrifty/nutritious
sliced cooked meat	175 g		Thrifty/nutritious
frozen fish fillets	454 g		Thrifty/nutritious
canned salmon	220 g		Thrifty/nutritious
Beef liver	1 kg		Thrifty/nutritious
Turkey	1 kg		Nutritious

Food	Size	Cost	Comments
loin pork chops	1 kg		Nutritious
pork sausage	500 g		Nutritious
wieners	450 g		Nutritious
canned tuna	198 g		Nutritious
sliced bacon	500 g		
fish sticks	397 g		
canned luncheon meat	340 g		

MEAT ALTERNATES

cottage cheese	500 g		Thrifty/nutritious
canned baked beans	540 ml		Thrifty/nutritious
peanut butter	500 g		Thrifty/nutritious
dried white beans	1 kg		Thrifty

CEREAL AND BAKERY PRODUCTS

bread, whole wheat	675 g loaf		
bread, white	675 g loaf		Thrifty/nutritious
macaroni noodles	500 g		Thrifty/nutritious
long grain rice	900 g		Thrifty/nutritious
flour	3.5 kg		Thrifty/nutritious
corn flakes	675 g		Thrifty/nutritious
rolled oats	1 kg		Thrifty/nutritious
hamburg buns	340 g		Nutritious
soda crackers	450 g		Nutritious
cream cookies	450 g		Nutritious
mac & cheese dinner	225 g		
shredded wheat	450 g		

Food	Size	Cost	Comments
<i>CITRUS FRUIT AND TOMATOES</i>			
oranges	1 kg		Thrifty/nutritious
canned apple juice	1.36 l		Thrifty/nutritious
frozen orange juice	341 ml		Thrifty/nutritious
canned tomatoes	796 ml		Thrifty/nutritious
tomatoes	1 kg		Thrifty/nutritious
canned tomato juice	1.36 l		Nutritious
grapefruit	1 kg		Nutritious
fruit drink crystals	3 pk		
<i>OTHER FRUIT</i>			
apples	1 kg		Thrifty/nutritious
bananas	1 kg		Thrifty/nutritious
canned fruit cocktail	540 ml		Thrifty/nutritious
pears	1 kg		Nutritious
seedless raisins	424 g		Nutritious
canned peaches	398 ml		
<i>POTATOES</i>			
potatoes	10 lb		Thrifty/nutritious
frz. french fries	907 g		Nutritious
<i>OTHER VEGETABLES</i>			
cabbage	1 kg		Thrifty/nutritious
carrots	1 kg		Thrifty/nutritious
lettuce	1 kg		Thrifty/nutritious
onions	1 kg		Thrifty/nutritious

Food	Size	Cost	Comments
frozen mixed veg	1 kg		Thrifty/nutritious
canned corn	341 ml		Thrifty/nutritious
celery	1 kg		Nutritious
cucumbers	1 kg		Nutritious
canned green beans	398 ml		Nutritious
canned peas	398 ml		Nutritious

FATS AND OILS

margarine	454 g		Thrifty/nutritious
cooking oil	1 l		Thrifty/nutritious
butter	454 g		Nutritious
mayo/salad dressing	500 ml		Nutritious

SUGARS AND OTHER SWEETS

jam	750 ml		Thrifty/nutritious
sugar	2 kg		Thrifty/nutritious
honey	500 g		Nutritious

MISCELLANEOUS

ketchup	1 l		
jelly powder	85 g		
garlic powder	100 g		
Similac concentrate	case (24)		
dry cat food	1 kg		

TOTAL COST OF ENTIRE ORDER:

		7-Feb-91	10-Oct-91	7 Feb 91	10-Oct-91	7-Feb-91	10-Oct-91	7-Feb-91	10-Oct-91
	STORE	IGA	IGA	IGA	IGA	SOBEYS	SOBEYS	SOBEYS	SOBEYS
FOOD	AMOUNT	LOW INCOME	LOW INCOME	MID INCOME	MID INCOME	LOW INCOME	LOW INCOME	MID INCOME	MID INCOME
DAIRY PRODUCTS									
2% MILK	2L	2 46	2 56	2 46	2 56	2 46	2 56	2 46	2 56
YOGURT	500G	1 69	1 79	1 69	1 65	1 65	1 49	1 65	1 49
CHEDDAR CHEESE	1KG	8 50	11 10	8 50	8 40	9 73	8 40	8 40	7 89
CHEESE SLICES	250 G	1 63	1 79	1 63	1 79	1 63	1 79	1 63	1 79
MOZZARELLA CHEESE	340G	3 03	3 77	3 16	3 03	3 51	3 09	3 09	3 09
POWDERED SKIM MILK	1 5 KG	9 57	8 40	8 39	8 40	7 79	8 24	7 79	8 24
CANNED MILK	385 ML	0 79	0 85	0 79	0 77	0 79	0 85	0 89	0 79
ICE CREAM	2L	2 99	2 99	2 99	3 79	2 99	3 79	2 99	3 79
SUBTOTAL - DAIRY		30 66	33 25	29 61	30 39	30 55	30 21	28 90	29 64
EGGS, LARGE	1 DOZEN	1 69	1 73	1 69	1 73	1 69	1 72	1 69	1 72
MEAT, POULTRY & FISH									
ROUND STEAK	1 KG	4 89	9 29	10 99	8 29	8 29	7 24	8 29	7 29
CHUCK/BLADE ROAST	1 KG	4 39	6 82	4 39	5 05	4 17	6 58	5 99	4 17
STEWING BEEF	1 KG	5 49	7 25	7 29	7 25	5 49	6 58	7 29	6 59
MED GROUND BEEF	1 KG	5 59	5 92	5 83	5 83	5 93	5 86	5 79	5 86
BEEF LIVER	1 KG	2 18	2 62	4 17	2 62	2 89	1 30	2 89	2 84
CHICKEN, WH UTILITY	1 KG	4 29	4 35	3 51	4 29	3 95	3 72	3 28	3 28
TURKEY	1 KG	3 95	2 40	4 17	2 40	4 39	2 40	3 51	2 40
LOIN PORK CHOPS	1 KG	11 99	7 91	5 05	8 69	5 83	4 82	4 83	3 95
PORK SAUSAGE	500 G	1 75	1 64	1 42	1 76	1 85	1 78	1 53	2 89
WENERS	450 G	2 09	1 29	1 09	1 99	1 29	0 99	1 09	1 39
SLICED BOLOGNA	175 G	0 99	1 09	0 50	1 09	1 89	0 95	0 63	1 89
SLICED BACON	500 G	2 49	2 29	1 79	2 29	1 79	1 79	2 59	1 79
FZN FISH FILLETS	454 G	2 38	3 39	2 59	2 81	2 11	3 39	3 34	3 80
FISH STICKS	397 G	2 89	2 82	2 62	1 75	4 30	2 49	2 93	2 82
CAN LUNCHEON MEAT	340 G	1 05	1 05	1 05	1 05	2 86	1 05	1 19	1 05
CANNED SALMON	220 G	1 33	1 39	1 33	1 33	1 44	1 39	1 64	1 23
CANNED TUNA	198 G	0 95	0 89	1 50	0 95	1 12	0 89	1 12	0 96
SUBTOTAL - MEAT		58 69	62 41	59 29	59 44	59 59	53 22	57 93	54 20
MEAT ALTERNATES									
CANNED BAKED BEANS	540 ML	0 79	0 79	0 79	0 69	1 09	0 69	0 79	0 69
PEANUT BUTTER	500 G	2 09	2 09	1 75	2 09	2 39	2 09	2 09	2 09
DRIED WHITE BEANS	1 KG	1 48	1 49	2 50	1 49	1 42	1 42	1 43	1 42
COTTAGE CHEESE	500G	2 65	2 52	1 43	2 65	2 49	2 64	2 65	2 35
SUBTOTAL - ALTERNATES		7 01	6 89	6 47	6 92	7 39	6 84	6 96	6 55
CEREAL/BAKERY PRODUCTS									
BREAD, WHOLE WHEAT	675 G LOAF	0 99	1 05	0 99	1 05	0 99	0 99	0 99	0 99
BREAD, WHITE	675 G LOAF	0 99	1 05	0 95	0 99	0 99	0 99	0 99	0 99
HAMBURG BUNS	340 G	0 99	1 05	1 29	1 05	0 99	1 49	0 99	1 09
MACARONI NOODLES	500 G	0 73	0 73	0 73	0 73	0 84	0 59	0 60	0 59
MAC&CHEESE DINNER	225 G	0 39	0 39	0 39	0 39	0 39	0 39	0 39	0 39

LONG GRAIN RICE	900 G	1.09	1.09	0.99	1.09	1.55	1.07	2.94	1.07
FLOUR	3.5 KG	4.59	4.59	2.79	4.20	4.59	2.21	2.56	2.03
CORN FLAKES	675 G	2.99	1.99	1.99	1.99	2.99	2.09	2.99	2.09
ROLLED OATS	1 KG	1.99	1.93	1.75	1.93	1.89	1.79	1.52	1.99
SHREDDED WHEAT	450 G	1.79	2.48	2.29	2.48	2.18	2.48	2.18	2.48
SODA CRACKERS	450 G	1.99	1.19	1.09	1.19	1.99	1.09	0.99	1.29
CREAM COOKIES	450 G	2.95	2.24	1.99	2.24	2.13	2.24	1.89	2.24
SUBTOTAL - CEREAL/BREAD		21.48	19.78	17.24	19.33	21.52	17.42	19.03	17.24
CITRUS & TOMATOES									
APPLE JUICE	1.36 L	1.19	1.19	0.99	1.29	1.45	1.39	0.79	1.35
FZN ORANGE JUICE	341 ML	1.19	0.89	0.95	0.89	1.70	0.89	0.99	0.89
CANNED TOMATO JUICE	1.36 L	1.39	1.09	1.19	1.09	1.39	1.19	0.99	1.19
FRT DRINK CRYSTALS	3 PK	0.79	0.67	0.79	0.67	0.75	0.79	0.75	0.79
CANNED TOMATOES	796 ML	0.99	1.29	0.99	0.99	1.43	0.89	0.99	1.09
TOMATOES	1 KG	2.62	0.82	1.96	0.82		1.30	1.19	1.59
GRAPEFRUIT	1 KG	1.91	1.08	1.91	1.08	1.40	0.55	1.91	0.55
ORANGES	1 KG	3.99	2.81	3.99	1.25	1.56	1.88	1.56	1.88
SUBTOTAL - CITRUS		14.07	9.84	12.77	8.08	11.86	8.88	9.17	9.33
OTHER FRUIT									
APPLES	1 KG	2.93	1.08	1.08	1.08	0.78	1.10	0.69	1.10
BANANAS	1 KG	1.96	1.43	1.96	1.43	1.96	1.43	1.96	1.43
CAN FRUIT COCKTAIL	540 ML	1.67	1.85	1.79	1.70	0.95	1.08	1.59	1.54
PEARS	1 KG	3.28	2.62	3.28	2.62	3.28	1.83	3.28	1.19
SEEDLESS RAISINS	424 G	1.83	1.64	1.86	1.64	1.91	1.64	1.83	1.49
CANNED PEACHES	398 ML	1.65	1.23	0.79	1.35	1.07	1.07	1.62	1.07
SUBTOTAL - OTHER FRUIT		13.32	9.85	10.76	9.82	9.95	8.15	10.97	7.82
POTATOES									
POTATOES	10 LB	2.89	2.39	2.59	2.39	2.49	2.49	2.49	2.49
FZN FRENCH FRIES	1 KG	0.89	0.89	0.89	0.89	0.89	0.89	0.89	0.89
SUBTOTAL - POTATOES		3.78	3.28	3.48	3.28	3.38	3.38	3.38	3.38
OTHER VEGETABLES									
CABBAGE	1 KG	0.73	0.55	0.73	0.55	0.73	0.42	0.73	0.42
CARROTS	1 KG	1.09	0.65	1.09	0.65	1.09	0.65	1.27	0.65
ONIONS	1 KG	0.87	0.87	0.87	0.87	0.87	0.88	1.02	1.02
CELERY	1 KG	1.41	1.78	1.41	1.78	2.39	1.78	1.41	1.98
CUCUMBERS	1 KG	2.97	1.18	2.97	1.18	1.38	1.38	1.29	1.38
LETTUCE	1 KG	1.98	2.32	1.98	2.32	1.99	2.32	2.13	2.32
FZN MIXED VEG	1 KG	1.89	1.39	2.19	1.89	1.49	1.69	1.08	1.08
CANNED CORN	341 ML	0.69	0.63	0.69	0.65	0.69	0.65	0.69	0.65
CANNED GREEN BEANS	398 ML	0.69	0.66	0.69	0.65	0.69	0.65	0.69	0.65
CANNED PEAS	398 ML	0.69	0.65	0.69	0.65	0.69	0.65	0.69	0.65
SUBTOTAL - VEGETABLES		13.01	10.68	13.31	11.19	12.01	11.07	11.00	10.80
FATS AND OILS									
BUTTER	454 G	2.81	2.73	2.81	2.73	2.81	2.73	2.81	2.73
MARGARINE	454 G	0.55	0.63	0.55	0.59	0.59	0.59	0.59	0.59

COOKING OIL	1 L	2.09	1.69	2.09	1.99	2.05	1.69	1.69	1.89
MAYO/SALAD DRESSING	500 ML	1.05	1.39	1.05	1.39	1.35	1.39	1.05	1.39
SUBTOTAL - FATS		6.50	6.44	6.50	6.70	6.80	6.40	6.14	6.60
SUGARS AND OTHER SWEETS									
JAM	750 ML	2.29	1.99	1.99	1.99	1.69	1.59	2.09	1.59
SUGAR	2 KG	1.99	1.59	2.20	1.59	1.99	1.36	1.90	1.36
KETCHUP	1 L	1.99	1.89	1.89	1.89	1.99	1.99	1.89	1.89
HONEY	500 G	2.48	2.75	2.65	2.65	2.59	2.28	2.09	2.75
SUBTOTAL - SUGARS		8.75	8.22	8.73	8.12	8.26	7.22	7.97	7.59
MISCELLANEOUS									
JELLY POWDER	85 G	0.33	0.35	0.33	0.35	0.39	0.35	0.49	0.35
GARLIC POWDER	100 G	2.93	2.93	1.41	2.99	1.99	1.47	1.47	1.47
SIMILAC CONC.	CASE 24	54.99	47.98	54.99	47.98	49.99	47.98	49.99	47.98
DRY CAT FOOD	1 KG	2.47	1.84	1.51	1.51	2.67	1.39	1.43	1.39
SUBTOTAL - MISC.		60.72	53.10	58.24	52.83	55.04	51.19	53.38	51.19
			-----		-----		-----		-----
		239.68	225.47	228.09	217.83	228.04	205.70	216.52	206.06

APPENDIX G. LETTERS TO SUPERMARKETS

INITIAL LETTER TO IGA

21 March 1991

Manager
IGA
City, N.S.

Dear Mr.:

We are a group of women who have been meeting at the Parent Centre since August to discuss the difficulties of feeding our families on a limited budget. During our discussions, we became interested in finding out how the prices in the grocery stores in our neighbourhood (in which we usually shop) compare to prices in stores in middle-income neighbourhoods. We enlisted the assistance of a professional dietitian and a home economist to help us design a pricing survey which we carried out in several stores, including yours, on October 18, 1990, and repeated on February 7, 1991.

The survey included a list of standard food items necessary to provide a healthy diet for a family. This list is known as Agriculture Canada's Nutritious Food Basket. We also priced some other essentials, notably infant formula. We were taught to use unit pricing and to record the cheapest price for each item on the list. The entire process was supervised and checked by the professional dietitian to ensure accuracy, and she made all of the necessary calculations.

The results of our survey were quite shocking. We consistently found that prices in stores in our lower-income neighbourhood were higher than those in middle-income neighbourhoods. Your store, undeniably, had the highest prices of all! The February 7 results can be summarized as follows:

Raw costs of purchasing all items priced at each store

IGA Inner City	\$239.68
IGA Suburbs	\$228.09
Sobey's Inner City	\$228.04
Sobey's Suburbs	\$216.52

To feed a family of four a nutritious diet, it would cost \$518.73 per month at your store, but only \$451.09 at the least expensive store surveyed. The difference is well worth the cost of transportation to (another store)!

While we were pricing, we also made some observations. First, we noted that the quality of the fresh produce and meats were better in the stores in middle-income neighbourhoods. Interestingly, these were the foods with the biggest price differences. Why should we pay more for lower quality? Secondly, stores in middle-income neighbourhoods are more likely to have a bulk section, another potential area for cost-savings particularly useful for lower-income families who may be able to benefit from purchasing quantities best suited to the family's needs. Finally, we noticed that stores in middle-income neighbourhoods have additional services, such as children's grocery carts and candy-free checkouts. Since we frequently must bring our children shopping with us, it would be nice to be able to entertain our toddlers by allowing them to push a cart alongside us. It would also save us money if

we could avoid buying the candy which catches our children's interest as we wait in the checkout line. Why can we not make these choices in our neighbourhood stores?

We bring these observations to your attention for several reasons. First, in the competitive market, we thought that you would be interested in knowing that IGA is consistently more expensive than Sobey's, regardless of the neighbourhood. Secondly, our major concern is with the difference in pricing among the IGAs. We would like to know why the IGA in our neighbourhood has higher prices, lower quality, and fewer services. We would also like to know what you intend to do about it. We have discovered that we do not have to shop at your store, as the cost of transportation elsewhere is far less than the cost savings. We would be more than willing to share this discovery with other IGA shoppers. However, we thought it would only be fair to allow you to respond before we take action. We therefore request that you respond to our letter by April 2, 1991. We will be meeting again on April 4 to discuss your response and, if necessary, to plan our next steps.

We hope you will give our findings some serious consideration. If IGA is truly "hometown proud", your stores should be working with their neighbourhood communities, not against them.

Sincerely,

Kim Travers, PDt, MA, PhD Candidate
Survey supervisor

(Centre Coordinator), BSc(HEc)
Home Economist

Members of the Women's Group

cc. Boland's District Office

INITIAL LETTER TO SOBEY'S

21 March 1991

Manager
Sobey's
Inner City
City, N.S.

Dear :

We are a group of women who have been meeting at the Parent Centre since August to discuss the difficulties of feeding our families on a limited budget. During our discussions, we became interested in finding out how the prices in the grocery stores in our neighbourhood (in which we usually shop) compare to prices in stores in middle-income neighbourhoods. We enlisted the assistance of a professional dietitian and a home economist to help us design a pricing survey which we carried out in several stores, including yours, on October 18, 1990, and repeated on February 7, 1991.

The survey included a list of standard food items necessary to provide a healthy diet for a family. This list is known as Agriculture Canada's Nutritious Food Basket. We also priced some other essentials, notably infant formula. We were taught to use unit pricing and to record the cheapest price for each item on the list. The entire process was supervised and checked by the professional dietitian to ensure accuracy, and she made all of the necessary calculations.

The results of our survey were quite shocking. We consistently found that prices in stores in our lower-income neighbourhood were higher than those in middle-income neighbourhoods. Although Sobey's consistently had lower prices than IGA, your store (located in a lower-income neighbourhood) had higher prices than the Sobey's in (Mall), a store in a typically middle-income neighbourhood. The February 7 results can be summarized as follows:

Raw costs of purchasing all items priced at each store

IGA Inner City	\$239.68
IGA Suburbs	\$228.09
Sobey's Inner City	\$228.04
Sobey's Suburbs	\$216.52

To feed a family of four a nutritious diet, it would cost \$518.73 per month at the most expensive store, but only \$451.09 at the least expensive store surveyed. The difference is well worth the cost of transportation to (Mall)!

While we were pricing, we also made some observations. First, we noted that the quality of the fresh produce and meats were better in the stores in middle-income neighbourhoods. Interestingly, these were the foods with the biggest price differences. Why should we pay more for lower quality? Secondly, stores in middle-income neighbourhoods are more likely to have a bulk section, another potential area for cost-savings particularly useful for lower-income families who may be able to benefit from purchasing quantities best suited to the family's needs. Finally, we noticed that stores in middle-income neighbourhoods have additional services, such as children's grocery carts and candy-free checkouts. Since we frequently must bring our children shopping with us, it would be nice to be able to entertain our toddlers by allowing them to push a cart alongside us. It would also save us money if

we could avoid buying the candy which catches our children's interest as we wait in the checkout line. Why can we not make these choices in our neighbourhood stores?

We bring these observations to your attention for several reasons. First, in the competitive market, we thought that you would be interested in knowing that Sobey's is consistently less expensive than IGA, regardless of the neighbourhood. We congratulate you on that. However, our major concern is with the difference in pricing between the Sobey's stores. We would like to know why the Sobey's in our neighbourhood has higher prices, lower quality, and fewer services. We would also like to know what you intend to do about it. We have discovered that we do not have to shop at your store, as the cost of transportation elsewhere is far less than the cost savings. We would be more than willing to share this discovery with other Sobey's shoppers. However, we thought it would only be fair to allow you to respond before we take action. We therefore request that you respond to our letter by April 2, 1991. We will be meeting again on April 4 to discuss your response and, if necessary, to plan our next steps.

We hope you will give our findings some serious consideration. We believe that your stores should be working with their neighbourhood communities, not against them. We look forward to hearing from you.

Sincerely,

Kim Travers, PDt, MA, PhD Candidate
Survey supervisor

(Centre Coordinator), BSc(HEc)
Home Economist

Members of the Women's Group

cc. Sobey's District Office

LETTER OF THANKS - IGA.

30 May 1991

Manager Corporate Stores
Boland's Limited
P.O. Box 2910
Armdale, N.S. B3L 4N5

Dear :

The members of our women's group would like to thank you for your time and attention to our concerns about the (Inner-city) IGA. After we left the store last week, the consensus was that you and your people really do care about our concerns and our business. We recognize that many changes have already been made in response to our concerns, and look forward to seeing more. We would especially like to thank (Manager) for his prompt attention and action. We hope his work to make the (Inner-city) IGA more responsive to the needs of the community will not go unnoticed at Head Office. We also appreciate the attention of (Regional meat manager) to our concerns about the meat department and we plan to take him up on his offer to talk to us about shopping for value in meats.

We hope we will be able to continue to work together as you make plans for changes in the (Inner City) store. If you would like to consult with us, we meet regularly at the Parent Centre, from which this letter is addressed, on Thursday mornings. The coordinator of the centre is (Name), the phone number is (number). Kim Travers, who coordinated the original pricing survey is also available at that number on Thursdays, otherwise she can be reached at 852-4503.

Once again, thank you for proving to us that you live up to your promise of "Hometown Proud".

Sincerely,
Members of the Women's Group

FOLLOW-UP LETTER TO SOBEY'S

6 June 1991

Regional Manager
Sobey's
115 King St.
Stellarton, N.S. B0K 1S0

Dear Sir:

We are a group of women who have concerns regarding inequitable pricing among Sobey's stores. As you will see in the attached letter to (Manager) of your (Inner-city) Street store, we undertook a pricing survey among stores in low income and middle income neighbourhoods in (City). We consistently found that the overall cost of purchasing a nutritious food basket was higher in the lower income neighbourhood surveyed, namely, in your (Street) store. We wrote to (Manager) with our results, and received a reply. However, we were not satisfied with the written response, and therefore met with (Manager) on May 10, 1991 in an attempt to clarify our findings and initiate some action to remedy the inequities. At that meeting (Manager) informed us that it would be appropriate to direct our concerns to Head Office, as the bulk of the decision-making power lies with you. That is the intent of this letter.

Contrary to (Manager's) initial interpretation of our findings, we did not find brand-specific price differences between stores, but did find less availability of lower priced brands in the (Inner-city) Street store. (Manager) explained to us the difficulties of maintaining a large stock of several brands in a smaller store, and we do understand the space limitations the (Inner-city) Street store operates within. However, in our meeting we did come up with possible alternatives, which we would ask you to consider when making decisions about the (Inner-city) Street store.

First, it would make sense that a store's orders should be tailored to meet the needs of the neighbourhood it serves. As the (Inner-city) Street store is located in a lower income neighbourhood, we suggest that this store be allowed to order a larger proportion of lower cost brands and meats, and sufficient stock of Sobey's brands to cover demand in any given week. Stock shortages may necessitate a consumer to choose a higher cost brand at week's end when money is available. Although this may initially increase your profit, as more and more shoppers recognize the increased cost of shopping close to home, the added cost of transportation to another store becomes worthwhile, and ultimately, you lose customers.

Secondly, a basic bulk food section, with basics such as baking ingredients, spices, and pet food, would be highly appropriate in the (Inner-city) location. Bulk foods not only save money, but save on packaging and are therefore environmentally friendly. Although we realize that space is limited, a small section would take minimal space. We are in fact quite surprised that a more careful consideration of the neighbourhood was not undertaken before the extensive renovations were made to the (Inner-city) store. If it had been, we are sure that a bulk section would have proven to be much more appropriate than an in-store bakery. Few people on limited incomes can afford to purchase ready made pastries and desserts.

Finally, we would ask you consider donating any left-over, unsaleable food products still fit for consumption to the local Food Bank, or to the Parent Centre from which this letter is addressed. The Centre tries to supply low income women with weekly grocery bags for their families, and also works in conjunction with an emergency feeding program for (City)

residents. We understand that your current policy is to try to avoid overstock, and we applaud this. We understand that overstock for the purpose of charitable donations inflates prices and makes it harder for us to purchase our food needs, leaving us reliant on charities. We would much rather see lower prices and less waste. However, if you ever do find the need to dispose of excess food, we would ask you not to discard it, but to make it available for those who are in need.

We hope you will find our recommendations worthy of consideration. We look forward to hearing from you.

Sincerely,

Kim Travers, PDt, MA, PhD Candidate
Survey supervisor

(Centre Coordinator), BSc(HEc)
Home Economist

Members of the Women's Group

**APPENDIX H. CALCULATIONS OF AGRICULTURE CANADA'S FOOD
BASKET COSTS**
NUTRITIOUS FOOD BASKET - IGA, INNER CITY - 7 FEB 91

FOOD	STORE AMOUNT	RETAIL PRICE	FOOD BASKET SCALAR	SCALED PRICE	FOOD BASKET WEIGHT	COST	WKLY FOOD FAMILY OF 4	WEEKLY COST PER FOOD GRP	WKLY FOOD FAMILY OF 3	WEEKLY COST PER FOOD GRP
DAIRY PRODUCTS										
2% MILK	2L	2.46	0.5	1.23	0.6689	0.82				
CHEDDAR CHEESE	1KG	8.50	0.1733	1.47305	0.0855	0.13				
CHEESE SLICES	250 G	1.63	0.8124	1.324212	0.0823	0.11				
POWDERED SKIM MILK	1.0 KG	6.38	0.102	0.65076	0.0103	0.01				
MOZZARELLA CHEESE	340G	3.03	0.6835	2.071005	0.074	0.15				
YOGURT	500G	1.69	1.4802	2.501538	0.0313	0.08				
CANNED MILK	385 ML	0.79	1.2449	0.983471	0.0171	0.02				
ICE CREAM	2L	2.99	0.85	2.5415	0.0306	0.08				
WEIGHTED AVERAGE COST						1.39	17.75	24.68	13.75	19.12
EGGS, LARGE	1 DOZEN	1.69	0.0833	0.140777	1	0.14				
WEIGHTED AVERAGE COST						0.14	18.00	2.53	11.00	1.55
MEAT, POULTRY & FISH										
ROUND STEAK	1 KG	4.89	1	4.89	0.0672	0.33				
STEWING BEEF	1 KG	5.49	1	5.49	0.0554	0.30				
REG GROUND BEEF	1 KG	5.59	1	5.59	0.1651	0.92				
CHICKEN	1 KG	4.29	1	4.29	0.2906	1.25				
SLICED COOKED MEAT	175 G	0.99	5.7143	5.657157	0.1419	0.80				
FZN. FISH FILLETS	454 G	2.38	2.2026	5.242188	0.0637	0.33				
CANNED SALMON	220 G	1.33	4.5455	6.045515	0.0122	0.07				
TURKEY	1 KG	3.95	1	3.95	0.0417	0.16				
LOIN PORK CHOPS	1 KG	11.99	1	11.99	0.0826	0.99				
PORK SAUSAGE	500 G	1.75	2	3.5	0.0342	0.12				
WIENERS	450 G	2.09	2.2046	4.607614	0.0336	0.15				
CANNED TUNA	198 G	0.95	6.1592	5.85124	0.0115	0.07				
WEIGHTED AVERAGE COST						5.51	4.05	22.31	2.75	15.15
MEAT ALTERNATES										
COTTAGE CHEESE	500 G	2.65	2	5.3	0.226	1.20				
CANNED BAKED BEANS	398 ML	0.58	2.3391	1.356678	0.4029	0.55				
PEANUT BUTTER	500 G	2.09	2	4.18	0.3708	1.55				
WEIGHTED AVERAGE COST						3.29	0.95	3.13	0.65	2.14
CEREAL/ BAKERY PRODUCTS										
BREAD, WHITE	675 G LOAF	0.99	2.2444	2.221956	0.3217	0.71				
MACARONI NOODLES	500 G	0.73	2	1.46	0.0766	0.11				
LONG GRAIN RICE	900 G	1.09	1.1111	1.211099	0.0741	0.09				
FLOUR	2.5 KG	3.28	0.2857	0.937096	0.1171	0.11				
CORN FLAKES	675 G	2.99	1.4815	4.429685	0.081	0.36				
ROLLED OATS	1.35 KG	2.69	0.7407	1.992483	0.018	0.04				
HAMBURG BUNS	340 G	0.99	3.1566	3.125034	0.2249	0.70				
SODA CRACKERS	450 G	1.99	3.367	6.70033	0.0348	0.23				
CREAM COOKIES	400 G	2.62	3.367	8.82154	0.0508	0.45				
WEIGHTED AVERAGE COST						2.80	7.20	20.20	4.70	13.18
CITRUS & TOMATOES										
ORANGES	1 KG	3.99	1	3.99	0.2519	1.01				

NUTRITIOUS FOOD BASKET - SOBEY'S SUBURBS - 7 FEB 91

	STORE	RETAIL	FOOD BASKET	SCALED	FOOD BASKET	COST	WKLY FOOD	WEEKLY COST	WKLY FOOD	WEEKLY COST
FOOD	AMOUNT	PRICE	SCALAR	PRICE	WEIGHT		FAMILY OF 4	PER FOOD GRP	FAMILY OF 3	PER FOOD GRP
DAIRY PRODUCTS										
2% MILK	2L	2.46	0.5	1.23	0.6689	0.82				
CHEDDAR CHEESE	1KG	8.40	0.1733	1.45572	0.0855	0.12				
CHEESE SLICES	250 G	1.63	0.8124	1.324212	0.0823	0.11				
POWDERED SKIM MILK	1.0 KG	5.19	0.102	0.52938	0.0103	0.01				
MOZZARELLA CHEESE	340G	3.09	0.6835	2.112015	0.074	0.16				
YOGURT	500G	1.65	1.4802	2.44233	0.0313	0.08				
CANNED MILK	385 ML	0.89	1.2449	1.107961	0.0171	0.02				
ICE CREAM	2L	2.99	0.85	2.5415	0.0306	0.08				
WEIGHTED AVERAGE COST						1.39	17.75	24.69	13.75	19.13
EGGS, LARGE	1 DOZEN	1.69	0.0833	0.140777	1	0.14				
WEIGHTED AVERAGE COST						0.14	18.00	2.53	11.00	1.55
MEAT, POULTRY & FISH										
ROUND STEAK	1 KG	8.29	1	8.29	0.0672	0.56				
STEWING BEEF	1 KG	7.29	1	7.29	0.0554	0.40				
REG GROUND BEEF	1 KG	5.79	1	5.79	0.1651	0.96				
CHICKEN	1 KG	3.28	1	3.28	0.2906	0.95				
SLICED COOKED MEAT	175 G	0.63	5.7143	3.600009	0.1419	0.51				
FZN. FISH FILLETS	454 G	3.34	2.2026	7.356684	0.0637	0.47				
CANNED SALMON	220 G	1.64	4.5455	7.45462	0.0122	0.09				
TURKEY	1 KG	3.51	1	3.51	0.0417	0.15				
LOIN PORK CHOPS	1 KG	4.83	1	4.83	0.0826	0.40				
PORK SAUSAGE	500 G	1.53	2	3.06	0.0342	0.10				
WIENERS	450 G	1.09	2.2046	2.403014	0.0336	0.08				
CANNED TUNA	198 G	1.12	6.1592	6.898304	0.0115	0.08				
WEIGHTED AVERAGE COST						4.75	4.05	19.24	2.75	13.06
MEAT ALTERNATES										
COTTAGE CHEESE	500 G	2.65	2	5.3	0.226	1.20				
CANNED BAKED BEANS	398 ML	0.58	2.3391	1.356678	0.4029	0.55				
PEANUT BUTTER	500 G	2.09	2	4.18	0.3708	1.55				
WEIGHTED AVERAGE COST						3.29	0.95	3.13	0.65	2.14
CEREAL/ BAKERY PRODUCTS										
BREAD, WHITE	675 G LOAF	0.99	2.2444	2.221956	0.3217	0.71				
MACARONI NOODLES	500 G	0.60	2	1.2	0.0766	0.09				
LONG GRAIN RICE	900 G	2.94	1.1111	3.266634	0.0741	0.24				
FLOUR	2.5 KG	1.83	0.2857	0.522831	0.1171	0.06				
CORN FLAKES	675 G	2.99	1.4815	4.429685	0.081	0.36				
ROLLED OATS	1.35 KG	2.05	0.7407	1.518435	0.018	0.03				
HAMBURG BUNS	340 G	0.99	3.1566	3.125034	0.2249	0.70				
SODA CRACKERS	450 G	0.99	3.367	3.33333	0.0348	0.12				
CREAM COOKIES	400 G	1.68	3.367	5.65656	0.0508	0.25				
WEIGHTED AVERAGE COST						2.63	7.20	18.74	4.70	12.23

ORANGES	1 KG	1.56	1	1.56	0.2519	0.39				
APPLE JUICE	1.36 L	0.79	0.6934	0.547786	0.2322	0.13				
FZN ORANGE JUICE	355 ML	1.03	0.6694	0.689482	0.0913	0.06				
CANNED TOMATOES	796 ML	0.99	1.2613	1.248687	0.0754	0.09				
TOMATOES	1 KG	1.19	1	1.19	0.1448	0.17				
CANNED TOMATO JUICE	1.36 L	0.99	0.7353	0.727947	0.0965	0.07				
GRAPEFRUIT	1 KG	1.91	1	1.91	0.1129	0.22				
WEIGHTED AVERAGE COST						1.14	3.10	3.52	2.35	2.67
OTHER FRUIT										
APPLES	1 KG	0.69	1	0.69	0.4418	0.30				
BANANAS	1 KG	1.96	1	1.96	0.4326	0.85				
CAN FRUIT COCKTAIL	540 ML	1.59	1.72	2.7348	0.0206	0.06				
PEARS	1 KG	3.28	1	3.28	0.0864	0.28				
SEEDLESS RAISINS	424 G	1.83	2.3585	4.316055	0.018	0.08				
WEIGHTED AVERAGE COST				12.980855		1.57	6.25	9.81	3.95	6.20
POTATOES	10 LB	2.49	0.2203	0.548547	0.9258	0.51				
FZN FRENCH FRIES	1 KG	0.89	1	0.89	0.0742	0.07				
WEIGHTED AVERAGE COST						0.57	7.55	4.33	4.70	2.70
OTHER VEGETABLES										
CABBAGE	1 KG	0.73	1	0.73	0.0793	0.06				
CARROTS	1 KG	1.27	1	1.27	0.2207	0.28				
LETTUCE	1 KG	2.13	1	2.13	0.0909	0.19				
ONIONS	1 KG	1.02	1	1.02	0.2188	0.22				
FZN MIXED VEG	1 KG	1.08	1	1.08	0.0518	0.06				
CANNED CORN	341 ML	0.69	5.297	3.65493	0.0496	0.18				
CELERY	1 KG	1.41	1	1.41	0.1362	0.19				
CUCUMBERS	1 KG	1.29	1	1.29	0.0839	0.11				
CANNED GREEN BEANS	398 ML	0.65	7.653	5.28057	0.0351	0.19				
CANNED PEAS	398 ML	0.69	5.1319	3.541011	0.0336	0.12				
WEIGHTED AVERAGE COST						1.60	6.30	10.06	4.45	7.11
FATS AND OILS										
MARGARINE	454 G	0.59	2.2026	1.299534	0.3856	0.50				
COOKING OIL	1 L	1.69	1.0776	1.821144	0.2136	0.39				
BUTTER	454 G	2.81	2.2026	6.189306	0.2662	1.65				
MAYO/SALAD DRESSING	500 ML	1.05	2	2.1	0.1347	0.28				
WEIGHTED AVERAGE COST						2.82	0.90	2.54	0.55	1.55
SUGARS AND OTHER SWEETS										
JAM	500 ML	1.39	1	1.39	0.1554	0.22				
SUGAR	2 KG	1.90	0.5	0.95	0.7903	0.75				
HONEY	500 G	2.09	2	4.18	0.0543	0.23				
WEIGHTED AVERAGE COST						1.19	1.10	1.31	0.75	0.90
						WEEKLY FOOD COST	99.91			69.23
						COST OF MISC FOOD (5%)	5.00			3.46
						TOTAL WKLY FOOD COST	104.90			72.69
						TOTAL MNTHL FOOD COST	451.09			312.58

FOOD	STORE AMOUNT	RETAIL PRICE	FOOD BASKET SCALAR	SCALED PRICE	FOOD BASKET WEIGHT	COST	WKLY FOOD FAMILY OF 4	WEEKLY COST PER FOOD GRP	WKLY FOOD FAMILY OF 3	WEEKLY COST PER FOOD GRP
DAIRY PRODUCTS										
2% MILK	2L	2.56	0.5	1.28	0.6689	0.86				
CHEDDAR CHEESE	1KG	11.1	0.1733	1.92363	0.0855	0.16				
CHEESE SLICES	250 G	1.79	0.8124	1.454196	0.0823	0.12				
POWDERED SKIM MILK	1.0 KG	5.6	0.102	0.5712	0.0103	0.01				
MOZZARELLA CHEESE	340G	3.77	0.6835	2.576795	0.074	0.19				
YOGURT	500G	1.79	1.4802	2.649558	0.0313	0.08				
CANNED MILK	385 ML	0.85	1.2449	1.058165	0.0171	0.02				
ICE CREAM	2L	2.99	0.85	2.5415	0.0306	0.08				
WEIGHTED AVERAGE COST						1.52	17.75	26.90	13.75	20.84
EGGS, LARGE	1 DOZEN	1.73	0.0833	0.144109	1	0.14				
WEIGHTED AVERAGE COST						0.14	18.00	2.59	11.00	1.59
MEAT, POULTRY & FISH										
ROUND STEAK	1 KG	9.29	1	9.29	0.0672	0.62				
STEWING BEEF	1 KG	7.25	1	7.25	0.0554	0.40				
REG GROUND BEEF	1 KG	5.92	1	5.92	0.1651	0.98				
CHICKEN	1 KG	4.35	1	4.35	0.2906	1.26				
SLICED COOKED MEAT	175 G	1.09	5.7143	6.228587	0.1419	0.88				
FZN. FISH FILLETS	454 G	3.39	2.2026	7.466814	0.0637	0.48				
CANNED SALMON	220 G	1.39	4.5455	6.318245	0.0122	0.08				
TURKEY	1 KG	2.4	1	2.4	0.0417	0.10				
LOIN PORK CHOPS	1 KG	7.91	1	7.91	0.0826	0.65				
PORK SAUSAGE	500 G	1.64	2	3.28	0.0342	0.11				
WIENERS	450 G	1.29	2.2046	2.843934	0.0336	0.10				
CANNED TUNA	198 G	0.89	6.1592	5.481688	0.0115	0.06				
WEIGHTED AVERAGE COST						5.73	4.05	23.20	2.75	15.75
MEAT ALTERNATES										
COTTAGE CHEESE	500 G	2.52	2	5.04	0.226	1.14				
CANNED BAKED BEANS	398 ML	0.58	2.3391	1.356678	0.4029	0.55				
PEANUT BUTTER	500 G	2.09	2	4.18	0.3708	1.55				
WEIGHTED AVERAGE COST						3.24	0.95	3.07	0.65	2.10
CEREAL/BAKERY PRODUCTS										
BREAD, WHITE	675 G LOAF	1.05	2.2444	2.35662	0.3217	0.76				
MACARONI NOODLES	500 G	0.73	2	1.46	0.0766	0.11				
LONG GRAIN RICE	900 G	1.09	1.1111	1.211099	0.0741	0.09				
FLOUR	2.5 KG	3.28	0.2857	0.937096	0.1171	0.11				
CORN FLAKES	675 G	1.99	1.4815	2.948185	0.081	0.24				
ROLLED OATS	1.35 KG	2.61	0.7407	1.933227	0.018	0.03				
HAMBURG BUNS	340 G	1.05	3.1566	3.31443	0.2249	0.75				
SODA CRACKERS	450 G	1.19	3.367	4.00673	0.0348	0.14				
CREAM COOKIES	400 G	1.99	3.367	6.70033	0.0508	0.34				
WEIGHTED AVERAGE COST						2.57	7.20	18.49	4.70	12.07
CITRUS & TOMATOES										
ORANGES	1 KG	2.81	1	2.81	0.2519	0.71				

	STORE	RETAIL	FOOD BASKET	SCALED	FOOD BASKET	COST	WKLY FOOD	WEEKLY COST	WKLY FOOD	WEEKLY COST
FOOD	AMOUNT	PRICE	SCALAR	PRICE	WEIGHT		FAMILY OF 4	PER FOOD GRP	FAMILY OF 3	PER FOOD GRP
DAIRY PRODUCTS										
2% MILK	2L	2.56	0.5	1.28	0.6689	0.86				
CHEDDAR CHEESE	1KG	7.89	0.1733	1.367337	0.0855	0.12				
CHEESE SLICES	250 G	1.79	0.8124	1.454196	0.0823	0.12				
POWDERED SKIM MILK	1.0 KG	5.49	0.102	0.55998	0.0103	0.01				
MOZZARELLA CHEESE	340G	3.09	0.6835	2.112015	0.074	0.16				
YOGURT	500G	1.49	1.4802	2.205498	0.0313	0.07				
CANNED MILK	385 ML	0.79	1.2449	0.983471	0.0171	0.02				
ICE CREAM	2L	3.79	0.85	3.2215	0.0306	0.10				
WEIGHTED AVERAGE COST						1.44	17.75	25.55	13.75	19.79
EGGS, LARGE	1 DOZEN	1.72	0.0833	0.143276	1	0.14				
WEIGHTED AVERAGE COST						0.14	18.00	2.58	11.00	1.58
MEAT, POULTRY & FISH										
ROUND STEAK	1 KG	7.29	1	7.29	0.0672	0.49				
STEWING BEEF	1 KG	6.59	1	6.59	0.0554	0.37				
REG GROUND BEEF	1 KG	5.86	1	5.86	0.1651	0.97				
CHICKEN	1 KG	3.28	1	3.28	0.2906	0.95				
SLICED COOKED MEAT	175 G	1.89	5.7143	10.800027	0.1419	1.53				
FZN. FISH FILLETS	454 G	3.80	2.2026	8.36988	0.0637	0.53				
CANNED SALMON	220 G	1.23	4.5455	5.590965	0.0122	0.07				
TURKEY	1 KG	2.40	1	2.4	0.0417	0.10				
LOIN PORK CHOPS	1 KG	3.95	1	3.95	0.0826	0.33				
PORK SAUSAGE	500 G	2.89	2	5.78	0.0342	0.20				
WIENERS	450 G	1.39	2.2046	3.064394	0.0336	0.10				
CANNED TUNA	198 G	0.96	6.1592	5.912832	0.0115	0.07				
WEIGHTED AVERAGE COST						5.70	4.05	23.10	2.75	15.69
MEAT ALTERNATES										
COTTAGE CHEESE	500 G	2.35	2	4.7	0.226	1.06				
CANNED BAKED BEANS	398 ML	0.51	2.3391	1.192941	0.4029	0.48				
PEANUT BUTTER	500 G	2.09	2	4.18	0.3708	1.55				
WEIGHTED AVERAGE COST						3.09	0.95	2.94	0.65	2.01
CEREAL/BAKERY PRODUCTS										
BREAD, WHITE	675 G LOAF	0.99	2.2444	2.221956	0.3217	0.71				
MACARONI NOODLES	500 G	0.59	2	1.18	0.0766	0.09				
LONG GRAIN RICE	900 G	1.07	1.1111	1.188877	0.0741	0.09				
FLOUR	2.5 KG	1.45	0.2857	0.414265	0.1171	0.05				
CORN FLAKES	675 G	2.09	1.4815	3.096335	0.081	0.25				
ROLLED OATS	1.35 KG	2.69	0.7407	1.992483	0.018	0.04				
HAMBURG BUNS	340 G	1.09	3.1566	3.440694	0.2249	0.77				
SODA CRACKERS	450 G	1.29	3.367	4.34343	0.0348	0.15				
CREAM COOKIES	400 G	1.99	3.367	6.70033	0.0508	0.34				
WEIGHTED AVERAGE COST						2.49	7.20	17.96	4.70	11.72
CITRUS & TOMATOES										

NUTRITIOUS FOOD BASKET - SOBEY'S SUBURBS - 10 OCT 91 355

ORANGES	1 KG	1 88	1	1 88	0 2519	0 47				
APPLE JUICE	1 36 L	1 35	0 6934	0 93609	0 2322	0 22				
FZN ORANGE JUICE	355 ML	0 93	0 6694	0 622542	0 0913	0 06				
CANNED TOMATOES	796 ML	1 09	1 2613	1 374817	0 0754	0 10				
TOMATOES	1 KG	1 59	1	1 59	0 1448	0 23				
CANNED TOMATO JUICE	1 36 L	1 19	0 7353	0 875007	0 0965	0 08				
GRAPEFRUIT	1 KG	0 55	1	0 55	0 1129	0 06				
WEIGHTED AVERAGE COST						1 23	3 10	3 81	2 35	2 89
OTHER FRUIT										
APPLES	1 KG	1 10	1	1 1	0 4418	0 49				
BANANAS	1 KG	1 43	1	1 43	0 4326	0 62				
CAN FRUIT COCKTAIL	540 ML	1 59	1 72	2 7348	0 0206	0 06				
PEARS	1 KG	1 19	1	1 19	0 0864	0 10				
SEEDLESS RAISINS	424 G	1 49	2 3585	3 514165	0 018	0 06				
WEIGHTED AVERAGE COST						1 33	6 25	8 29	3 95	5 24
POTATOES	10 LB	2 49	0 2203	0 548547	0 9258	0 51				
FZN FRENCH FRIES	1 KG	0 89	1	0 89	0 0742	0 07				
WEIGHTED AVERAGE COST						0 57	7 55	4 33	4 70	2 70
OTHER VEGETABLES										
CABBAGE	1 KG	0 42	1	0 42	0 0793	0 03				
CARROTS	1 KG	0 65	1	0 65	0 2207	0 14				
LETTUCE	1 KG	2 32	1	2 32	0 0909	0 21				
ONIONS	1 KG	1 02	1	1 02	0 2188	0 22				
FZN MIXED VEG	1 KG	1 08	1	1 08	0 0518	0 06				
CANNED CORN	341 ML	0 65	5 297	3 44305	0 0496	0 17				
CELERY	1 KG	1 98	1	1 98	0 1362	0 27				
CUCUMBERS	1 KG	1 38	1	1 38	0 0839	0 12				
CANNED GREEN BEANS	398 ML	0 65	7 653	4 97445	0 0351	0 17				
CANNED PEAS	398 ML	0 65	5 1319	3 335735	0 0336	0 11				
WEIGHTED AVERAGE COST						1 51	6 30	9 51	4 45	6 72
FATS AND OILS										
MARGARINE	454 G	0 59	2 2026	1 299534	0 3856	0 50				
COOKING OIL	1 L	1 89	1 0776	2 036664	0 2136	0 44				
BUTTER	454 G	2 73	2 2026	6 013098	0 2662	1 60				
MAYO/SALAD DRESSING	500 ML	1 39	2	2 78	0 1347	0 37				
WEIGHTED AVERAGE COST						2 91	0 90	2 62	0 55	1 60
SUGARS AND OTHER SWEETS										
JAM	500 ML	1 06	1	1 06	0 1554	0 16				
SUGAR	2 KG	1 36	0 5	0 68	0 7903	0 54				
HONEY	500 G	2 75	2	5 5	0 0543	0 30				
WEIGHTED AVERAGE COST						1 00	1 10	1 10	0 75	0 75
						WEEKLY FOOD COST	101 79			70 68
						COST OF MISC FOOD (5%)	5 09			3 53
						TOTAL WKLY FOOD COST	106 88			74 21
						TOTAL MNTHL FOOD COST	459 58			319 12

	STORE	RETAIL	FOOD BASKET	SCALED	FOOD BASKET	COST	WKLY FOOD	WEEKLY COST	WKLY FOOD	WEEKLY COST
FOOD	AMOUNT	PRICE	SCALAR	PRICE	WEIGHT		FAMILY OF 4	PER FOOD GRP	FAMILY OF 3	PER FOOD GRP
DAIRY PRODUCTS										
2% MILK	2L	2.46	0.5	1.23	0.7405	0.91				
CHEDDAR CHEESE	1KG	8.50	0.1733	1.47305	0.1529	0.23				
CHEESE SLICES	250 G	1.63	0.8124	1.324212	0.0916	0.12				
POWDERED SKIM MILK	1.0 KG	6.38	0.102	0.65076	0.015	0.01				
WEIGHTED AVERAGE COST						1.27	17.75	22.49	13.75	17.42
EGGS, LARGE	1 DOZEN	1.69	0.0833	0.140777	1	0.14				
WEIGHTED AVERAGE COST						0.14	18.00	2.53	11.00	1.55
MEAT, POULTRY & FISH										
ROUND STEAK	1 KG	4.89	1	4.89	0.0848	0.41				
STEWING BEEF	1 KG	5.49	1	5.49	0.0196	0.11				
REG GROUND BEEF	1 KG	5.59	1	5.59	0.2206	1.23				
PORK BUTT ROAST	1 KG	4.39	1	4.39	0.0215	0.09				
CHICKEN	1 KG	4.29	1	4.29	0.3701	1.59				
SLICED COOKED MEAT	175 G	0.99	5.7143	5.657157	0.1616	0.91				
FZN. FISH FILLETS	454 G	2.28	2.2026	5.242188	0.0905	0.47				
CANNED SALMON	220 G	1.33	4.5455	6.045515	0.0161	0.10				
BEEF LIVER	1 KG	2.18	1	2.18	0.0145	0.03				
WEIGHTED AVERAGE COST						4.96	4.05	20.07	2.75	13.63
MEAT ALTERNATES										
COTTAGE CHEESE	500 G	2.65	2	5.3	0.1909	1.01				
CANNED BAKED BEANS	398 ML	0.58	2.3351	1.354358	0.3582	0.49				
PEANUT BUTTER	500 G	2.09	2	4.18	0.3377	1.41				
DRIED WHITE BEANS	1 KG	1.48	1	1.48	0.1132	0.17				
WEIGHTED AVERAGE COST						3.08	0.95	2.92	0.65	2.00
CEREAL/BAKERY PRODUCTS										
BREAD, WHITE	675 G LOAF	0.99	2.2444	2.221956	0.569	1.26				
MACARONI NOODLES	500 G	0.73	2	1.46	0.0748	0.11				
LONG GRAIN RICE	900 G	1.09	1.1111	1.211099	0.0938	0.11				
FLOUR	2.5 KG	3.28	0.2857	0.937096	0.1507	0.14				
CORN FLAKES	675 G	2.99	1.4815	4.429685	0.09	0.40				
ROLLED OATS	1.35 KG	2.61	0.7407	1.933227	0.0221	0.04				
WEIGHTED AVERAGE COST						2.07	6.90	14.28	4.50	9.31
CITRUS & TOMATOES										
ORANGES	1 KG	3.99	1	3.99	0.4044	1.61				
APPLE JUICE	1.36 L	1.19	0.6934	0.825146	0.2405	0.20				
FZN ORANGE JUICE	355 ML	1.24	0.6694	0.830056	0.1094	0.09				
CANNED TOMATOES	796 ML	0.99	1.2613	1.248687	0.0723	0.09				
TOMATOES	1 KG	2.62	1	2.62	0.1735	0.45				
WEIGHTED AVERAGE COST						2.45	3.60	8.81	2.55	6.24
OTHER FRUIT										
APPLES	1 KG	2.93	1	2.93	0.4622	1.35				

THRIFTY FOOD BASKET - IGA, INNER CITY - 7 FEB 91

BANANAS	1 KG	1.96	1	1.96	0.5174	1.01				
CAN FRUIT COCKTAIL	540 ML	1.67	1.72	2.8724	0.0204	0.06				
WEIGHTED AVERAGE COST						2.43	6.25	15.17	3.95	9.59
POTATOES	10 LB	2.89	0.2203	0.636667	1	0.64				
WEIGHTED AVERAGE COST						0.64	7.45	4.74	4.60	2.93
OTHER VEGETABLES										
CABBAGE	1 KG	0.73	1	0.73	0.1099	0.08				
CARROTS	1 KG	1.09	1	1.09	0.3335	0.36				
LETTUCE	1 KG	1.98	1	1.98	0.1241	0.25				
ONIONS	1 KG	0.87	1	0.87	0.3007	0.26				
FZN MIXED VEG	1 KG	1.89	1	1.89	0.0726	0.14				
CANNED CORN	341 ML	0.69	5.297	3.65493	0.0644	0.24				
WEIGHTED AVERAGE COST						1.32	6.30	8.34	4.45	5.89
FATS AND OILS										
MARGARINE	454 G	0.55	2.2026	1.21143	0.6832	0.83				
COOKING OIL	1 L	2.09	1.0776	2.252184	0.3168	0.71				
WEIGHTED AVERAGE COST						1.54	1.05	1.62	0.65	1.00
SUGARS AND OTHER SWEETS										
JAM	500 ML	1.53	1	1.53	0.1455	0.22				
SUGAR	2 KG	1.99	2.5	0.995	0.8555	0.85				
WEIGHTED AVERAGE COST						1.07	0.95	1.02	0.70	0.75
						WEEKLY FOOD COST		102.00		70.31
						COST OF MISC FOOD (5%)		5.10		3.52
						TOTAL WKLY FOOD COST		107.10		73.83
						TOTAL MNTHLY FOOD COST		460.52		317.46

	STORE	RETAIL	FOOD BASKET	SCALED	FOOD BASKET	COST	WKLY FOOD	WEEKLY COST	WKLY FOOD	WEEKLY COST
FOOD	AMOUNT	PRICE	SCALAR	PRICE	WEIGHT		FAMILY OF 4	PER FOOD GRP	FAMILY OF 3	PER FOOD GRP
DAIRY PRODUCTS										
2% MILK	2L	2.46	0.5	1.23	0.7405	0.91				
CHEDDAR CHEESE	1KG	8.40	0.1733	1.45572	0.1529	0.22				
CHEESE SLICES	250 G	1.63	0.8124	1.324212	0.0916	0.12				
POWDERED SKIM MILK	10 KG	5.19	0.102	0.52938	0.015	0.01				
WEIGHTED AVERAGE COST						1.26	17.75	22.41	13.75	17.36
EGGS, LARGE	1 DOZEN	1.69	0.0833	0.140777	1	0.14				
WEIGHTED AVERAGE COST						0.14	18.00	2.53	11.00	1.55
MEAT, POULTRY & FISH										
ROUND STEAK	1 KG	8.29	1	8.29	0.0848	0.70				
STEWING BEEF	1 KG	7.29	1	7.29	0.0196	0.14				
REG GROUND BEEF	1 KG	5.79	1	5.79	0.2206	1.28				
PORK BUTT ROAST	1 KG	5.99	1	5.99	0.0215	0.13				
CHICKEN	1 KG	3.28	1	3.28	0.3701	1.21				
SLICED COOKED MEAT	175 G	0.63	5.7143	3.600009	0.1616	0.58				
FZN. FISH FILLETS	454 G	3.34	2.2077	7.356684	0.0905	0.67				
CANNED SALMON	220 G	1.64	4.5455	7.45462	0.0161	0.12				
BEEF LIVER	1 KG	2.89	1	2.89	0.0145	0.04				
WEIGHTED AVERAGE COST						4.88	4.05	19.75	2.75	13.41
MEAT ALTERNATES										
COTTAGE CHEESE	500 C	2.65	2	5.3	0.1909	1.01				
CANNED BAKED BEANS	398 ML	0.58	2.3351	1.354358	0.3582	0.49				
PEANUT BUTTER	500 G	2.09	2	4.18	0.3377	1.41				
DRIED WHITE BEANS	1 KG	1.43	1	1.43	0.1132	0.16				
WEIGHTED AVERAGE COST						3.07	0.95	2.92	0.65	2.00
CEREAL/BAKERY PRODUCTS										
BREAD, WHITE	675 G LOAF	0.99	2.2444	2.221956	0.569	1.26				
MACARONI NOODLES	500 G	0.60	2	1.2	0.0748	0.09				
LONG GRAIN RICE	900 G	2.94	1.1111	3.266634	0.0938	0.31				
FLOUR	25 KG	1.83	3.2857	0.522831	0.1507	0.08				
CORN FLAKES	675 G	2.99	1.4815	4.429685	0.09	0.40				
ROLLED OATS	135 KG	2.05	0.7407	1.518435	0.0221	0.03				
WEIGHTED AVERAGE COST						2.17	6.90	14.98	4.50	9.77
CITRUS & TOMATOES										
ORANGES	1 KG	1.56	1	1.56	0.4044	0.63				
APPLE JUICE	136 L	0.79	0.6934	0.547786	0.2405	0.13				
FZN ORANGE JUICE	355 ML	1.03	0.6694	0.689482	0.1094	0.08				
CANNED TOMATOES	796 ML	0.99	1.2613	1.248687	0.0723	0.09				
TOMATOES	1 KG	1.19	1	1.19	0.1735	0.21				
WEIGHTED AVERAGE COST						1.13	3.60	4.09	2.55	2.89
OTHER FRUIT										
APPLES	1 KG	0.69	1	0.69	0.4622	0.32				

BANANAS	1 KG	1.96	1	1.96	0.5174	1.01				
CAN FRUIT COCKTAIL	540 ML	1.59	1.72	2.7348	0.0204	0.06				
WEIGHTED AVERAGE COST						1.39	6.25	8.68	3.95	5.49
POTATOES	10 LB	2.49	0.2203	0.548547	1	0.55				
WEIGHTED AVERAGE COST						0.55	7.45	4.09	4.60	2.52
OTHER VEGETABLES										
CABBAGE	1 KG	0.73	1	0.73	0.1099	0.08				
CARROTS	1 KG	1.27	1	1.27	0.3335	0.42				
LETTUCE	1 KG	2.13	1	2.13	0.1241	0.26				
ONIONS	1 KG	1.02	1	1.02	0.3007	0.31				
FRESH MIXED VEG	1 KG	1.08	1	1.08	0.0726	0.08				
CANNED CORN	341 ML	0.69	5.297	3.65493	0.0644	0.24				
WEIGHTED AVERAGE COST						1.39	6.30	8.75	4.45	6.18
FATS AND OILS										
MARGARINE	454 G	0.59	2.2026	1.299534	0.6832	0.89				
COOKING OIL	1 L	1.69	1.0776	1.821144	0.3168	0.58				
WEIGHTED AVERAGE COST						1.46	1.05	1.54	0.65	0.95
SUGARS AND OTHER SWEETS										
JAM	500 ML	1.39	1	1.39	0.1455	0.20				
SUGAR	2 KG	1.90	0.5	0.95	0.8555	0.81				
WEIGHTED AVERAGE COST						1.01	0.95	0.96	0.70	0.71
						WEEKLY FOOD COST		90.69		62.83
						COST OF MISC FOOD (5%)		4.53		3.14
						TOTAL WKLY FOOD COST		95.23		65.97
						TOTAL MNTHLY FOOD COST		409.48		283.67

	STORE	RETAIL	FOOD BASKET	SCALED	FOOD BASKET	COST	WKLY FOOD	WEEKLY COST	WKLY FOOD	WEEKLY COST
FOOD	AMOUNT	PRICE	SCALAR	PRICE	WEIGHT		FAMILY OF 4	PER FOOD GRP	FAMILY OF 3	PER FOOD GRP
DAIRY PRODUCTS										
2% MILK	2L	2.56	0.5	1.28	0.7405	0.95				
CHEDDAR CHEESE	1KG	11.10	0.1733	1.92363	0.1529	0.29				
CHEESE SLICES	250 G	1.79	0.8124	1.454196	0.0916	0.13				
POWDERED SKIM MILK	1.0 KG	5.60	0.102	0.5712	0.015	0.01				
WEIGHTED AVERAGE COST						1.38	17.75	24.56	13.75	19.03
EGGS, LARGE	1 DOZEN	1.73	0.0833	0.144109	1	0.14				
WEIGHTED AVERAGE COST						0.14	18.00	2.59	11.00	1.59
MEAT, POULTRY & FISH										
ROUND STEAK	1 KG	9.29	1	9.29	0.0848	0.79				
STEWING BEEF	1 KG	7.25	1	7.25	0.0196	0.14				
REG GROUND BEEF	1 KG	5.92	1	5.92	0.2206	1.31				
PORK BUTT ROAST	1 KG	6.82	1	6.82	0.0215	0.15				
CHICKEN	1 KG	4.35	1	4.35	0.3701	1.61				
SLICED COOKED MEAT	175 G	1.09	5.7143	6.228587	0.1616	1.01				
FZN. FISH FILLETS	454 G	3.39	2.2026	7.466814	0.0905	0.68				
CANNED SALMON	220 G	1.39	4.5455	6.318245	0.0161	0.10				
BEEF LIVER	1 KG	2.62	1	2.62	0.0145	0.04				
WEIGHTED AVERAGE COST						5.81	4.05	23.55	2.75	15.99
MEAT ALTERNATES										
COTTAGE CHEESE	500 G	2.52	2	5.04	0.1909	0.96				
CANNED BAKED BEANS	398 ML	0.58	2.3351	1.354358	0.3582	0.49				
PEANUT BUTTER	500 G	2.09	2	4.18	0.3377	1.41				
DRIED WHITE BEANS	1 KG	1.49	1	1.49	0.1132	0.17				
WEIGHTED AVERAGE COST						3.03	0.95	2.88	0.65	1.97
CEREAL/BAKERY PRODUCTS										
BREAD, WHITE	675 G LOAF	1.05	2.2444	2.35662	0.569	1.34				
MACARONI NOODLES	500 G	0.73	2	1.46	0.0748	0.11				
LONG GRAIN RICE	900 G	1.09	1.1111	1.211099	0.0938	0.11				
FLOUR	2.5 KG	3.28	0.2857	0.937096	0.1507	0.14				
CC'N FLAKES	675 G	1.99	1.4815	2.948185	0.09	0.27				
ROLLED OATS	1.35 KG	2.61	0.7407	1.933227	0.0221	0.04				
WEIGHTED AVERAGE COST						2.01	6.90	13.89	4.50	9.06
CITRUS & TOMATOES										
ORANGES	1 KG	2.81	1	2.81	0.4044	1.14				
APPLE JUICE	1.36 L	1.19	0.6934	0.825146	0.2405	0.20				
FZN ORANGE JUICE	355 ML	0.93	0.6694	0.622542	0.1094	0.07				
CAN'D TOMATOES	796 ML	1.29	1.2613	1.627077	0.0723	0.12				
TOMATOES	1 KG	0.82	1	0.82	0.1735	0.14				
WEIGHTED AVERAGE COST						1.66	3.60	5.99	2.55	4.24
OTHER FRUIT										
APPLES	1 KG	1.08	1	1.08	0.4622	0.50				

BANANAS	1 KG	1.43	1	1.43	0.5174	0.74				
CAN FRUIT COCKTAIL	540 ML	1.85	1.72	3.182	0.0204	0.06				
WEIGHTED AVERAGE COST						1.30	6.25	8.15	3.95	5.15
POTATOES	10 LB	2.39	0.2203	0.526517	1	0.53				
WEIGHTED AVERAGE COST						0.53	7.45	3.92	4.60	2.42
OTHER VEGETABLES										
CABBAGE	1 KG	0.55	1	0.55	0.1099	0.06				
CARROTS	1 KG	0.65	1	0.65	0.3335	0.22				
LETTUCE	1 KG	2.32	1	2.32	0.1241	0.29				
ONIONS	1 KG	0.87	1	0.87	0.3007	0.26				
FZN MIXED VEG	1 KG	1.39	1	1.39	0.0726	0.10				
CANNED CORN	341 ML	0.63	5.297	3.33711	0.0644	0.21				
WEIGHTED AVERAGE COST						1.14	6.30	7.20	4.45	5.08
FATS AND OILS										
MARGARINE	454 G	0.63	2.2026	1.387638	0.6832	0.95				
COOKING OIL	1 L	1.69	1.0776	1.821144	0.3168	0.58				
WEIGHTED AVERAGE COST						1.52	1.05	1.60	0.65	0.99
SUGARS AND OTHER SWEETS										
JAM	563 ML	1.33	1	1.33	0.1455	0.19				
SUGAR	2 KG	1.59	0.5	0.795	0.8555	0.68				
WEIGHTED AVERAGE COST						0.87	0.95	0.83	0.70	0.61
						WEEKLY FOOD COST	95.16			66.13
						COST OF MISC FOOD (5%)	4.76			3.31
						TOTAL WKLY FOOD COST	99.92			69.43
						TOTAL MNTHLY FOOD COST	429.64			298.57

	STORE	RETAIL	FOOD BASKET	SCALED	FOOD BASKET	COST	WKLY FOOD	WEEKLY COST	WKLY FOOD	WEEKLY COST
FOOD	AMOUNT	PRICE	SCALAR	PRICE	WEIGHT		FAMILY OF 4	PER FOOD GRP	FAMILY OF 3	PER FOOD GRP
DAIRY PRODUCTS										
2% MILK	2L	2.56	0.5	1.28	0.7405	0.95				
CHEESE	1KG	7.89	0.1733	1.367337	0.1529	0.21				
CHEESE SLICES	250 G	1.79	0.8124	1.454196	0.0916	0.13				
POWDERED SKIM MILK	1.0 KG	5.49	0.102	0.55998	0.015	0.01				
WEIGHTED AVERAGE COST						1.30	17.75	23.05	13.75	17.85
EGGS, LARGE	1 DOZEN	1.72	0.0833	0.143276	1	0.14				
WEIGHTED AVERAGE COST						0.14	18.00	2.58	11.00	1.58
MEAT, POULTRY & FISH										
ROUND STEAK	1 KG	7.29	1	7.29	0.0848	0.62				
STEWING BEEF	1 KG	6.59	1	6.59	0.0196	0.13				
REG GROUND BEEF	1 KG	5.86	1	5.86	0.2206	1.29				
PORK BUTT ROAST	1 KG	4.17	1	4.17	0.0215	0.09				
CHICKEN	1 KG	3.28	1	3.28	0.3701	1.21				
SLICED COOKED MEAT	175 G	1.89	5.7143	10.800027	0.1616	1.75				
FZN. FISH FILLETS	454 G	3.80	2.2026	8.36988	0.0905	0.76				
CANNED SALMON	220 G	1.23	4.5455	5.590965	0.0161	0.09				
BEEF LIVER	1 KG	2.84	1	2.84	0.0145	0.04				
WEIGHTED AVERAGE COST						5.98	4.05	24.21	2.75	16.44
MEAT ALTERNATES										
COTTAGE CHEESE	500 G	2.35	2	4.7	0.1909	0.90				
CANNED BAKED BEANS	398 ML	0.51	2.3351	1.190901	0.3582	0.43				
PEANUT BUTTER	500 G	2.09	2	4.18	0.3377	1.41				
DRIED WHITE BEANS	1 KG	1.42	1	1.42	0.1132	0.16				
WEIGHTED AVERAGE COST						2.90	0.95	2.75	0.65	1.88
CEREAL/BAKERY PRODUCTS										
BREAD, WHITE	675 G LOAF	0.99	2.2444	2.221956	0.569	1.26				
MACARONI NOODLES	500 G	0.59	2	1.18	0.0748	0.09				
LONG GRAIN RICE	900 G	1.07	1.1111	1.188877	0.0938	0.11				
FLOUR	2.5 KG	1.45	0.2857	0.414265	0.1507	0.06				
CORN FLAKES	675 G	2.09	1.4815	3.096335	0.09	0.28				
ROLLED OATS	1.35 KG	2.69	0.7407	1.992483	0.0221	0.04				
WEIGHTED AVERAGE COST						1.85	6.90	12.76	4.50	8.32
CITRUS & TOMATOES										
ORANGES	1 KG	1.88	1	1.88	0.4044	0.76				
APPLE JUICE	1.36 L	1.35	0.6934	0.93609	0.2405	0.23				
FZN ORANGE JUICE	355 ML	0.89	0.6694	0.595766	0.1094	0.07				
CANNED TOMATOES	796 ML	1.09	1.2613	1.374817	0.0723	0.10				
TOMATOES	1 KG	1.59	1	1.59	0.1735	0.28				
WEIGHTED AVERAGE COST						1.43	3.60	5.13	2.55	3.64
OTHER FRUIT										
APPLES	1 KG	1.10	1	1.1	0.4622	0.51				

THRIFTY FOOD BASKET - SOBEY'S SUBURBS - 10 OCT 91

BAN NAS	1 KG	1 43	1	1 43	0 5174	0 74				
CAN FRUIT COCKTAIL	540 ML	1 54	1 72	2 6488	0 0204	0 05				
WEIGHTED AVERAGE COST						1 30	6 25	8 14	3 95	5 14
POTATOES	10 LB	2 49	0 2203	0 548547	1	0 55				
WEIGHTED AVERAGE COST						0 55	7 45	4 09	4 60	2 52
OTHER VEGETABLES										
CABBAGE	1 KG	0 42	1	0 42	0 1099	0 05				
CARROTS	1 KG	0 65	1	0 65	0 3335	0 22				
LETTUCE	1 KG	2 32	1	2 32	0 1241	0 29				
ONIONS	1 KG	1 02	1	1 02	0 3007	0 31				
FZN MIXED VEG	1 KG	1 08	1	1 08	0 0726	0 08				
CANNED CORN	341 ML	0 65	5 297	3 44305	0 0644	0 22				
WEIGHTED AVERAGE COST						1 16	6 30	7 29	4 45	5 15
FATS AND OILS										
MARGARINE	454 G	0 59	2 2026	1 299534	0 6832	0 89				
COOKING OIL	1 L	1 89	1 0776	2 036664	0 3166	0 65				
WEIGHTED AVERAGE COST						1 53	1 05	1 61	0 65	1 00
SUGARS AND OTHER SWEETS										
JAM	500 ML	1 06	1	1 06	0 1455	0 15				
SUGAR	2 KG	1 36	0 5	0 68	0 8555	0 58				
WEIGHTED AVERAGE COST						0 74	0 95	0 70	0 70	0 52
						WEEKLY FOOD COST		92 31		64 04
						COST OF MISC FOOD (5%)		4 62		3 20
						TOTAL WKLY FOOD COST		96 92		67 24
						TOTAL MNTHL FOOD COST		416 78		289 14

APPENDIX I. LETTERS TO SOCIAL SERVICES AGENCIES.

21 March 1991

Director,
City Social Services

Dear:

We are a group of women who have been meeting since August to discuss the difficulties of feeding our families on a limited budget. During our discussions, we became interested in finding out how social services food allowances compare to the cost of a nutritious diet in the grocery stores in our neighbourhood (in which we usually shop). We enlisted the assistance of a professional dietitian to help us design a pricing survey which we carried out on February 7, 1991.

The survey included a list of standard food items necessary to provide a healthy diet for a family. This list is known as Agriculture Canada's Nutritious Food Basket. We were taught to use unit pricing and to record the cheapest price for each item on the list. The entire process was supervised and checked by the professional dietitian to ensure accuracy, and she made all of the necessary calculations.

The results of our survey were quite shocking. To feed a family of four (man 25-49, woman 25-49, boy 13-15, girl 7-9) a nutritious diet, it would cost \$518.73 per month at the IGA (inner-city). City Social Services food allowance for such a family is only \$414.00 per month. To feed a family of three (woman 25-49, girl 4-6, boy 10-12) it would cost \$357.94, while the food allowance is only \$266.00. A difference of \$100 per month on an already very tight budget is substantial, especially when our grocery money is often needed to make up for short-falls in allowances for rent or electricity bills! What was most disturbing to us however, was that when we compared the food allowances to the cost of a nutritious diet for each age and sex group, it is children who are the hardest hit. Food allowances are only sufficient to feed infants (less than 1 year) and women of all ages. Allowances for all other groups were less than adequate.

We are writing to you with several questions. First, why are food allowances not based on the actual cost of choosing a nutritious diet? Secondly, why do your allowances not account for differences in nutritional needs between some age and sex groups? For example, the Agriculture Canada food basket suggests that boys in some age categories require more than girls, yet no differences are acknowledged in food allowances. Finally, what can be done to improve this situation?

We request that you respond to our letter by April 2, 1991. We will be meeting again on April 4 to discuss your response and, if necessary, to plan our next steps. We hope you will give our findings some serious consideration. We look forward to hearing from you.

Sincerely,

Kim Travers, PDt, MA, PhD Candidate
Survey supervisor

Members of the Women's Group

cc. Mayor
Aldermen/women

25 April 1991

Director,
City Social Services

Dear :

On March 21, we sent you a letter requesting your attention to the discrepancy between social services food allowances and the actual cost of choosing a nutritious diet. We asked that you respond to our letter by April 2, but to date have received no response. We believe our findings deserve serious consideration, and are patiently awaiting a reply. We look forward to hearing from you.

Sincerely,

Kim Travers, PDt, MA, PhD Candidate
Survey supervisor

Members of the Women's Group

cc. Mayor
Aldermen/women

21 March 1991

Regional Administrator,
Family Benefits
Dept. of Community Services
P.O. Box 8715
Halifax, N.S. B3K 5M4

Dear

We are a group of women who have been meeting at the Parent Centre since August to discuss the difficulties of feeding our families on a limited budget. During our discussions, we became interested in finding out how Family Benefits food allowances compare to the cost of a nutritious diet in the grocery stores in our neighbourhood (in which we usually shop). We enlisted the assistance of a professional dietitian and a home economist to help us design a pricing survey which we carried out on February 7, 1991.

The survey included a list of standard food items necessary to provide a healthy diet for a family. This list is known as Agriculture Canada's Nutritious Food Basket. We were taught to use unit pricing and to record the cheapest price for each item on the list. The entire process was supervised and checked by the professional dietitian to ensure accuracy, and she made all of the necessary calculations.

The results of our survey were quite shocking. To feed a family of three (woman 25-49, girl 4-6, boy 10-12) a nutritious diet, it would cost \$357.94 per month at the IGA (Inner city). Family Benefits food allowance for such a family is only \$282.00 per month. A difference of \$76 per month on an already very tight budget is substantial, especially when our grocery money is often needed to make up for short-falls in allowances for rent or electricity bills! What was most disturbing to us however, was that when we compared the food allowances to the cost of a nutritious diet for each age and sex group, it is children who are the hardest hit. Food allowances are only sufficient to feed infants (less than 1 year), women of all ages, and men over age 25. Allowances for all other groups were less than adequate.

We are writing to you with several questions. First, why are food allowances not based on the actual cost of choosing a nutritious diet? Secondly, why do your allowances not account for differences in nutritional needs between some age and sex groups? For example, the Agriculture Canada food basket suggests that boys in some age categories require more than girls, yet no differences are acknowledged in food allowances. Finally, what can be done to improve this situation?

We request that you respond to our letter by April 2, 1991. We will be meeting again on April 4 to discuss your response and, if necessary, to plan our next steps. We hope you will give our findings some serious consideration. We look forward to hearing from you.

Sincerely,

Kim Travers, PDt, MA, PhD Candidate
Survey supervisor

(Centre Coordinator), BSc(HEc)
Home Economist

Members of the Women's Group

cc. Minister of Community Services

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