

THE EXPERIENCE OF FOOD BANK USAGE AMONG  
WOMEN: A PHENOMENOLOGICAL STUDY

CENTRE FOR NEWFOUNDLAND STUDIES

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The Experience of Food Bank Usage Among Women:

A Phenomenological Study

by

Catherine Hicks-Stratton

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## ABSTRACT

A phenomenological method of inquiry was used to explore the lived experience of women who use food banks to explore: What is it like for women to access food banks?, What impact does this have on their lives?, and What impact does this have on their health? van Manen's hermeneutic phenomenological approach was used for the study. Three women participated in the unstructured interviews and, throughout the interview process, were encouraged to talk about their lived experience with using the food bank. The study aims to provide a richer and deeper understanding of women's experiences with use of food banks.

Thematic statements identified from the analysis of the narratives were: no other choice, a visible reminder of poverty, a lack of anonymity, a way to feed your children, and it never gets any easier. The themes provided a greater understanding of the complex experience of using the food bank. A discussion of the findings, as it relates to previous research, is provided. Implications for nursing education, nursing practice, nursing research, and public policy are presented as well as limitations of the study. Health care providers need to reevaluate current approaches to assist women who use food banks as well as develop knowledge and strategies to address the needs of the women.

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## CHAPTER 1

### INTRODUCTION

The institutionalization of food banks suggests that food security is a growing problem that some Canadians face every day (Agriculture and Agri-Food Canada, 1998; Health Canada, 1996; Tarasuk & Davis, 1996; Wilson, 1999). Within families, women use food banks as both a resource and a coping strategy in dealing with the problem of food security (Hamelin, Habicht, & Beaudry, 1999; Radimer, Olson, Greene, Campbell, & Habicht, 1992; Tarasuk & Beaton, 1999a). Research into the use of food banks by women is demonstrating that women will compromise their own nutritional intake to provide food for their families (Campbell & Desjardins, 1989; National Council of Welfare, 1990; Tarasuk & Maclean, 1990a). However, how are other aspects of women's lives affected by the use of food banks? Women's health, especially mental health, may be greatly affected.

There is a need to understand the impact that accessing food banks has on the health of women. To understand women's health in its fuller context is to address the social, economic, and political realities of their lives and how these realities are played out in the everyday life of women. This fuller context of understanding women's health is congruent with a determinants of health approach (National Forum on Health, 1997). There has been little research that reflects the diversity and relevance of women's life experiences in accessing food banks (Frongillo, 1999). This study explored food bank use by women. A phenomenological approach was used to provide a richer and deeper understanding of how this particular group experienced the use of food banks to meet the

needs of their family and how this may have affected their health.

### Background

The collapse of Canada's social safety net has created growing socio-economic inequities among Canadians as evidenced by the increased polarization of low-middle income families to low income earners (Canadian Public Health Association, 1997; Davis & Tarasuk 1994; Health Canada, 1999). The resulting negative economic environment, particularly in some provinces, is creating a "downward drag" on economic security and the standard of living for individuals and families. This economic environment has caused some families' financial situation to change to low income status. A low income family is defined as someone whose household income falls below Statistics Canada's measurement of low-income cutoffs (Statistics Canada, 2002). This measurement reflects an income level at which a household is likely to spend a significant portion of its income on food, clothing, and shelter. It is important to note that low-income cutoffs do not take into consideration other essentials such as the cost of transportation, personal care items, and health care. When a household is considered low income it means that their annual income is less than or equal to the low-income cutoff for that particular province's region. Households in this category could be on social assistance or among the working poor. In 2001, the low income rate in the region of Newfoundland and Labrador, where this study was conducted, was 20.4% (Statistics Canada, 2004a). The low income rate of Newfoundland and Labrador households is 16.3% while it is 12.8% for the country. Newfoundland and Labrador's welfare rate is the second highest in Canada despite basic welfare rates having steadily declined since 1992. According to Statistics Canada

(2004b), the unemployment rate in the region of Newfoundland and Labrador, where this study was conducted, is 19.1%, while it is 16.7% for the province and 7.6% for the country. Newfoundland and Labrador also has the highest unemployment rate in the country. Furthermore, the child poverty rate for Newfoundland and Labrador is 25.7%, the highest rate in Canada, and this reflects parental economic conditions (National Council of Welfare, Summer, 2002).

The growing inequality of wealth distribution and the declining value of wages and welfare benefits affects the personal purchasing power of households. Individuals and families do not have enough money to pay rent, pay heating bills or transportation costs, or to purchase clothing and other essentials to take care of themselves. Since the consequences of not paying rent are more immediate, the food budget invariably suffers and women have to bear the burden of feeding their families (Government of Newfoundland and Labrador, 1994; Riches, 1997; Travers, 1996). This reality has long term implications for all family members as adequate nutrition contributes to a healthier, more productive population, lower health care and social costs, and better quality of life (Health Canada, 1996).

In Canada, food insecurity is emerging as an important health and social issue (Che & Chen, 2001). Hence, it is important to define the concept of health and women's health. The concept of health is highly individualized and difficult to define. The *Ottawa Charter for Health Promotion* (World Health Organization, 1986) described health as “a resource for everyday life, not the objective of living” (p. 1). It is represented as a positive concept emphasizing social and personal resources, as well as, physical capabilities.

Women's health involves the physical, social, spiritual, emotional, and cultural well-being, and is determined by the economic, political, and social context of women's lives as well as their biology and genetic endowment (Phillips, 1995). There are many factors that determine health and women's health; these factors are commonly referred to as the determinants of health (Health Canada, 1999). The determinants of health refer to those basic factors and influences that shape or determine the health of people. Some of the key determinants of health that may have implications for food bank access include:

(1) income, equitable income distribution and social status, (2) social support networks, (3) social environments, (4) employment and working conditions, (5) personal health practices and coping skills, and (6) gender. The determinants of health are embedded in social, economic, and political structures. Food security is critical to these determinants of health.

Food insecurity, an important health issue, is gaining attention (Rainville & Brink, 2001). The terms food insecurity and food security are used in many contexts, therefore, it is important to define these terms. Food security is defined as the certainty of access, by all people at all times, to nutritionally adequate and safe foods in socially acceptable ways (Agriculture and Agri-Food Canada, 1998; Badun, Evers, & Hooper, 1995; Campbell, 1991). The literature related to food security also speaks about this construct as food insecurity (Hamelin et al., 1999; Tarasuk & Beaton, 1999a). Food insecurity implies the limited or uncertain availability of nutritionally adequate, safe foods or the inability to acquire personally acceptable foods in socially acceptable ways (Anderson, 1990). Food insecurity moves beyond the issue of physical sensations associated with hunger to the

social situation and the psychological distress of individuals who do not have a reliable and secure food source for themselves and their children (Poppendieck, 1998).

Canada's response to this emerging health and social issue, according to the World Food Summit in 1996, was a commitment to reduce by half the number of undernourished people by the year 2015 (Agriculture and Agri-Food Canada, 1998). Health Canada (1996), in its document *Nutrition for Health: An Agenda for Action*, provided a model for addressing food security issues in communities at a multi-sectoral level and to develop a national plan of action for nutrition. *Canada's Action Plan for Food Security*, as developed by Agriculture and Agri-Food Canada, illustrated plans and actions to improve food security world wide. A Food Security Bureau was established in 1999 (Agriculture and Agri-Food Canada, n.d., Mandate and Organization). One of that Bureau's mandates was to assess the progress of the implementation of Canada's Action Plan and to report every two years on the progress achieved, both domestically and internationally. Even with these initiatives there is no evidence of a political commitment to establish the right to food security (Riches, 1997).

Food banks have emerged in communities in response to the lack of food security in families, households, and among particular groups of people, such as students. Such food banks, originally seen as a temporary system of food relief, are now institutionalized and provide charitable food support to growing numbers of Canadians (Health Canada, 1996; Radimer et al., 1992; Riches, 1997; Tarasuk & Maclean 1990b, Wilson, 1999). The growing numbers of Canadians using these food banks is indirect evidence that food insecurity exists in Canada and that chronically compromised food consumption is a



serious public health concern warranting attention.

The region of Newfoundland and Labrador where this study was conducted is considered economically depressed. One indicator of the economic disparity is the presence of five food banks that are all part of a single food bank network. This network is computerized so that when people request food, the computerized system is checked to see when they last received food. Individuals are provided with a three-day supply of food and are permitted to access the food bank once every eight weeks ("Food Bank," 1999). This particular pattern of food distribution is similar to how food banks operate in other parts of Canada.

In 1999 alone, 180 hampers per month were distributed throughout the region where this study was conducted. This reflects an increase in 14 new families per month when compared to the previous year. Food banks in this region of Newfoundland and Labrador are having difficulty providing adequate food to families. Despite the increased presence and use of food banks, the food bank system has been criticized as providing a limited supply of good nutritious food to individuals and families (Jacobs Starkey, 1994; Teron & Tarasuk, 1999). Hence, while food banks may help to sustain basic life, they do little to promote health and provide adequate nutrition (Tarasuk & Maclean, 1990b).

Women are the gatekeepers to their families' health (Government of Newfoundland and Labrador, 1994; National Forum on Health, 1997). While a variety of factors such as culture, education, and family preferences influence food consumption, in order to produce nutritious meals for their families, women need to have the economic resources to buy good quality food. However, when economic resources available to

women are inadequate to meet their needs, they experience food insecurity (Badun et al., 1995; Che & Chen, 2001; Jacobs Starkey, Kuhnlein, & Gray-Donald, 1998; McIntyre, Connor, & Warren, 2000; Tarasuk & Beaton, 1999a). Women's inability to purchase affordable nutritious food causes intermittent dependency on food banks which is often used as a last resort to cope with food insecurity within their families (Hamelin et al., 1999; Tarasuk & Beaton). Procurement of food in this way is considered by women as socially unacceptable (Hamelin et al.; Hamelin, Beaudry, & Habicht, 2002; Tarasuk & Beaton; Travers, 1996; Radimer et al., 1992). Because asking for food charity is a degrading, humiliating, and stigmatizing phenomenon, the experience of accessing food banks must be understood as a social issue that has an impact on health (Riches, 1997; Tarasuk & Davis, 1996; Tarasuk & MacLean, 1990a).

In conclusion, the use of food banks is a problem of significant concern. The use of food banks is increasing among many segments of the population. Women, who take the primary responsibility for the health of their families, use food banks as a strategy to cope with food insecurity.

#### Rationale

While I was working as an advanced practice nurse with low income women, accessing food banks was a concern that these women identified. I observed the difficulty the women experienced in using the food bank, the complexity of their needs, as well as, the isolating experience that was engendered through its use. How difficult must it really be to seek assistance from food banks? How can nurses help these families? These questions kept motivating me to learn more about this experience. Furthermore, this

understanding led to the recognition of social action as a nursing role when working with this population. Nurses have the opportunity to work with women who use food banks and are committed to promoting the health of these women and their families (Reutter, Neufeld, & Harrison, 2000). Addressing the issues that affect the context of women's lives has the potential to influence health policies and developing perspectives on women's health.

It is relevant to examine the experiences of women who access food banks as these initiatives are intended to alleviate the food and nutrition problems of the poor. While food banks are here to stay, there is little research on how the use of food banks impacts the health of women who access them. A qualitative, phenomenological examination of the experience would provide rich detail for understanding the perspective of women in accessing food banks.

#### Purpose

The overall purpose in this study is to gain an understanding of the nature or meaning of accessing food banks on the health of women through phenomenological inquiry. This study also has the potential to contribute to the body of knowledge in health promotion in a meaningful way by increasing our understanding of how accessing food banks impacts women's lives. It is also anticipated that the results of this study will yield a good understanding of this phenomenon that will help practicing nurses and other health care providers deliver timely and appropriate interventions to enhance the health of women. An understanding of the social reality in women's lives is essential for the development of interventions that are responsive to the complexities of the health needs

in women's lives.

### Research Questions

This study will attempt to answer the following research questions: What is it like for women to access food banks to feed their children?, What impact does this have on their lives?, and What impact does this have on their health?

## **CHAPTER 2**

### **LITERATURE REVIEW**

Food bank usage, a complex phenomenon, occurs in food insecure households. There has been a lack of information about food insecurity and only recently have estimates of its prevalence been completed; the experience of food bank usage has received even less attention. Studies that have been completed on food bank usage have been done within the context of food insecurity and this does not fully describe the experience (Jacobs Starkey et al., 1998; Jacobs Starkey, Gray-Donald, & Kuhnlein, 1999; Tarasuk & Beaton, 1999a). Research reveals that household food insecurity is more likely to be reported by women (Radimer, Olson, & Campbell, 1990; Radimer et al., 1992), hence, research related to food bank usage among women is necessary to more fully understand this phenomenon.

MEDLINE and CINAHL database searches were completed to fulfil this literature review. Research articles that addressed food insecurity and food bank usage, and in particular by women, were analyzed. Studies that employed qualitative and quantitative research designs were included in the literature review, with an emphasis on those published in peer-reviewed journals. Only English-language publications were selected. Through a review of the literature, it was found that there is little research that focuses on the experience of food bank usage among women.

The purpose of this literature review is to first discuss food bank development in Canada. Second, the literature review will examine the experience of food insecurity as understood through the use of a conceptual framework that was developed from research

conducted by Radmier et al. (1990) and Radimer et al. (1992) and will include some of the consequences of food insecurity. Finally, the literature review will focus on research that addresses food bank usage among women. Food bank development will be discussed first since food banks are a community response to food insecurity and have become a permanent feature in society.

### Food Bank Development

During the 1980's and 90's there was growing public recognition of the increasing number, and, hence the escalating problem, of people seeking assistance from charitable food banks; those seeking the assistance of food banks were experiencing food insecurity. This problem of increased food bank usage was initially regarded as short-term and linked to the economic recession of the early 1980's. As the economy improved, however, the demand for charitable food banks continued to increase. The sustained demand for food bank assistance has been linked to high levels of poverty, underemployment, unemployment, and the erosion of social assistance programs for the poor and the unemployed (Davis & Tarasuk, 1994; Orchard, Penfold, & Sage, 2003; Riches, 1986; Tarasuk & Davis, 1996; Wilson, 1999; Wilson & Tsoa, 2002). Today there is a growing awareness that increased numbers of people are seeking the service of food banks and the number of food banks is continually increasing across the country; this suggests that food insecurity is a problem that not only exists, but persists (Che & Chen, 2001). Food insecurity has emerged as a significant social problem and a serious public health concern (Tarasuk, 2001a).

Food banks can erroneously placate community attitudes toward believing that the

problem of food insecurity is being addressed. Nonetheless, many food banks have problems providing sufficient nutritionally-sound foods or an acceptable amount of groceries (Jacobs Starkey, 1994; Lenhart & Read, 1989). This is further compounded by the institutionalization of food banks, reflecting government's lack of commitment to find more sustainable solutions to the food insecurity problem. This lack of government commitment results in the assumption within the community that such social problems are caused by the inadequacies of individuals. Victim-blaming has always been a hazard when the primary emphasis is on changing individuals or their behavior without consideration for the context in which they live (Burman, 1996; Travers, 1996).

In Canada, the reliance on food banks has increased by 5.5% since 2002 and by 105.8% since 1989 (Orchard et al., 2003). It has also been reported that there was a 9.01% increase since 1998. Not all food banks in Canada belong to the Canadian Association of Food Banks, therefore, the significance of the problem is most likely greater than that identified. According to the 1998-1999 National Population Health Survey (Rainville & Brink, 2001), about one-fifth of individuals in food-insecure households received help from emergency food sources such as food banks. In March 2003, Newfoundland and Labrador had the highest rate of food bank usage in Canada at 6.1% (relative to the percentage of the provincial population) as compared with a national average of 2.59% highlighting the seriousness of food insecurity in Newfoundland and Labrador (Orchard et al.). The collapse of the cod fishery, changes to the employment insurance program, and seasonal employment have contributed to this phenomena (Wilson & Tsoa, 2002). Tarasuk and Davis (1996) suggest that the proliferation of food

banks is the most visible evidence of persistently high levels of poverty. According to Orchard et al., 53.1% of food banks were at risk of being unable to meet the needs in their communities and had to take extra measures, such as food drives, to remain open. Even with additional measures taken to meet their demands, 40.2% of food banks reported that there were still difficulties with keeping their shelves stocked with food.

### The Experience of Food Insecurity

The prevalence of food insecurity in Canada has been difficult to ascertain due to a lack of national data. Studies that have been conducted are based on relatively small samples (Antoniades & Tarasuk, 1998; Hamelin et al., 1999; Tarasuk & Beaton, 1999b) and omit some “at risk” groups. These studies have not adequately described food insecurity in Canada. The proportion of the Canadian population experiencing food insecurity was studied in the most recent 1998-1999 National Population Health Survey (Rainville & Brink, 2001). This survey estimated that approximately 10% of the Canadian population and 13% of children had lived in a household that had experienced food insecurity within the previous 12 months. This is an underestimation of the problem of food insecurity as two at risk populations, homeless men and women and First Nation people living on reserves, are not included in the survey. According to the survey Newfoundland and Labrador had the largest proportion (14.7%) of food insecure households in Canada, implying that food insecurity may be strongly associated with low-income. Other factors that increased the likelihood of food insecurity were households wherein physical activity was restricted; this included households with members of the elderly, disabled, those with mental illness, and those lacking transportation. Being a



member of a young family with children (especially single-parent women) also increased the likelihood of food insecurity. Many households were the “working poor” and most likely not eligible for income support. Procuring food was problematic at the end of each month and coping strategies, such as skipping meals or eating less, receiving food from charity, selling possessions to buy food, and delaying the paying of bills, increased with the severity of food insecurity. Individuals in households with food insecurity tended to make their money go further rather than using charitable food banks. Food insecurity was also studied among low-income mothers and their children in Atlantic Canada, revealing that food insecurity was experienced in 96.5% of these households over a one year period (McIntyre et al., 2002).

#### *Conceptual Framework for Food Insecurity*

To establish an understanding of the experience of food insecurity, Radimer et al. (1990; 1992) developed a conceptual framework. The conceptual framework was created through the use of qualitative data by studying low-income women’s perspectives of food problems and hunger. This research was instrumental in developing a socially acceptable definition for the term hunger. The sample was composed of women (n = 32) with children because their poverty level relative to the general population was high. High poverty rate was a correlate of hunger.

The results of the research consisted of the conceptualization of hunger at two levels: individual and household (Radimer et al., 1992). Quantitative, qualitative, psychological, and social dimensions of hunger were identified. At the individual level, the quantitative component was characterized by insufficient intake, the qualitative

component was characterized by nutritional inadequacy, the psychological component was characterized by lack of choice and feelings of deprivation, and the social component was characterized by not meeting the social norm of three meals a day. At the household level, the quantitative component was characterized by food depletion, the qualitative component was characterized by unsuitable food, the psychological component was characterized by food anxiety, and the social component was characterized by food acquisition in socially unacceptable ways, such as food banks. The definition of hunger was operationalized to be “the inability to acquire or consume an adequate quality or sufficient quantity of food in socially acceptable ways, or the uncertainty that one will be able to do so” (p. 39S). This study demonstrated that the characteristics of hunger are essential aspects of food insecurity (Campbell, 1991). From this conceptualization, researchers began to look beyond the concept of hunger to a broader concept, identified as food insecurity.

The quantity of food at the individual and household levels was central to the concept of food insecurity (Radimer et al., 1992). At the individual level, food quantity was experienced in terms of insufficient food intake. At the household level, food quantity was experienced in terms of insufficient or depleted food supply. At the individual level it included “going without food” (p. 38S) accompanied by the physical sensation of hunger. At the household level, the quantitative dimension of food insecurity was expressed through worries about running out of food and not having enough food to make a meal.

Food quality, at the individual and household levels, was included in the concept

of food insecurity. Food quality issues, at the individual level, were represented by the perception that food intake was nutritionally inadequate (Radimer et al., 1992). At the household level, food quality concerns were related to the use of food that was considered unsuitable or of lower quality. The consumption of unsafe foods, lack of fresh foods, and the very limited selection of foods are all issues related to food quality (Hamelin et al., 2002).

The severity of compromise, in relation to the quantity and quality of food, is defined in terms of the extent and duration of the deprivation. There are three negative food states experienced by individuals who are food insecure and these are described in terms of the extent and duration of the deprivation that is experienced. The least severe deprivation, food anxiety, relates to the experience of “anxiety arising from limited or uncertain ability to obtain and consume sufficient quantity of nutritionally adequate food through normal food channels” (Rainville & Brink, 2001, p. 7). This negative food state is labeled food anxiety and is the least severe form of deprivation (Radimer et al., 1992). Moderately severe deprivation occurs when food insecure households begin to reduce their intake or reduce the quality of their diet. Their food is nutritionally inadequate because of inadequate income to make good food choices. Severe deprivation, also called food poverty, involves the inability to obtain nutritious food to consume in sufficient quantity. Individuals who experience food poverty may also experience food anxiety. It is possible for individuals or households to move from one state to another and begin to use coping strategies, such as going to the food bank, because of the fear of not having enough food to feed themselves or their family.

Food insecurity, as it is experienced in women, is a “managed process” with a general sequencing of events as the problem worsens (Radimer et al., 1992). It is first necessary to clarify the general sequencing of events. This sequencing commences at the individual level where intake quality is affected before intake quantity. As intake quality and quantity deprivation continues, these individual experiences become embedded within the household experiences. This is followed at the household level when the household experiences household hunger, particularly food anxiety which includes worrying about the shortage of food and money. As the month progresses, some households experience moderate levels of deprivation. If food and money run out at the end of the month, due to the monthly income being insufficient to meet expenditures, severe deprivation results until the cycle begins again, usually at the beginning of the next month. Therefore, food insecurity is a temporary sequence of events and experiences (Tarasuk, 2001b).

As a “managed process,” women and children experience various components of food insecurity at different times and to different levels of severity (Radimer et al., 1992). At first, the quality and quantity of women’s food intake are modified when household food insecurity exists. This is followed by modification to the quality and quantity of food intake by other adults in the household. Finally, the quality and quantity of children’s intake is affected, however, interruptions to children’s eating patterns are rare.

#### *Consequences of Food Insecurity*

Food insecurity, whether at the household or individual level, has negative consequences for health and well-being. The following is a review of the literature related

to the consequences of food insecurity. The consequences of food insecurity will be discussed as it relates to nutritional implications, physical health implications, psychological implications, and social implications.

*Nutritional implications.*

There have been studies that have determined the relationship between the measure of food insecurity and dietary intake. Studies have documented significantly lower intake levels of nutrients among individuals in households experiencing food insecurity than those in food secure households (Cristofar & Basiotis, 1992; Kendall, Olson, & Frongillo, 1996; Rose, 1999; Rose & Oliveira, 1997). The dietary intake of women varied systematically with the severity of household food insecurity (Tarasuk & Beaton, 1999b).

Inequities of food distribution within the households increased in the context of food insecurity. Impoverished women reported that they had lower dietary intake during periods of severe food shortages so that their children would have a higher nutritional intake than themselves (Ahluwalia, Dodds, & Baligh, 1998; Campbell & Desjardins, 1989; Cristofar & Basiotis, 1992; Fitchen, 1988; Hamelin et al., 1999; Hamelin et al., 2002; Lee, 2000; Tarasuk & Maclean, 1990a). Significantly lower intake of energy (kilocalories) were reported among women in households experiencing food insecurity; as well, lower intake of calcium, magnesium, phosphorus, protein, and thiamine were also reported (Rose & Oliveira, 1997; Rose, 1999). These findings suggest that women's nutritional intake is significantly less when a decline in household food security exists.

*Physical health implications.*

Household food insecurity and poverty coexist and research related to the implications of food insecurity for health is in its early stages (Tarasuk, 2001b). The infancy of this research makes it difficult to identify health consequences, other than dietary inadequacies, that are specific to food insecurity.

Qualitative studies have suggested that there are health problems associated with food insecurity (Hamelin et al., 1999; Hamelin et al., 2002; Hargrove, DeWolfe, & Thompson, 1994). Physical consequences including hunger, fatigue, and/or illness and an increased need for health care have been expressed. Health problems associated with food insecurity and indicators of poor health have been reported in quantitative studies. In the 1994 National Longitudinal Survey of Children and Youth, families reported that the health of children who experienced hunger was worse than the health of children who did not experience hunger and that they were more likely to report at least one chronic health condition (McIntyre et al., 2000). Women with children, experiencing household food insufficiency and severe household food insecurity, have poor self-rated health. In the 1998-1999 National Population Health Survey, 11.2% of food insecure respondents reported a chronic medical condition (Rainville & Brink, 2001). In contrast, 9.0% of food insecure respondents had no chronic medical condition. Food insufficiency was associated with poor or fair self-health rating and physical limitations in women receiving welfare (Siefert, Heflin, Corcoran, & Williams, 2001). Although the findings from the above studies and survey preclude a causal inference, they add to the growing body of evidence that food insufficiency is associated with serious adverse health consequences.

*Psychological implications.*

At the individual level, food insecurity has psychological implications and it is linked to a lack of choice or feelings of deprivation (Radimer et al., 1992). These findings have also been reported in qualitative studies of individual experiences of food insecurity (Hamelin et al., 1999; Hamelin et al., 2002; Tarasuk & Maclean, 1990a). There is a profound awareness of the compromise that individuals make with their food intake when they lack financial resources. The preoccupation with food that results from experiences of deprivation has also been reported (Fitchen, 1988).

Household food insecurity is associated with food anxiety which is an uncertainty or insecurity about an adequate and sustainable food supply (Radimer et al., 1992). A preoccupation with access to enough food among food insecure households is an important aspect of food anxiety (Fitchen, 1988; Hamelin et al., 1999; Hamelin et al., 2002; Tarasuk & Maclean, 1990a). Current studies by Hamelin et al. provide a further understanding of the psychological stress associated with household food insecurity. Some examples of the psychological stress that is experienced include loss of interest in preparing meals and fear of losing custody of children because of the inability to feed them properly.

Distress and depression are reported in the National Population Health Survey (Rainville & Brink, 2001). Food insufficiency was associated with a major depression in women receiving welfare (Siefert et al., 2001). Although the findings from the study preclude a cause-effect relationship, there is a growing body of research showing that food insufficiency is associated with serious adverse mental health consequences.

*Social implications.*

Food insecurity has social implications and overlaps with the psychological implications of food insecurity. The manner in which food is procured and consumed in food insecure families symbolizes deviations from cultural and societal norms (Campbell, 1991; Radimer et al., 1992). At the individual level, it means disruption in the usual pattern of eating, such as having three meals a day. At the household level, it includes disruptions in the families' eating patterns and the inability to participate in family rituals such as inviting a friend for a meal (Fitchen, 1988; Hamelin et al., 1999; Hamelin et al., 2002). The role of societal class divisions is particularly evident when women try to procure food for their families (Travers, 1996). Buying groceries is complicated by issues such as a lack of transportation and insufficient funds.

Social exclusion is a further social implication of food insecurity (Hamelin et al., 2002). Low income women are extremely cognizant of the extent to which their families food consumption deviates from social norms as they try to feed their family on a limited budget, hence, experiencing feelings of social exclusion (Fitchen, 1988; Hamelin et al., 1999; Tarasuk & Maclean, 1990a). Women who feel socially excluded frequently blame their difficulties with making ends meet on a personal weakness of not being able to stretch their budget (Jacob Starkey et al., 1998; Travers, 1996).

Another element of social exclusion in relation to household food insecurity relates to the concept of alienation or a condition of frustration resulting from being deprived of access to food (Hamelin et al., 2002). Women experiencing alienation described profound feelings of powerlessness, guilt, and shame, and spoke of the need to



hide their lack of control over their food situation. These women did not foresee improvement in the future and felt that they did not have a useful place in society. A lack of hope can further contribute to poor outcomes for the women.

A social dimension of food insecurity at the household level is acquiring food in ways that are not in keeping with social norms. Individuals who endure food insecurity cope with it in socially undesirable and personally unacceptable ways such as through the use of the food banks. Food banks have become a community service that were instituted and used out of necessity as a means of providing food to individuals and households that experience food insecurity (Hamelin et al., 1999; Hamelin et al., 2002; Tarasuk & Beaton, 1999a; Travers, 1996).

### The Experience of Women and Food Banks

There is a paucity of research on women's experiences with food banks, however, some food insecurity literature does address their experiences. This section will review studies that deal specifically with women's food bank experiences. As well, this section will review studies that deal with food bank experiences from the food insecurity literature. Within the food insecurity literature, the descriptions of being food insecure are similar to the descriptions of using food banks. This emphasizes the dynamic and fluid nature of the experience of being food insecure and having to use the food bank.

Earlier studies of food insecurity, as previously discussed, alluded to the consequences of food insecurity for women (Campbell, 1991; Radimer et al, 1990; Radimer et al., 1992). To deal with food insecurity at the household level, women sought help from the food bank. Women reported shame, humiliation, and degradation in

association with using the food banks to procure food for their families (Hamelin et al., 1999; Hamelin et al., 2002; Tarasuk & Beaton, 1999a; Travers, 1996). It is important to note that the use of food banks does not mean that households are effectively coping and alleviating their situation of food insecurity, rather, it means that in dealing with household food insecurity, women accessed the food bank as a last resort (Tarasuk & Maclean, 1990a). The social cost of food insecurity is the indignity related to the experience of being food insecure.

In more recent years, there have been a few studies that described the experience of women and food banks and these studies have qualitative and quantitative components (Jacobs Starkey et al., 1998; Jacobs Starkey et al., 1999; Tarasuk & Beaton, 1999a). The quantitative component provided a profile of sociodemographic and nutrition factors. The qualitative component included interviews that consisted of a 24 hour dietary intake recall to establish food insecurity and perceptions of food insecurity. The studies showed that some of those who were food insecure used the assistance of food banks, however, the studies did not contain a detailed description of the experience of the use of food banks. The following discussion examines the sociodemographic factors, reasons for using food banks, the rate of food bank usage, the nutritional/health profile of women who use food banks, and the impact of the use of food banks as it relates to women.

### *Sociodemographic Factors*

Understanding the sociodemographic factors that are associated with women who use the food banks in Canada is important. The first attempt to document these factors reported that the greater proportion of women who used the food bank were single and

relatively young, between the ages 18 and 49 (Jacobs Starkey et al., 1998). The majority of these women had one to three children in the household; a greater proportion of women had not completed high school.

The nutrient intake of women is related to their level of education (Jacobs Starkey et al., 1999). Higher education was positively associated with folate, vitamin A, and vitamin C intake. This finding was similar to an earlier study which also demonstrated a correlation between level of education and the quality of diet in women (Schafer, Reger, Gillespie, & Roderuck, 1980). Are women, who are already compromised because of their level of education, also compromised nutritionally through food bank use? This will be addressed later in the section related to nutrition and health profile of women who use the food bank. The primary source of income for households that use the food bank is derived from social assistance (Jacobs Starkey et al., 1998; Jacobs Starkey et al., 1999; Tarasuk & Beaton, 1999a). For those women who were employed, their income was significantly low. Many women reported higher total household incomes than men reported, however, these women lived in households with more people, hence, the monthly income per person was lower. All food bank use reported in these studies occurred in the context of food insecurity. There were no associations observed between the severity of food insecurity and the socio-demographic variables included in the study except a weak association between the number of children in the household and household food insecurity.

#### *Reasons for Using Food Banks*

Food insecurity is used as an explanatory factor for why women use the food

bank. It is important to understand the reasons that cause women to use food banks in order to design appropriate interventions to address the needs of these women. Women reported that they use food banks as a necessary strategy to procure food for their families (Jacob Starkey et al., 1998; Tarasuk & Beaton, 1999a). All households classified with moderate to severe levels of food insecurity had received food from the food bank within the previous month. Using the food bank was the final option in coping with household food insecurity (Tarasuk & Maclean, 1990a).

The main reason reported by women who for using food banks was that there is not enough or no food at home. There was difficulty in stretching the food budget and families ran out of money for food (Jacob Starkey et al., 1998). Furthermore, 29% reported that they did not have sufficient food on hand for one more day when they went to the food bank for assistance, while 71% reported that they had only enough food for one more day. Almost half of the women who used the food bank reported no money to buy food (Tarasuk & Beaton, 1999a). These data suggest that food bank usage is a sensitive indicator of food insecurity at the household level. However, not all households that experience food insecurity use the food bank. In a study of 52 economically disadvantaged households in southern Ontario, 75% reported some indication of food insecurity while only 21% had used the food bank within the past three months (Badun et al., 1995). This research demonstrates that food banks are only dealing with a smaller percentage of the households that are food insecure.

Other reasons for use of the food bank included unexpected expenses that created a shortfall on the monthly budget (Jacob Starkey et al., 1998). The greatest barrier to

procuring food for their families was not having enough money after paying other bills. A study by Tarasuk and Beaton (1999a) reported that circumstances for women's first visit to the food bank included additional expenses associated with a new baby or pregnancy, Christmas, or a job loss.

### *Rate of Food Bank Usage*

The rate of food bank usage among women has been approached from the perspective of food insecurity. A study in Montreal found that a majority of women, approximately 60%, used the food bank once a month while others used it every week or biweekly (Jacobs Starkey et al., 1998). A study conducted in Metropolitan Toronto found that the average number of times that women reported accessing the food bank was one to two days per month (Tarasuk & Beaton, 1999a). The rate of food bank utilization was not significantly correlated with household food insecurity status. However, the number of times that a household accessed the food bank was positively associated with expressed apprehension about food insufficiency among children. The longer the women sought assistance from food banks the more severe the experience of household food insecurity over the previous 12 months and the more frequently they sought assistance during the time period. The 1998-1999 National Population Health Survey reported that 22%, including women and men, of food insecure households received food from food banks and it was frequently used as a coping strategy at the end of the month (Rainville & Brink, 2001). A problem with studying food bank usage is that it is difficult to access some of the vulnerable groups who are more likely to use food banks. Thus, there is always the issue of underrepresentation when trying to determine the extent of the

problem.

*Nutritional/Health Profile of Women Who Use Food Banks*

The nutrition and health profile of women who use food banks requires attention. There is evidence that those who use the food bank are food insecure, however, research on food insecurity and its impact on health is in its infancy (Jacobs Starkey et al., 1998; Tarasuk, 2001b). Much of the research related to food insecurity has been conducted on low income women who access food banks (Ahluwalia et al., 1998; Campbell, 1991; Campbell & Desjardins, 1989; Cristofar & Basiotis, 1992; Hamelin et al., 1999; Hamelin et al., 2002; Hargrove et al., 1994; Kendall et al., 1996; Olson, 1999; Radimer et al., 1990; Radimer et al., 1992; Rose & Oliveira, 1997; Tarasuk, 2001c; Tarasuk & Beaton, 1999b; Tarasuk & Maclean, 1990a; Travers, 1996). Nutritional status is one indicator of health and wellness; increased health risk among low income people is well documented (Margetts & Jackson, 1993; Millar & Wigle, 1986; Najman, 1993; Shah, Kahan, & Krauser, 1987; Wilkinson, 1992). The data available on the nutritional profile and health of women who use food banks is very limited (Jacobs Starkey et al., 1998; Jacobs Starkey et al., 1999).

Despite the significance of reduced nutrient intake that is experienced through food insecurity, there is limited understanding of nutrient intake among food bank users (Jacobs Starkey et al., 1995; Kendall et al., 1996; Radimer et al., 1990). It is understood, however, that nutrient intake of women is related to the amount of reliance on food from the food bank and size of the household (Jacobs Starkey et al., 1999). Over four consecutive weeks, the researchers from this latter study investigated the nutrient intake

of food bank users and found that the level of nutrition was similar to other adult populations. While it was particularly difficult to maintain adequate nutrition because of low income, it is possible that food bank users obtained food from the food bank before they ran out, thus maintaining a more stable food intake. However, food banks have low quality food (Emmons, 1986; Jacobs Starkey et al., 1998), have variable food supply (Jacobs Starkey, 1994; Teron & Tarasuk, 1999), and are a poor source of nutrition for families because they are often inaccessible (Tarasuk & Beaton, 1999a; Teron & Tarasuk). The mean energy intake, as an indicator of food quantity, was higher for men than for women, however, this reflected the biological variation of energy requirements for the participants (Tarasuk & Beaton, 1999b; Teron & Tarasuk). Those who relied on the food bank had lower intakes of zinc, magnesium, calcium, vitamin C, protein, and folate. As the number of household occupants increased, the lower the intake of thiamine, iron, vitamin C, and folate per individual within the household. These findings suggest that food bank users are exposed to a limited amount of meat, fresh vegetables, and fruit. Primarily, the median intake of calcium, vitamin A, and zinc were below the recommended levels for nutrient intake. Calcium, folate, and zinc intake was reported to be below the recommended levels in a small group of Canadian low income families (Badun et al., 1995).

Body mass index is an important indicator for the maintenance of health. The body mass index of women who used food banks was described in the study by Jacobs Starkey et al. (1998). The mean body mass index for women in that study was 28 and exceeded the upper limit of the healthy recommended range, while the median body mass

index for women between ages 18 to 49 was 24 and within the recommended healthy range. The mean body mass index of women from food insecure families in Ontario was 27 and obesity was prevalent (Badun et al., 1995). The body mass index of women in the study by Jacobs Starkey et al. was calculated from self-reported height and weight, therefore, there is the possibility of under reporting. This is a serious bias when the prevalence of obesity is so high (Tarasuk & Beaton, 1999b).

Self-reports of health status are used in studies to understand the health profiles of those who use the food bank. Although in the study of individuals using food banks by Jacobs Starkey et al. (1998) most reported good health, a number reported conditions such as high blood pressure, diabetes, cancer and psychological problems. Self-reported health status is lower among low income individuals (Brown, 1987; McIntyre et al., 2000; Rainville & Brink, 2001). Self-reported health status helps to understand how people see their health, however, these self-reports may not be sensitive enough indicators of the effects of food bank usage on health.

#### *Impact of Use of Food Banks*

There is very little literature related to the impact of the food bank experience on women. Studies on food bank usage describe the experience in terms of sociodemographic profile, nutritional characteristics, and dietary recall to demonstrate household food insecurity (Jacobs Starkey et al., 1998; Jacobs Starkey et al., 1999; Tarasuk & Beaton, 1999a). A brief glimpse of the food bank experience has also been ascertained from food insecurity literature (Badun et al., 1995; Hamelin et al., 1999; Hamelin et al., 2002; Tarasuk & Maclean, 1990a; Travers, 1996). There is no study that



exclusively describes, in detail, the experience of women who use food banks. Therefore, greater insight into the difficulties that women face when they resort to using the food bank is needed.

The assistance received from food banks is insufficient in meeting the food needs of families. Firstly, policies and procedures restrict the help that a family can receive except when evidence of exceptional need is established (Tarasuk & Beaton, 1999a; Teron & Tarasuk, 1999). Secondly, food quality is poor and food selection is limited at the food bank (Hobbs, MacEachern, McIvor, & Turner, 1993; Jacobs Starkey, 1994; Tarasuk & Beaton; Teron & Tarasuk). No research has demonstrated an association between policies and procedures, and food quality, and the embarrassment and degradation some women report in association with use of the food bank.

Within the context of an affluent society such as in Canada, there is a social stigma attached to going to the food bank. In women's accounts of their visits to food banks they have described feelings of embarrassment, humiliation, and shame and degradation (Hamelin et al., 1999; Hamelin et al., 2002). According to Tarasuk and Beaton (1999a), these feelings are experienced by women during their first visit to food banks. Antithetical to this is the finding reported by Jacobs Starkey et al. (1998) in which the food bank was viewed as a community service and a necessity rather than an embarrassment by those using the food bank. However, a large number of subjects in the latter study visited the food bank regularly. This research suggests that the experience of using the food bank may change over time, especially when it is more socially acceptable than other tactics such as food theft.

Women are sensitive to the social stigma of food bank usage on their children (Tarasuk & Beaton, 1999a). Most reported that their children were aware that they used the food bank while a smaller proportion would not let their children know that they relied on food banks. For families whose children knew they used food banks, it was a source of embarrassment and even anger for some children. Other children were optimistic about such assistance while others were appreciative of the food received. This study by Tarasuk and Beaton was the only one found that reported children's perceptions of the use of food banks. Further studies are required to understand the impact of the use of food banks on the health of children.

A sociological, qualitative, study was conducted on low income women and men, in London, Ontario. Burman (1996) wanted to gain an understanding of situations in which these individuals found themselves. This study found that food was often sacrificed when low income individuals, especially women, were confronted with inflexible expenses such as rent and utility bills. The food bank was one way of dealing with this, but receiving food from the food bank was difficult. The need for personal clothing was also a concern and the second hand store was used to cope with this matter. It was difficult for the participants to hide their poverty situation and they had to cope with the stigma and disrespect of receiving help from others. Service providers were moralistic which made the clients feel responsible for their situation. According to Burman, the religious rhetoric and contempt for the poor that these low income individuals experienced from the service providers cultivated victim-blaming. Being of low income was disempowering, especially for women, and they were made to feel that their

benefits were for their children instead of themselves.

The distinction between experiencing food insecurity and the response to dealing with a lack of food has been investigated. However, findings are somewhat limited. It is necessary to provide more than a glimpse of women's perceptions of the food bank experience so that it may help health professionals plan and implement appropriate interventions for women who rely on food banks to cope with household food insecurity (Hamelin et al., 2002).

#### Summary and Conclusion

The literature on food insecurity and women and on women and food banks is important to the present study. This literature has implications for women who access food banks in that the relationship between women and the use of food banks is thought to indirectly reflect the existence of food insecurity in the household (Tarasuk & Beaton, 1999a). Women experience food insecurity at both the individual and household level. Their nutrition, and that of their family, is affected by the quantity and quality of food they are able to obtain. Researchers such as Radimer et al. (1992) have attempted to document the process of food insecurity and how individuals who experience it are able to manage the process. The consequences of food insecurity including nutritional, physical health, psychological, and social implications are all documented. It is also well known that food insecurity is deeply rooted in, but not limited to, severe and chronic poverty and that food banks are used by women as a means to address food insecurity in the household (Jacobs Starkey et al., 1998; Tarasuk & Beaton, 1999a; Tarasuk & Maclean, 1990a).

There is a body of research that has begun to look at the utilization of food banks among women in the context of dealing with household food insecurity that provides sociodemographic factors, reasons for using the food bank, rate of food bank use, nutritional and health profiles of women who use the food bank, and the impact of the use of the food bank. Despite the fact that researchers are making considerable advances in the body of knowledge on food insecurity, more research is required. In addition, there are a number of limitations and gaps in the research that has been conducted to date.

The research designs of some of the studies have inherent limitations such as the use of convenience sampling, and the use of self-report appraisals that may lead to under reporting. The sensitivity of the issue of not being able to feed children in the family may lead to under reporting by women because they may fear that their children will be taken from them when there is evidence of food insecurity in the household. It is interesting to note that some studies noted the difficulty of obtaining a sample and some noted an attrition rate of up to 50%. The majority of Canadian studies are from urban areas, mainly in Ontario and Québec, which have social and cultural differences that may not be generalized to a Newfoundland and Labrador population. This may contribute to different experiences and findings among women.

The most crucial limitation of the current literature is that little is known about the actual experience of using the food bank. Most studies do not capture the detail of the experiences of women who use the food bank and they do not provide little insight into the difficulties faced by these women. Despite the extensive studies that have been conducted on food insecurity, the perspectives of the experiences only provide a snapshot

of the food bank experience for women. Health care providers still do not have a clear understanding of how this group experiences using the food bank. A phenomenological study would provide further illumination, uncover the essence of the lived experience, and enable a more complete and holistic portrayal of the experience of women who access food banks.

## CHAPTER 3

### METHODOLOGY AND METHODS

The methodology used for the present research study of food bank use by women is the phenomenological approach described by van Manen (1997). This chapter consists of two parts: methodology and methods. The first section presents an overview of phenomenology as a methodology by describing the phenomenological mode of inquiry. The second section describes the methods used by the researcher to explore the way women experience the use of food banks to meet the needs of their family and how this may affect their health.

#### Phenomenology as a Methodology

Phenomenology is a rigorous, systematic, and investigative study of phenomena that enables the study of the lived experience, the world as the person experiences it, rather than as the person conceptualizes, categorizes, or reflects about it (Streubert Speziale & Carpenter, 2003; van Manen, 1997). This methodology requires that the parts and the whole of the person's unique life experiences be examined. Through examining these unique life experiences, phenomenological inquiry offers a means of accessing essential truths of "real life" experiences in a manner that retains the integrity and context of those experiences (Reed, 1994).

The purpose of the phenomenological approach is to uncover knowledge related to the specific phenomena by eliciting from the participant a meaningful and exhaustive account of the lived experience, complete with the richness of detail and context that shapes the experience (Sorrell & Redmond, 1995). This is accomplished, not by the

phenomenological interviewer “conducting,” but “participating” with the respondent to shape the direction of the interview. The interviewer asks questions that encourage respondents to share their narratives, to describe their experience rather than interpret it. The findings obtained from phenomenological research do not explain, predict, or generate theory, rather vividly describe lived experiences and uncover meanings in the respondents’ narratives to gain a holistic understanding of the experiences.

The advantages of using phenomenology as a research methodology are many. Firstly, phenomenology focuses on the richness of the human experience and seeks to understand a situation from the individual’s own frame of reference (Baker, Wuest, & Stern, 1992). Secondly, this research method examines phenomena as they are consciously experienced (Beck, 1994). Thirdly, phenomenology elicits rich data concerning the lived experience where little is known about the phenomena. This research approach enables the discovery of the essence of the lived experience which permits a deeper and richer understanding of the meaning of the phenomenon itself, providing nursing with a research method which can be valuable in planning future care (Jasper, 1994).

Phenomenological inquiry is important to the profession of nursing in that nursing’s main focus is on an individual’s unique life experiences (Streubert Speziale & Carpenter, 2003). Complementing nursing’s main focus is phenomenology’s ability to describe and clarify the lived experience; it is the lived experience that gives meaning to the individual’s perception of the phenomena. The study of the lived experience is the foundation of phenomenological research and is appropriately suited to the holistic

perspective that is rooted in the discipline of nursing. Thus, the aim of phenomenology is to enhance nursing's knowledge base to enable the provision of high-quality nursing care (Smith, 1989).

The phenomenological method of data collection and analysis used in this study followed van Manen's (1997) hermeneutic (interpretive) approach wherein human science is seen as a "dynamic interplay" (p. 30) among the following research activities: (1) the researcher "turning to" the phenomenon of interest and developing a sense of commitment to it, (2) investigating the experience in all its aspects as it is lived rather than how the researcher conceptualizes the experience, (3) reflecting on and questioning the data to uncover essential themes inherent in the phenomenon, (4) describing the phenomenon to show precisely the lived experience through writing and rewriting, (5) maintaining a strong orientation to the phenomenon being studied, and (6) balancing the research context by considering parts and the whole of the lived experience.

### Methods

van Manen's (1997) phenomenological approach, presented above, served as a guide for the research in exploring how women experience the use of food banks to meet the needs of their families and in identifying how this may affect women's health. The following discusses the methods used for this study.

#### *Participants*

Participants in this study were women who met the following inclusion criteria: (1) had made a trip to the food bank in the previous twelve months, (2) were willing to participate in the study, (3) were able to articulate their experience to the researcher,



(4) understood and spoke English, (5) had dependent children living at home up to age eighteen (see Appendix A).

### *Recruitment of Participants*

Recruitment of participants in qualitative research is commonly accomplished through purposive sampling, that is, participants are recruited based on their ability to fully describe their experience of a phenomenon, rather than being recruited based on randomization and heterogeneity (Sandelowski, 1995; Streubert Speziale & Carpenter, 2003). Due to the large volume of information-rich data generated from the intensive and lengthy association with participants, significantly small sample sizes are used. I planned to recruit six to eight participants into the study so that I could gain a good understanding of the phenomenon as some participants are better able to articulate their experiences than others. It was decided, given the nature of this study, that this number would be sufficient to obtain a full description and understanding of the phenomenon.

Recruitment of participants became one of the most challenging aspects of this research. I had expected to experience some difficulties but was not prepared for how problematic it could be. In planning the feasibility of the research, I contacted the directors of two community agencies who would know potential participants. I wanted to establish if these individuals were willing to act as intermediaries to help with recruitment of potential participants because of the level of trust they had established with these women. Initially, the director of the first agency was supportive of the research study, however, once I received ethical approval from the Human Investigation Committee (HIC) of Memorial University of Newfoundland (see Appendix B), the individual holding

this position changed. The new director felt she could not approach potential participants and ask them if they would be willing to participate. Consequently, participants could only be recruited through the assistance of the director of the second agency who acted as an intermediary for the study. As an intermediary, she was to inform women about the study, ascertain their interest in participating in the study, seek permission for me to contact them, and obtain the names and telephone numbers of potential participants who expressed an interest in the study and were willing to have this information released to me.

No participants were obtained through this method so I began working with one specific community worker who was more involved with the programs at the second community agency. I met with the community worker, gave an explanation of the study, reviewed the selection criteria for recruitment, elicited support in obtaining names of potential participants for the study who would be asked for permission to release their names to me. The permission form (see Appendix C) was also provided to the community worker.

As a result of the challenges posed in obtaining participants, first with the reluctance of one director to participate, and second, with the issues surrounding the sensitive nature of the research, I contacted the committee members at the School of Nursing, Memorial University. The committee suggested the next option was to recruit women through a third agency, local food banks. A letter was sent to HIC requesting an amendment and permission to use food banks as a means of gaining participants for the study. Permission was granted by HIC (see Appendix D), one month following this

request, and I made contact with the Executive Director of the food bank. Names and telephone numbers of women who agreed to be interviewed and had given permission for release of their names were given to me.

Even though there appeared to be support from the food bank agency and three names had been released to me, I was informed one month later, by an official of the agency that I was required to review my intended research with board members. The meeting was scheduled for one month later. By now, two months had elapsed since the official of the food bank agency was originally notified of the research.

During the scheduled meeting, a summary of the research was presented to the board and I had “just a glimpse” of what it must feel like to be under the critical gaze of such an agency. During that particular meeting, I was asked to identify my religious affiliation. Was a condition of accepting my research based on my religion? What religion would make me worthy of conducting research on this already vulnerable group? About midway through the meeting, I was also asked if any names had been released by the supervisors from the food banks and I indicated that this was the case. Just before leaving the meeting, the board members admitted that they knew that I had been given the names. Nevertheless, I felt that my honesty was being examined. As well, the presence of doubt and uncertainty was evident and I found this intimidating.

After much dialogue and careful consideration regarding the study, the board of the food bank agency denied me further access to women through the food banks. The board members emphatically stated that they did not want to play any role in helping to recruit participants and felt that their role was to advocate for this vulnerable group as

confidentiality was a crucial issue. It must be noted that the board emphasized that they were familiar with studies such as mine and understood the relevance of my study and other studies. The board gave permission only for use of the names that had been provided before the board decision; the names of the other two potential participants for the study could not be released to me.

With permission from the board, an advertisement was posted in each of the food banks, however, the poster had to be authorized by the board first. Interestingly, no participants were found through this approach. I concluded that there was nothing that would have changed the course of events in obtaining additional participants through this group. It is difficult to ascertain whether or not the attitude of the board members affected the recruitment process. I settled for the initial three participants that had been provided by the third agency.

Obtaining participants from vulnerable groups such as low income women requires considerable effort. To encourage participation of this group in research requires that interviews be conducted at accessible sites that are known to the woman and that child care and transportation be provided (Reutter et al., 2000). The second community agency that participated in the recruitment of women for this study had a good understanding of women's needs and potential obstacles that would prevent women from participating. This agency continued to advocate the research study to women in their programs. The provision of both child care and transportation were used as possible motivators for women to enter into and participate in the research with more ease. As well, it was explained that the interview could occur in a location of their choosing. One

additional participant was recruited through this approach, increasing the total number of participants to four. I had previously worked with this community group on other sensitive matters and it is believed that this enabled both the agency and staff member to embrace the research.

After a few months of waiting for more potential participants, I attended the programs either operated or affiliated with the second agency and sometimes participated in activities to facilitate entrance into the particular group. This approach was time consuming, however, I was able to introduce myself and discuss the nature of the research and provide a brief overview of the study. The sensitivity of the research, as well as the option of being able to end the interview at any point were also discussed with the women. They were also given the choice of coming forward at that particular time or approaching the community worker at a later time. The women were told that the interview could occur either in their homes or on the agency premises and were informed about the options of child care and transportation. The procedure of speaking to women during their programmed sessions with the agency proved to be an unproductive approach in the recruitment of women for the study.

Professionals, such as social workers and public health nurses, were approached as another method to obtain participants. The issue of confidentiality was pervasive through these groups and they stated that they would not be able to help. Despite acknowledgment of the relevance of the study, the gatekeepers to this marginalized group took the perspective that they should protect potential participants even though I ensured them of my expertise in maintaining confidentiality and in working with such groups of

women.

Much time and energy had been spent in the area of recruitment spanning a total of approximately twelve months. The various agencies and health care professionals were either unable or unwilling to recruit participants for reasons that have been explained. Although I had anticipated recruiting about six to eight participants, the final number of participants recruited for the study was four and only three were interviewed for the study. One was withdrawn for ethical reasons that will be explained later. The decision to accept the final number of participants was made only when it was ascertained that an exhaustive approach had been taken to recruit participants for the study. Other researchers have found that recruitment issues occur in research with vulnerable families (Demi & Warren, 1995; Heaman, 2001). Despite a smaller number than envisioned, the interviews conducted were rich and I was able to complete the study.

### *Context of the Study*

The food banks permit an individual or family to access their services once every eight weeks to a maximum of six times a year; the amount of food that a family received depends on the number of individuals in the family. These policies have been decided by the board which governs the food banks and are used consistently by other food banks in the country. To ensure that these and other policies are adhered to, the food banks are computerized and networked to track and control an individual's usage. Tracking, within the province, is done by obtaining the person's medicare plan (MCP) number.

### *Setting*

The participants in the study determined the setting for their interviews; three

initial interviews were conducted in participants' homes and one initial interview was conducted on the community agency's premises. Both of these settings provided maximum comfort and ensured confidentiality. Only one second interview was conducted and this was in the participant's home. Given the sensitivity of the topic and the need for confidentiality, I agreed to go to the participants' homes. Given my experience with home visits in community health with this group, I employed all the safety precautions required in such a situation.

### *Data Collection*

I contacted the four participants who volunteered to participate in the research by telephone. During this initial contact, the potential participants were informed about the nature of the study and, when they agreed to participate, an interview time and location were arranged. I addressed additional questions or concerns during the initial contact. Participants were assured that their participation was completely voluntary and that this would not affect, in any way, the service and care they receive from community agencies. Data were collected from March to June of 2001.

Upon meeting at the decided location, a detailed description of the study was given to the participants before commencement of the interview so they could decide whether or not they wanted to continue with the study. This information included the purpose of the study and data collection techniques such as taping of the interview and the taking of hand written notes during the interview. The consent form was reviewed and any concerns were clarified. All participants understood that they could stop the interview at any time, however, no participant chose to do so. Signed, informed consent was

obtained by me prior to data collection (see Appendix E). A copy of the consent was given to each participant.

All interviews were recorded on cassette tape; participants were asked to describe their experience in accessing the food bank and, if the women required more than an open-ended approach to the topic, the interview guide (see Appendix F) was utilized. They were asked to share their ideas, thoughts and feelings, and to talk about any thing that would help me understand their experiences. The participants described their experiences without interference and, when necessary, verbal and nonverbal prompts were used. These prompts were used, not to lead the participants, but to encourage the participants to share their experiences. Other techniques such as probing, reflection, and silence were used to elicit further commentary on chosen aspects of the participants' experiences. Thoughts required further clarification or additional information were noted and the participants were redirected to elaborate on these points. In the phenomenological research interview, the researcher must remain focused on the data, be an attentive listener, avoid challenging and interrupting the participant, treat the participant with respect and be genuine during the interaction (Streubert Speziale & Carpenter, 2003). In qualitative research dealing with sensitive topics, a sense of trust in the researcher and a feeling that participants are respected and accepted as individuals are key factors in eliciting personal information (Demi & Warren, 1995; Jasper, 1994). Participants are keenly aware of the response and attributes of the researcher and will be less than open in providing information to the researcher if trust is not established.

Data collection terminated when the participants were satisfied that they had



exhausted the descriptions of their experience. The interviews took approximately sixty to ninety minutes. The participants had my name and a contact telephone number, therefore, I was available if questions arose after the interview. A journal with my thoughts, feelings, and reactions was maintained throughout the process of data collection.

### *Ethical Considerations*

The ethical guide used for the study was the policy guidelines set out by the Tri-Council outlined in the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Medical Research Council of Canada, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council of Canada, 1998). It was imperative that the participants' rights were protected to the fullest degree, therefore, permission was requested and approval was received from HIC, Memorial University of Newfoundland (see Appendix B) to conduct the study and for an amendment to recruitment (see Appendix D).

As noted in the literature, there are two primary ethical issues to consider when conducting research with vulnerable women. Researchers must fully provide informed consent and ensure that the risks and potential benefits of the study are understood (Demi & Warren, 1995; Heaman, 2001). The first ethical issue, that of informed consent, was considered during the initial interview. Informed consent was obtained after I had discussed the purpose, potential risks and benefits of the study, stressed the voluntary nature of participation in the study and the freedom to withdraw at any time, the method for data collection, and the expected time commitment. Furthermore, participants were informed that they could refuse to respond to sensitive questions asked in the interview

and they could stop the interview at any time. Any questions that were of concern to the participants were answered at that time. When I was confident that the subjects fully understood what had been explained and if they agreed to participate, two consent forms were signed, one for the participant and one for my records.

A second ethical issue that was given consideration concerned the risks and potential benefits of the study for the participants. While it is difficult to know the psychological risks of participating in a study such as this for a vulnerable group, every effort was taken to minimize this risk. Although the participants would not benefit directly from the study, participants were told that the information they provided might be helpful to nurses and other health care professionals in that it would provide a better insight into what meaning accessing food banks has on the health of women. This information could then assist in future planning and implementation of appropriate strategies.

I was very cognizant of the interface of the sensitive topic of the research and women who were already in a disadvantaged or vulnerable position. In qualitative research, the participant is often more knowledgeable than the researcher about the topic at hand, therefore, the knowledge balance and the power balance can change (Ramos, 1989). This leads to a more balanced relationship within research and is the key to effective, meaningful data collection.

The interviews were conducted in a non-hierarchical, reflexive, and interactive manner which fostered openness. When a participant became upset during the interview, I provided time for the woman to regain composure, confirmed her willingness to continue,

and offered to refer her to an appropriate professional, such as a social worker or mental health counselor, for further counseling. This was a successful strategy in dealing with the emotional response because it promoted a free flow of conversation when the sensitive topic was approached again. The option of delaying or terminating the interview was offered, however, no interview had to be delayed or terminated. Participants were also informed that they could call me at any time with questions or concerns.

Confidentiality is another area of concern when studying sensitive or stigmatizing topics (Demi & Warren, 1995; Ensign, 2003; Flaskerud & Winslow, 1998; Heaman, 2001). Confidentiality was maintained throughout the study to ensure ethical integrity. Data were collected and reported in a manner that concealed the identity and home towns of participants as well as the agencies they attended. Appropriate measures were implemented to ensure that all data were treated as confidential. During the taping of interviews, participants were identified with a code number and the codes were then applied to each transcript and corresponding audiotape. All interviews were reviewed and discussed by members of the committee to provide feedback on my interviewing technique and to assist in identifying essential themes. I was the only person who was aware of the identity of the participants. Interview tapes, transcripts, and consents were stored in a locked filing cabinet throughout the study and this was accessible only me. Upon completion of the study, the tapes were erased and all written notes destroyed. Transcripts of the data are stored as per the Tri-Council and University guidelines. The findings include interpretation of participants' narratives anonymously quoted. Individual responses would not be identified.

The ability to establish trust is a key factor in research that reveals highly sensitive information (Demi & Warren, 1995; Ensign, 2003; Flaskerud & Winslow, 1998; Jasper, 1994; Heaman, 2001). In addition, the onus is on the researcher to establish that consent to participate in the study is given freely and is informed. One participant was withdrawn from the study because it was clear that she did not understand the nature of her participation. She believed I was assessing her parenting abilities and was concerned about the outcome of the information. Although I was able to establish that I was a nurse conducting research, I made the decision not to continue with the research interview because it was not informed consent. This woman did not want to be referred to anyone for the purpose of counseling, however, she was in weekly contact with the community agency. To continue with this woman in the study would have been unethical. The study now consisted of three participants.

### *Data Analysis*

Following the completion of each audio-taped interview, the data were transcribed verbatim. The transcripts were then read numerous times to analyze the text and gain insight into understanding the participants' experiences. van Manen's (1997) selective highlighting approach was used to uncover themes. That is, the text was read several times and statements that appeared to be revealing about the phenomenon were underlined. This technique identified sentences, phrases, and paragraphs that reflected insight into the phenomenon. I tried to capture, as succinctly as possible, the meaning being conveyed in the text. Every attempt was made to avoid a conceptualization of the chosen text and to capture the meaning of the experience being described.

Data analysis required that I apply the research questions to the noted text to focus on those which seemed to be most relevant to the participants' experiences. This was the groundwork for the construction of interpretive summaries and, eventually, the interpretive summaries became an attempt to describe the meaning of the lived experience as explained in the text. My committee reviewed the proposed themes and the themes were revised repeatedly to ensure that the interpretation was effectively describing the phenomenon.

The relevant themes were identified and I attempted to confirm the interpretive summaries with the participants, however, I was able to reach only one participant for this purpose. A reason for difficulty in follow-up with low income women is that they move more frequently (Demi & Warren, 1995). The follow-up interview was conducted in the participant's home. At this time the interpretive summary of the woman's transcript was reviewed with her and she verified that it accurately reflected her experience. The participant was also asked to identify any misrepresentations or gaps in the data. This interview did not reveal any new data, therefore, a third interview was not required.

The process of writing and rewriting the themes was guided with input from the members of the committee. The assistance of the committee helped with the identification of the themes and developed a clearer understanding of the phenomenon of study.

### *Credibility of Findings*

To ensure credibility of the data while conducting this study, it was important to try and put aside my ideas and beliefs about the use of food banks. This activity is usually referred to as bracketing and is an attempt to decrease researcher bias (Streubert Speziale

& Carpenter, 2003). While it may not be possible to completely bracket thoughts and ideas about food bank usage, I did attempt to be conscious of my thoughts in this area and not have these thoughts direct my data collection or analysis. By attempting to control for researcher bias in this way, I tried to ensure confidence in the final data analysis so that it accurately described the experience as portrayed by the participants. Researcher bias was controlled by: (1) writing personal thoughts, feelings, and comments prior to and during data collection, (2) trying to suspend any personal preconceptions, feelings, thoughts, and beliefs about the phenomena, and (3) consulting frequently with the research committee throughout the entire study. Both committee members have had experience with research with vulnerable groups.

To ensure further credibility and consistency in this study, the research committee consisted of two nurse researchers who were familiar with phenomenological research and with women's health. Themes were extracted from the text and the findings provided to the members of the research committee. I provided these experienced nurses with the identified themes. Agreement between myself and the research committee members was achieved at each phase of the data analysis. This process facilitated a richer understanding of the phenomenon under study and assisted with uncovering hidden meanings.

An audit trail (auditability), which includes the recording of activities over time for another researcher to follow, was completed. The illustration of the evidence and thought processes that led to the conclusions were documented as clearly as possible. The process of an audit trail adds to the credibility and consistency of the findings (Streubert Speziale & Carpenter, 2003).

The fittingness of the findings requires attention to ensure credibility. Fittingness refers to the likelihood that the findings will have meaning to others in similar situations (Streubert Speziale & Carpenter, 2003). To ensure fittingness, I interviewed women who had experienced the phenomenon of using the food bank and were able to articulate their experiences. Fittingness was also enhanced with the rich data that was directly quoted in the discussion of the findings. I anticipate that the findings will have meaning for individuals interested in the women and food bank research, however, this expectation rests with the end users of the research.

## CHAPTER 4

### FINDINGS

What is it like for women to access food banks to feed their children? What impact does this have on their lives? What impact does this have on their health? These questions were explored from the perspectives of three women with children who have experienced the use of a food bank. The research findings are presented as themes that were developed from the interview data and captures similarities as well as some differences in the experiences of these women. This chapter commences with a brief overview of the study participants. This is followed by an in-depth discussion of themes that emerged from the phenomenological analysis of the data; this thematic analysis is supported by selected quotes taken from the participant interviews.

#### Introduction to Participants

The three women who participated in this study were mothers with children who ranged in age from 2 to 12 years. They had used the food bank for a period of three to seven years. All of the participants felt that they knew something about what it was like to use the food bank. When the researcher discussed the purpose of the study, all the women acknowledged that this was not an easy topic to discuss, however, they recognized the importance of their narratives and expressed a willingness to help. Their interviews were rich and detailed. None of the women had difficulty talking about their experiences.

#### Thematic Analysis

This section presents a detailed discussion of the themes identified from analysis of the interview transcripts of women who have accessed the food bank. The participants'



accounts represented a rich cluster of similar but different experiences. The themes that emerged from the descriptive narratives reflected the ongoing difficulties and the challenges involved in using the food bank. The themes are individually presented to highlight different aspects of the lived experience, but each theme flows into and overlaps each other. The five themes identified were: (1) no other choice, (2) a visible reminder of poverty, (3) a lack of anonymity, (4) a way to feed your children, and (5) it never gets any easier.

### *No Other Choice*

Choosing is defined as “to select freely and after consideration” (Mish, 1987, p. 236). Synonyms for choice include option and alternative. Having to depend on the food bank to feed your family and yourself is an action that is largely devoid of choice given the circumstances. The theme “no other choice” was selected because all of the women spoke so frequently of how they believed their choices or options of obtaining food were constrained in so many ways. This theme captures women’s lack of choice in a number of ways, including, their dependence on the food bank, the type and quality of food they can obtain, and when they can obtain the food. While reflecting on their use of the food bank, all the participants thought that even though they did not want to use the food bank, continually living under marginal economic conditions engendered impoverished conditions and they were forced to use the food bank. The women lived with a persistent low income from welfare benefits, child tax credit and child support benefits, or income from wages of being a member of the “working poor.” Their dependence on the food bank bothered them, however, if it were not for the food bank,

their children would have to go without food and that was not really an option for any of the participants:

*I really depend on the food bank, I got no other choice.... It's like you got to go, you got no other choice but to go.*

The women mainly used the food bank when there was an emergency food shortage in their household, a crisis that was very difficult to manage on a limited low income. Having to obtain food in this way made them feel deprived since, unlike most other individuals, they could not purchase their groceries from a grocery store. All the women were forced to accept the reality that they were dependent on the food bank in order to procure food to feed their families, but felt that no one should have to resort to food bank usage. As one participant stated:

*I'm here to get some groceries to live for this month and this is where I have to get it... it's just a fact of life that you have to go there sometimes and there's nothing you can do about it and that's the way it has to be.... I know that you shouldn't have to. There's no person around here that should have to use a food bank but sometimes you have to.*

It was difficult for the women to accept that they had to use the food bank to procure food for their children. Use of the food bank was done in desperation and as a last resort. However, it was necessary for them to use the food bank because of their incapacity and failure to meet their children's nutritional needs any other way. There were times that the women felt destitute. They had no food in their house and they did not have the money to purchase food. All could relate times when their cupboards were empty of any foodstuffs with nutritional value. The mental images they presented of what a "food poor" household was like were quite vivid:

*But I've seen times - this is God's truth - that I never had a thing in the house. I had lots of stuff like ketchup and Miracle Whip and mustard and stuff like that, but you can't give that to a child to eat.*

The reality of no other choice became increasingly evident when the women talked about buying groceries. Having to cope with their lack of money limited what groceries they were able to buy. They spent a great deal of time worrying and trying to work out other possibilities to meet their needs. Even before they considered using the food bank, the women stated how they made concessions to their purchasing of groceries even at the expense of doing without inexpensive food staples, such as salt. Their lack of an adequate income meant they could purchase little, if any, in the way of groceries and made them reliant on the food bank. As a result of the women's economic constraints, the simple act of buying groceries confirmed the reality of social class divisions and this significantly deepened their perception of their impoverished circumstances. The women wanted to be like other people in society, that is, they did not want to worry about being able to provide food for their families as their current situation was oppressive and this was not normal.

*Yeah, it's aggravating.... I shouldn't have to do it. I should be able to have all that picked up and in my fridge and not have to worry about it. Make out my grocery list for the next week and say I'm running out of this and that... be able to go pick them up and not have to worry about it. Instead of saying well I can't get salt this week. I gotta scratch that off, I don't need salt. I got a little bit of salt there. Or I've got one loaf of bread there so that'll last me for a week or so. You're going down through the list marking off all your necessities, the things that you absolutely have to get and marking any little things that are on there that you need but you can probably live without for the next little while.*

A second area in which choice was further restricted was in the type of food the women received at the food bank. The type of food available was food that was

nonperishable; it did not consist of protein, such as meat, nor fresh fruits and vegetables. Despite the lack of choice in the types of food the women procured in their food bags, they were grateful for having received something of nutritional value. The following comment captures one woman's view of the food she received:

*... they'll have the food already done up.... And most of what I got was canned food. You might very seldom get, say, potatoes ... Not normal everyday things that you'd pick up at the store, right.... you'd get ... canned food but we didn't even eat it because we don't eat canned food. But a lot of it was good to what we had, stuff like waxed beans, peas, peas and carrots, corn. Something that you'd use as a side dish with something else, right.*

The amount and type of food placed in the food bags was already determined by the food bank personnel and was based on the availability of food donated and the size of the family. Though grateful, the study participants were sometimes frustrated and aggravated with this approach in the distribution of food in that they were not able to select food items according to their families' preferences. This food distribution approach also deprived them of the adult and parental role of grocery shopping and choosing food for their family. Taking away the ability to shop and choose food for their family placed the women in a passive role and this further served to show how free of any "agency" they were; it was a form of powerlessness. However, the women were not willing to be passive, instead they took an active role in preserving their dignity. The women were assertive and fought for their entitlements. The following excerpt captures one woman's attempt at gaining some control over her situation. It first highlights the frustration that occurs when choice over household food is limited:

*We don't eat corned beef... We don't eat potted meat. My kids like chicken noodle soup but my kids ain't gonna sit down with cream of chicken soup... I wouldn't*

*give that to a dog. So, ... most that was there, and this is not a lie, was Kraft Dinner and cans of food that look like somebody took it and put there boot through it. Squat up. So, I didn't care. I got all the stuff ready, I put it back in the bags, and I marched back ... and I said, 'Listen. So much as I hates coming here, I hates coming back with it. But I'm gonna tell you now the stuff that you put in them bags, is not fit to give anybody.'*

Choicelessness did not mean that the women's spirits were crushed, that they did not see the "charity" stereotyping of the poor and that the poor would eat anything. At times the condition of the food the women were forced to take, with no consideration of food preferences, food likes or dislikes, much less the "aesthetics" of food and how it was packaged, caused the women to react. Some of the women reacted to this lack of choice by returning food to the food bank. For these women, returning food had a positive outcome for them in that it provided the women with a sense of control. Having some control in this way made them feel a sense of pride and self-respect, despite the fact that they felt frustrated by the food they received.

*I felt good! I really felt good! Yeah, when I marched back with that food and I slapped it on the counter, I felt good. Like I was in control, okay. You offered this to me, I refuse them. Take it back. And I felt really good. Not only I brought it back, I didn't mind it, right.*

The example of resistance just cited was a healthy response to the lack of control in the woman's life, however, this response was the exception rather than the norm. Most of the women talked more about the many ways they lost control over procuring food for their families and themselves.

Compounding the problem of no other choice, all participants reported that the quality of the food they received was questionable. They were forced to accept potentially lower quality food. The women were knowledgeable about the potential problems of

accepting lower quality food and were concerned about this matter, to the point that they did not want to eat anything they felt would cause health problems. One woman stated:

*The quality of the food is a concern for me because most of the things there, like I said, are out of date and you don't want to use them because you're scared you're gonna get food poisoning or something.*

A third area over which the women lacked control was the number of times that women could actually access the food bank and the days that the food bank could be accessed, further illustrating their lack of choice. Policies of the food bank and the implications that these policies have for potential users was the subject of a great deal of conversation. As one woman stated:

*... usually when my time is up ... in an eight week period. I'll call and they set up a time for me to come in.... well the food bank is not open everyday here - they just have a specific day and everybody goes on that day.*

The women were concerned about the policies of the food bank, especially those that might restrict when they could obtain food and those that would exempt them from being able to acquire food for their families. When the women talked about this, they expressed how the food banks were supposed to be charitable programs that provided food to a family in crisis in a satisfactory, reliable, and efficient fashion, however, the policies of the food bank made the women feel very uncomfortable. Occasionally, the women were asked personal questions pertaining to legitimizing their worthiness of accessing the food bank.

The women were suspicious of bureaucratic procedures, related to the policies, that could result in their being refused food. The women also feared that the food bank worker would lack warmth and human connection, judge them negatively or make them

feel at fault, and, therefore, prevent them from receiving food. Nevertheless, the women perceived the stated policies of the food bank as irrelevant when they were in an emergency situation and needed to be processed immediately. Sometimes the food bank worker would override the policy and provide them with food. One participant stated:

*I remember it was really close to a cheque day too because most of the time they tell you, you can't get it five days before or five days after you receive your social assistance cheque. Apparently they have some problems with that or something. It was really close to cheque day, it was like two days before or two days after and he asked me about it and I said I've been having a lot of problems this month.*

The approach of the food bank worker helped the women cope with the stress of going to the food bank. Sometimes, the food bank worker made it easier for them to use the food bank because they based it on the women's personal need and not on policy, an important display of compassion by the worker.

*... I screeched on the phone. I bawled. I sobbed my heart out to her. And she said, 'Don't worry ... we'll work something out for you. We'll work something out.... Just give me a little while and I'll call you back.' I said, 'okay.' I was feeling really really depressed at that time because I knew that I didn't have any money coming in until that next week, right. And I had to make ends meet for now.*

If the women needed food to get them through until the cheque arrived they felt that they should receive it. This was particularly evident at the end of the month after they had spent all of their money on essentials such as rent and utilities. One participant described her concern with the policy of only being permitted to access the food bank once every two months as:

*... that's hard. Because most of the time you need it at least once a month. Taking it to two months is really stretched sometimes. That's a concern.*

Because these women were on both a fixed and low income, they did not have

much room for maneuvering when it came to expenses. Unexpected bills for transportation, car repairs, or medical expenses left them in a more vulnerable position than usual. The demands on their limited amount of money were great, however, the women had little choice but to look after these expenses. As a strategy to procure food for the children, these women felt compelled to provide the food bank worker with a reason as to why they could not afford food at a particular time, and, hence, a reason for requiring assistance.

*The car is breaking down, and he [the food bank worker] said 'okay, no problem, come on up' and he sent me off with my groceries and everything was fine after that.*

Feelings of no other choice in their life circumstances were accompanied by the reality of it being very hard, if not impossible, to change things at present. There was a sense of hopelessness and an intense desire for normality relating to the types of foods available routinely in their household. Wanting nutritious food for their families was a reasonable desire, however, they felt that their situation would never change:

*Well, it's just a feeling of hopelessness, like you're never gonna be able to afford to have all the stuff in my fridge that I'd like. I'd like to have all my fridge filled up with fresh vegetables.*

#### *A Visible Reminder of Poverty*

The second theme identified was “a visible reminder of poverty.” The presence of a food bank in a community is evidence that there are individuals and families in the community who are unable to afford to buy food for themselves. The fact that as a member of that community participants had to use the food bank was a reminder that they were poor. Living in a “community” with poverty is quite different from living in poverty



yourself. Food banks are equated with poverty. You only need to listen to how food banks and their users are stereotyped. The descriptor “charitable” food banks ties them to the poor. Participants’ feelings of embarrassment, confusion, and frustration served as visible reminders that they did not have enough money to budget for the month to buy adequate food. The second theme, “a visible reminder of poverty,” captured how these women internalized their situation. When one woman elaborated about her situation, she was annoyed that she did not have enough money to pay for both utilities and food. There was also a fear that she would lose her electrical and phone services. To protect herself from losing these services, she had to pay those specific bills first. This was problematic because it meant that she did not have enough money to buy groceries, resulting in the feeling of embarrassment and a lower self-esteem.

*Well, it's really embarrassing when you're trying to work out your budget for the month... You can't stretch your money to pay all your bills and buy good food too.... my self-esteem drops because I'm saying well 'my god, you know, how can I get myself in this situation where I have to go to a food bank'? ... I feel that I'm not budgeting my money enough.*

The women doubted and blamed themselves for the poverty of their life's circumstances. Having to use the food bank represented the possibility that they had the inability to manage the family finances properly. They had to convince themselves that they deserved to access the food bank resources, a strategy that the woman used often.

*... where am I going wrong? ... Then I gets out my ... budget book ... when I checks that all over, then I says, sees it, I don' have nothin' to be ashamed of ... cause the money didn't go down the drain ...*

Poor people use the food bank. The women knew this and felt it acutely when they were required to go to the food bank. Not surprising, then, a trip to the food bank evoked

strong feelings of embarrassment and discomfort in having to ask for food in such a public manner. The first visit was exceptionally disconcerting because they were concerned about questions that the food bank worker would ask, that these questions would be an invasion of their privacy.

*Well, the experience that I had going there the first time ... I was kind of ah, nervous, more like on edge.... I didn't know what they was going to ask me what did I do for a living, or ... was I married, more like personal things, right?*

These women often hid the visible reminders of their poverty from their immediate family members because they would have felt embarrassed if they acknowledged their inability to feed their families. When asked if there were food in the house they would say “yes,” whether or not they had enough food. They would recount to me conversations with their mothers or other close family members about how they hid their shortage of food and how they needed to procure food. For some, their mothers needed to be reassured because they knew what their daughters had experienced in feeding themselves and their children. They were able to hide the fact that there was a lack of food in the household, hence their families would conclude that the women had enough food and, therefore, the families would not worry. In protecting others from knowing about their situation, they avoided dealing with others’ emotional responses, as well as avoided bringing shame and disrespect to everyone. However, their sense of pride, at times, prevented them from admitting the extent of their difficulties in obtaining food.

*... I came from a good family - a really good family. We never went without, and even to this day I got so much pride. I could pick up the phone and call and ask my family for something but I've got so much pride where they've give me so much already. That I, I can't go back and ask for anything if I need it.*

There was a stigma attached to going to the food bank and the women were afraid others would perceive them negatively. A distinction in the degree of embarrassment related to the stigma of their poverty was expressed by one woman who stated that going to a food bank was more difficult to admit to a friend than to a family member. The stigma represented the lived experience in this woman's everyday encounters; that is, the encounters with her mother and her friend whom she spoke with daily.

*... talking to mom is not so bad, but talking to someone outside, even though (the friend's name) is a close friend ... having to tell her that I had to use a food bank is really ... lowering myself and to a place where I don't feel comfortable.*

This woman's friend became embarrassed when she told her that she had been to the food bank. The woman's friend wanted to avoid making her feel stigmatized.

*... I had to go to the food bank because I'm low on groceries.... It seems like she'll jump onto another subject because she doesn't want to make me feel bad either by talking about it because I'm sure she knows what it's like to have to go and use it.... they either jump off the conversation or you jump off the conversation because it doesn't want to be mentioned because it will make one of you feel bad.*

Feelings of embarrassment for these women were connected with how they felt people perceived them, especially when they thought that people felt as though they had plenty. They were proud of how well they were able to manage their money and how cleverly they disguised their poverty. One woman disguised her poverty by having her children wear the best clothes she could obtain. This woman was determined to maintain the dignity of her children despite the reality of her income being stretched so thin that she was not always able to meet the material demands of her family. In the meantime, the woman denied her own need for material possessions. She stated:

*... I'm not on welfare. I've been trying to manage on what I've been getting with*

*child support, child tax credit.... My kids wear the best clothes. It's not because I buy it for them, but my family helps me, right. And I think it's like I'm being degraded.... And my kids don't suffer - they don't go without because I make sure that they don't..... you can go up to the school and my child is dressed just as good as the next one and maybe even better.... I don't need anything.*

### *A Lack of Anonymity*

To be anonymous is to lack a name; not to be identified (Barber, 2001). While one's identity is usually valued in most circumstances, it is not when you go to the food bank. Therefore, the third theme identified was "a lack of anonymity." The women found themselves in a situation where they would prefer not to be identified. The women described the experience related to procuring food through the food bank in a public manner as one that was lacking in anonymity; this was embarrassing and humiliating. Being "exposed" in this manner meant they had to deal with the uncertainty of how others perceived them. They feared that others thought of them as unable to live within their means and appropriately budget their money. The participants were very self-conscious of this reality and this caused distress. The distress from the embarrassment of visibly entering the food bank had a negative impact on their self-esteem.

*Even for someone that doesn't know me because in my mind I think that they are thinking I'm there because I blew my money elsewhere. Now that might not be so, they might just look at me as someone who's down and out at the time, but to my thinking that's the way they might see me. That's hard on your self-esteem.*

The women were very self-conscious and worried about what others, such as neighbors, would think of them if they saw them at the food bank. They were afraid that others would disapprove of them seeking assistance. One woman waited until most people had left the food bank before she would go because she was so self-conscious over

not being able to do this with complete anonymity. This woman stated:

*I'm the type of person who gets really embarrassed, really embarrassed, uh, especially if I go there and there's people there that I know.... the last time I went was in January and my next door neighbor was there. Uh, I felt like two cents.... It's hard.... it's really hard on me, really hard.... If, for instance, I went to the food bank and my neighbor was there, ah, all I'd think about probably until I went to bed that night and went to sleep was, 'O my goodness! Who's he going to tell now, that he saw me at the food bank?'....*

Apart from being seen at the food bank, it is easy to hide a lack of food in a household. You cannot tell by looking at someone, unless the problem becomes severe and then visible, that a person does not have enough food. Lack of food is an invisible problem; going to a food bank can be highly visible if you are seen and can be identified.

Placement of food banks within the community can also be problematic. In order to access one of the local food banks, it was necessary to walk through a used clothing store, and ascend a flight of stairs to reach the food bank. It was humiliating to be processed in such a public manner. This reinforced the importance of anonymity when the women received help from the food bank. As one participant stated:

*... it was quite embarrassing having to go through the building and feeling a little bit cowardly in going up and asking them for a hamper.... having to walk in there and go upstairs and come down with six or eight bags of groceries and walk through the 10 or 12 people there who are in the store shopping for clothes.*

Another participant wished that there was a way to conceal the fact that she utilized the food bank; if she could do this, then it would not bother her as much:

*...everybody seeing what you're doing ... I don't like that.... if it was done in a manner like where nobody would know your business.... everybody would have a set time to go and pick up from the food bank ... I don't think it would get on my nerves as much because nobody would be seeing what I was doing, right.*

This woman talked positively about an incident where the food bank enabled her to

obtain food without public scrutiny. She obtained a Christmas hamper by picking up a food voucher at a local church-affiliated thrift store, allowing her to go to a cash and carry wholesale store. She was able to complete this task inconspicuously, a situation that did not have the distinction of being associated with the food bank.

*... I don't feel so bad about picking up the Christmas hamper because what you do you go up to the (local religious thrift store) and they give you a voucher and you go up to (local wholesaler) and pick it up. So usually, peoples is coming and going there all the time anyway so people don't notice as much.*

This demonstrates that there can be more sensitive ways of helping women who need to access food. Instances like the one cited, however, are the exception rather than the rule.

In an attempt to maintain anonymity, these women devised strategies for accessing the food bank. They called ahead to arrange their visits to the food bank, making certain that the food was ready for them when they arrived. Another strategy involved going to the food bank later in the day. This approach avoided having to wait in line with a larger group of people who, potentially, might know them.

One factor that made the “trip” to the food bank a little less threatening was the food bank worker’s display of sensitivity to the lack of anonymity related to using the food bank. Sensitivity played an integral role in helping the women maintain anonymity. Oftentimes, the food bank worker made it easier for them to use the food bank by suggesting that they come after hours.

*So (the food bank worker) calls me back and she said ‘Can you come down around 6 o’clock?’ I said, ‘Yea.’ She said, ‘It’s only gonna be me there, but,’ she said, ‘I gotta get somebody to go in with me.’*

Just how difficult it was to go to the food bank was summed up quite well by one

woman who, when asked to describe how it felt, looked at me and said:

*... almost like a feeling as you get, like you're being stripped.*

She felt her character was being carefully and critically examined and judged. Going to the food bank stripped these women of their identity, image, reputation, and dignity.

The women described strategies that they used to help them with their feelings about the lack of anonymity associated with using the food bank. They tried to rationalize that the food bank was for everybody, therefore, they were entitled to access the food bank. Despite one woman's concern over how others characterized her, she compared herself to others and asserted that she was entitled to the assistance of the food bank because she was a human being like everyone else who accessed it. She emphatically stated:

*Probably I'm too worried about what other people thinks.... I ... say well 'the heck with what everybody thinks. I'm no better than them, they're no better than what I am. It's all blood running through our veins, that's it.'*

#### *A Way to Feed Your Children*

Why did the women use the food banks? What helped them overcome the negative feelings they experienced? They all knew that they had to provide food for their children and this responsibility was paramount in the experience of using the food bank. They saw the food bank as a means to an important end, that of having nutrition for their children. A fourth theme, "a way to feed your children," was identified as essential to the whole experience of food bank usage. When the participants used the food bank they felt worthless because they felt that it demonstrated and reinforced that they were unable to provide food for their children, notwithstanding the hardships of making ends meet with a

low income. Having insufficient food to feed their children was an overwhelming reality that was difficult to deal with. Within the perspective of their perceived parental responsibility, it was thought of as beneath their dignity.

The women had mixed feelings about going to the food bank yet their sense of responsibility for providing for their children let them put aside how they felt about obtaining food in this manner, at least for the moment. It was not an ideal means for providing for their children, but it did let them access some food. As evidenced through this theme, women experienced a hurtful feeling when the children requested a particular food and the women were unable to meet the request. The grief associated with the hurt was a source of real pain for these women. While they had a profound sense of responsibility to fulfill their parenting roles, they felt the stress of not being able to meet the specific needs of feeding their children.

*... the hurting part is ..., is when I sees the kids come and ask for Mom I wants a cookie or I wants some juice. That's where the hurting part h'is then, right? ... and then I got to say to 'em, Mommy don't have no juice Mommy don't have no cookies. I says you gotta wait till Mommy, gets you know, gets some money, or on hand, or whatever, then you'll get your treats. Then they'll come in, again, Mommy I wants juice, I wants juice. I..You can't have juice, if its not no juice you gotta drink water, or milk. Like if I got a bit of milk, you have milk for, for his t'irst, right?"*

The women took very seriously the fact that they were entering into a service that was available through the charity of others. They were well aware of the stigma attached to going to the food bank and they did not want to be stereotyped as a "poor parent." One stereotype the public has of food bank users is that they are unable to manage their money, otherwise, they would not have to use the food bank. From a slightly different



perspective, one woman felt ashamed to be going to the food bank as a result of her husband having spent their money on alcohol. The actions of her husband caused her to feel disgrace when she went to the food bank, in spite of all of her struggles, to feed her family.

The experience of “a way to feed your children” engendered concerns and frustrations that required the women to invest much of their time and energy legitimizing their reasons for using the food bank to feed their children. Also, they had developed an attitude toward their right to access the food bank because they were spending their money and behaving in a way with which society would agree. Some of the women were defensive of their actions. The following excerpt provides insight into how study participants felt:

*My concerns about people finding out that I use the food bank.... I have to use it sometimes. Other times I don't. This is a concern, I don't wave it around in the air like a banner saying I used the food bank today. If people see me, fine, I'll say I had to use the food bank. I'm finding the crunch this month. If people find out, well fine, that's all I can do about it. But I try not to let it bother me too much ... It's not like I'm going and buying dope off the street or anything, I'm using the food bank for god's sake. I'm trying to feed my family.*

The women maintained that the food bank was a necessity. Knowing that they were doing this for their children made it easier to cope with using the food bank and this was a positive strategy toward self-empowerment. The women tried to detach themselves, both mentally and emotionally, from the negative feelings that they experienced when they went to the food bank. This helped them retain a healthy state of mind so that they could overcome the stigma attached with accessing the food bank. No matter how they felt about going, they had to put their feelings aside:

*You just gotta cope with it because of your kids, because they're the ones you're getting it for.... You just have to. You have to grin and bear it and go do your duty as a good mom and just try to cope with it the best you can.*

The experience of “a way to feed your children” demanded sacrifice. Oftentimes these women sacrificed their own eating for their children’s. The women knew that children must eat well; as for the women, their food was an afterthought. They believed that they were not entitled to spend much of their income on themselves because their needs were not as important as their children.

The women’s strong maternal instinct to feed their children was a positive quality, but it also produced impoverishment in relation to the women’s personal needs. They felt that they had to make sacrifices to meet the needs of their children and this self-sacrificing action was disempowering because it made them feel depressed and demoralized. The women had to forgo things such as buying new clothes.

*... I haven't bought anything new in, it must be years. I always got to go to the used clothing shop because you can't go out and buy new things. It's just so depressing when you try and do right for your kids and you can't do it because you just haven't got enough money to do it.... So it's very depressing and demoralizing when you think about it.*

The significance of “a way to feed your children” was described by one informant who told of how she sold personal items to procure money for food. Being self-reliant, when things were very desperate, helped her have an attitude of self-respect. She felt proud about the sacrifice that she made because she was being responsible in meeting the needs of her children; this provided her with feelings of self-worth:

*I've seen times two ah, two particular times, where I've sold stuff from my house. I've sold things that I had that I didn't think I needed so I could go buy groceries. I sold a brand new TV and a VCR, ... I didn't take the kids TV's or VCR's, right....*

*I, I bought groceries. And I, another time, I had a 400 dollar leather jacket ... So I sold my coat.*

The women demonstrated their self-reliance through other means. They hoarded food that they received from the food bank which speaks to their fear of not having enough food to protect their children from going hungry. This activity facilitated self-sufficiency and gave them the opportunity to fulfill, in some way, their responsibility in feeding their children.

*I bet you I've got 10 bottles of apple juice in my cupboard now and frozen orange juice, right.... I'm going to the food bank ... because I need the help so that I can buy those extra things for the girls that they need.... like turnip and carrot and potato.*

Even though they used the food bank over the years and, for the most part, on a regular basis, there were things that they received that they did not use. Individually, these women were able to achieve self-respect through their admirable efforts to carry out their responsibilities as parents. Bartering was another approach that made these women resourceful in feeding their children. One woman described how she bartered in order to get food that her family required:

*... but we used to get canned milk. And the only thing about it is my kids won't eat canned milk on cereal, so that wasn't a benefit at all.... So I used to trade my tin milk with somebody. 'I'll give you say 3 cans of milk for 2 litre of milk.'*

The women's experiences in trying to feed their children through the use of food banks meant that they would go to extraordinary means to get food for their families. They accepted this reality and this fostered a feeling of determination. They were determined to maintain some control in their response to how they approached their life situation. They would take a positive approach and be responsible for solving their

problems. As one woman emphatically expressed:

*If I had to support my kids with no help from the food bank, and I was having it rough and tough, I would go around to the roads and collect up beer bottles.... I would do that.*

### *It Never Gets Any Easier*

For the women I interviewed it did not matter how many times they accessed the food bank, each time it was necessary to take the “trip,” they had to weigh the pros and cons of such an event. This was a topic of a great deal of conversation. The fifth theme identified was “it never gets any easier.” This theme helped to capture the difficult decision that these women had to work through to convince themselves to go to the food bank each time they had to access this resource. Although they became knowledgeable about how the food bank operated, how various workers responded, or when was the best time to go so as to avoid being seen, this did not mean that it was any easier for the actual trip to the food bank. They knew that on any particular visit they might have to deal with a particular “gate keeper,” “judge,” or policy that made them feel badly about having to access food this way or, worse still, would not permit them to get food on this particular occasion. Having dealt with the imposed structure and bureaucracy of food banks, they consistently hesitated to call the food bank even though they did not have enough food to feed their children. Finally, they concluded that they could no longer hesitate because they needed the food now even greater than before.

Going to the food bank was not an easy decision to make. The women expressed a deep, inner struggle before approaching the food bank. They tried to justify not going and would rather do without the food in order to avoid going. They often put off calling the

food bank for help and attempted to validate their need for going. This vacillation in making the decision to go to the food bank intensified the struggle and made approaching the food bank even more difficult.

*So I'm between two minds whether or not I should call. I've almost gotten to the point where I'd almost do without just to avoid going down there. But now, ... I rely on going to the food bank ... when I'm getting ready to go and I says I don't really need it, I can do without it.... I know that I need it but then there's a part of me that says ... you can get by until this date when I can afford to go and get what they can give me, right. But it's hard, it's a hard decision.*

One woman disclosed that a moral struggle was going on inside her head and she needed to determine if using the food bank was “right or wrong.” It was important that the woman had a sense of legitimacy before she made the decision to use the food bank. She did not want to be perceived by others as not rightfully requiring to use the assistance of the food bank because this possible perception by others would make the woman feel as though she were caught in a wrongful act. She stated:

*... in my own mind then, I often says to myself, is it the right thing or whatever, right? ... Is it right what I am doin'. .. Ya, I asks, I says to myself and is it right what I'm doing or is it moral?*

Another woman talked about the process that she went through when deciding to go to the food bank. This woman struggled with whether she really needed to go to the food bank and wondered how she could avoid going.

*Well, if I had to phone them tomorrow and look for a hamper, I'll be sitting here the night before wondering how I could get out of it for the first thing, because that knot is starting to well-up in your stomach.*

There were other factors that helped some of the women to at least feel somewhat better about going to the food bank. While these factors did not make the physical act of

going to obtain food any easier, it at least made the event less traumatic. One factor was support from family and friends and an affirmation from them that it was acceptable to go to the food bank. Many times, however, they did not want to burden family or friends with this information. Feeling disenfranchised, disempowered, and stigmatized at times, they had to ensure that the significant people in their lives could make the connection that they required the assistance of the food bank. Being able to express their need to someone and having support in going, enabled them to make the decision to go. This lightened the burden and liberated them from their negative feelings, which made it easier.

*Well, first I might sit down and say, well, ... should ... maybe I'll phone ... and discuss it with my mother in-law. And she'll say to me, well, that you don't have nothing to be ashamed of. It's out there fer ya. You gotta do what's right. You can't let your kids be out of the things that they needs? Right? ... I know then that I am not ... abusing the food bank, right?*

Another woman talked about how she called her mother and discussed her situation. She received emotional support from her mother for her decision to use the food bank. Her mother had used the food bank occasionally. Therefore, having an empathetic listener, one who understood what it was like to use the food bank, was helpful in dealing with the experience.

*Well, I could phone down and say mom, gee, I got to phone the food bank tomorrow. I'm gonna have to get a hamper because I can't make my money stretch any more. She says okay then, get ready and we'll go over and I'll go over with you. She's always there to provide a little bit of backbone that I need to get in there. That little bit of emotional support.*

Another factor that helped in going to the food bank was the response the woman received from the worker at the food bank. When the worker did not seem to understand the women's situation, and this sometimes happened, the decision to go to the food bank

was much more difficult. Before calling the food bank, the women anticipated possible reactions from the worker because of their previous experiences. All the women procrastinated in calling the food bank as an attempt to develop the courage to call. Through this, they found themselves in an emergency situation; there was a sense of urgency in that the women needed food immediately. The food bank tried to set up an appointment for one informant, five days later than the day that she called for assistance. The informant had the impression that the food bank worker did not understand the context in which she was calling, hence, the food bank was not responsive to her need. This further accentuated the resentment and certainty of it never getting any easier. She emphasized:

*... 'I'm calling because I need it. I need it now, not next week, now! ... I don't need it five days later! I need it now.'*

In articulating this experience, she further stated that she felt as though she were begging for food because of the way one food bank worker responded when she called for help.

*I've noticed like a couple of times when I was getting out to the one (food bank) it was almost like I was phoning and begging for it....*

If they were made to feel that they were begging as opposed to requesting food, it was a more difficult and uncomfortable experience for the women.

Using the food bank was easier when there was no one at the food bank whom the women knew and their stress diminished. It took less effort for the women to receive help if they were a stranger to others who were also at the food bank receiving help. The following illustrates this:

*... like if I went in there and there was a crowd of people there and I didn't know*

*one single person, I couldn't care! I'd marley on in.*

The women attempted to take control over their situations by affirming and accepting the fact that they needed the food. When comparing what was best for their children, they concluded that the optimal situation would be to go to the food bank rather than not being able to provide for their children. Even though it was degrading when they were unable to provide for their families, they concluded that it was better to ask for help. Using the food bank was made easier when they acknowledged the reality that they needed it to feed their families although they knew that it would not meet their every need.

It was humiliating having to explain the purpose of accessing the food bank. These women were aware of the stereotypical perception that the public had of those who used the food bank and they did not want to be perceived that way by others. They wanted respect and not to be blamed for having to use the food bank. They did not want to be perceived as being untrustworthy, unmotivated, and deceitful. One informant reflected on a phone conversation that she had with the food bank worker and worried that those working at the food bank would not really understand her situation. She told the food bank worker that she had obtained a fair paying job and probably would not have to return to the food bank, however, after working for a while she had to quit because of the expense of child care and transportation. Informing the worker that she would have to return to the food bank was embarrassing because she was confronted once again with the reality of having to go back on welfare.

Having lived with financial constraints, the women had to rely on social and



charitable programs to feed their children, hence, they felt vulnerable and without meaningful options. They were overcome by their situation and this had a negative impact on their self-esteem. As well, it was very difficult or impossible for them to find meaningful work so that they could provide for their families. Coping with the difficult circumstances of inadequate income was degrading and caused them to be dependent on the food bank. They felt trapped because of the system, and, overall, it was demoralizing for the women. As one woman stated:

*... it's just a totally demoralizing experience.... The system will give you low self-esteem because they make you stay in this rut all the time and it's very hard to get out of. That's what I mean by low self-esteem.*

Another participant stated that she was concerned that things were not going to change for her. She had tried on numerous occasions to get off social services, but repeatedly resorted to it again. This created a feeling of hopelessness that resulted from an overwhelming sense of powerlessness and isolation. The woman stated that it was like she was being caught “between a rock and a hard place.”

*I'm stuck between a rock and a hard place. You can't possibly even fathom trying to get out of it anymore. Because you've tried and you've tried and you've tried and you can't try anymore....You're stuck between the real world and the social services. That's where you're stuck between and you can't get out.*

The women in this study talked about how they desired to have meaningful work, to be self-reliant, and to contribute to society. There was a collective desire amongst the women to improve their material life, but that was like a dream and, therefore, unattainable because of being “stuck in the system” and this was disempowering. They wanted to remove themselves from the poverty cycle, a cycle that created the outcome

(going to the food bank) that reinforced the predisposing factors (not enough money to buy food) that lead to returning to the food bank. The freedom for options was not a right for these women as there was no means of granting opportunities for them to transcend the obstacles of overcoming poverty. Unless the poverty cycle was broken, it was never going to get any easier for these vulnerable women and they would not be able to change their situation.

One woman described that she could be working for minimum wage, however, it was better for her financially to receive child support and child tax credit. She refused to go on welfare because of the way it made her feel, therefore, welfare was not an option. She was determined to not let the constraint of having little income drive her toward doubting her self-worth. Receiving welfare did not represent a safety net for the woman, rather, refusing it was a means of releasing her and her family from the experience of “it never gets any easier.” This woman refused to be lured into being entangled in ‘the system.’ As difficult as using the food bank was, the only alternative was much worse - to receive social assistance. One woman explained her situation:

*... and I won't go on Welfare, never, because I've been through it and I knows what it's all about. I was in misery the whole time I was on welfare. I wouldn't be no better on welfare than what I am now because I wouldn't be getting as much as what I'm getting now, right.*

## CHAPTER 5

### DISCUSSION

The purpose of this research was to understand the experience of women, with children, who use the food bank. In particular, the study was designed to uncover the meaning of what it was like for women to access food banks to feed their children, what impact it had on their lives, and what impact it had on their health. The aim was to discover what it is like to use the food bank as experienced by the participants. The use of food banks was explored through phenomenological inquiry and, therefore, the discussion of the findings will focus on how they relate to the participants' experiences.

#### The Experience of Food Bank Usage Among Women

The impact of the use of the food bank on the lives and health of women is a complex interrelationship among the following themes: (1) no other choice, (2) a visible reminder of poverty, (3) a lack of anonymity, (4) a way to feed your children, and (5) it never gets any easier. Through these themes, a better comprehension of the experience of the impact of food bank usage among women is obtained. This study extends our understanding of how the lives of women, and, in particular, their health is affected when, because of life circumstances, they are required to access food banks to provide meals for their children. It gives new insights into food insecurity among this vulnerable group. The work also identifies a research issue that is of importance, that is, the inclusion of vulnerable groups in research studies and some of the challenges that researchers face in being inclusive of this group in their research. Each of these areas will be addressed in this chapter.

### *Link Between Findings and the Literature*

The findings yielded information about the impact of the use of food banks on the health of women, especially their mental health. A salient finding from the study, however, was the experience of what it was like to live with low income. Income, a determinant of health, affects women's ability to provide nutrition for themselves and their children (National Forum on Health, 1997). Living with low income created stressful life events for these women including having to use the food bank and constantly dealing with insufficient money to meet their needs. Stressful life events have been associated with both food insecurity and food insufficiency (Rose, 1999). Food insecurity has psychological implications and is linked with feelings of deprivation (Radimer et al., 1992). Distress and depression were also linked to food insecurity in the National Population Health Survey (Rainville & Brink, 2001). Depression in women receiving welfare was reported by Siefert et al. (2001).

Consistent with the research findings related to food insecurity was the women's impoverished situation from constant financial insecurity and competing financial resources. This was true especially at the end of the month when food and money ran out; accessing food banks to augment household food supplies was necessary when threatened with food shortages or when their food shortage was severe (Fitchen, 1988; Hamelin et al., 2002; Jacob Starkey et al., 1998; Radimer et al., 1992; Tarasuk, 2001c; Tarasuk & Beaton, 1999a; Tarasuk & Maclean, 1990a). The women in my study described food insecurity as it was experienced within the context of feeding their children and they did not speak of their own individual experience with food insecurity. This finding is similar

to Hamelin et al. who reported that women discussed food insecurity within the context of the members of their family and their primary preoccupation was protecting their children against hunger.

My findings revealed that the act of buying groceries reminded the women of the hierarchy of social classes within society and they blamed themselves for not having the purchasing power they required to meet the needs of their families. This is consistent with the findings in other studies (Hamelin et al., 2002; Jacob Starkey et al., 1998; Travers, 1996). The women I interviewed disclosed how having a low income did not meet their socioeconomic needs and described this experience as humiliating and shameful, so much so that one woman refused to go back to receiving welfare. Burman (1996) reported that some low income individuals refuse to remain on welfare, and that those who came from middle class society viewed poverty with a strong sense of guilt.

The women's impoverished situation and their strong parental responsibility to feed their children were the most prevailing factors in my study for using the food bank; this is consistent with the observations of Burman (1996) and Hamelin et al. (2002). Using the food banks was incomprehensible, was done in desperation, and was only used as a last resort (Hamelin et al., 1999; Tarasuk & Beaton, 1999a; Tarasuk & Maclean, 1990a). My study thus further reinforced this reality, speaking to the urgency of the women's needs when they sought help from the food bank.

Adverse feelings towards using the food bank were superseded by the recognition and acceptance that the well-being of the children was dependent on receiving staples from the food bank. Using the food bank did not represent a long term solution for these

women, however, they knew that it had become a long-term food source for their family. This finding is in keeping with previous studies reporting that food banks are perceived as a community service and a necessity (Jacobs Starkey et al., 1998; Tarasuk & Maclean, 1990a). Despite a strong reluctance to use food banks, Hamelin et al. (2002) reports regular use of food banks would not have occurred if there were more choices to access food. He questions whether the regular use of food banks is a form of adaptation for families since it cannot provide an adequate means of access to food for all. Women experienced shame, embarrassment, degradation, and humiliation when they visited the food bank (Burman, 1996; Tarasuk & Beaton, 1999a). My findings support this view, however, other studies report that women do not view food banks as an embarrassment (Jacobs Starkey et al.; Tarasuk & Maclean).

The women were tracked through networked computers located at each food bank and asked questions to validate their entitlement to food; they found this disturbing. They were repeatedly reminded by food bank workers that policies existed that would limit their access to food and that these policies had to be followed. However, the women were always able to convince the worker that they required food for legitimate reasons so the worker would override policies. Throughout this, the women feared the food bank worker would perceive them negatively or at fault because of they did not have enough food to feed their families, however, it was the approach of the food bank worker that affected how the woman perceived the experience of using the food bank as either positive or negative. These findings are similar to Burman (1996) who reported that policies at food bank outlets revealed a paternalistic control with intrusive screening and computerization

of the food bank outlets as a way to decrease the choices for those accessing other food banks and increase the control of its users. He found food bank providers were looking for faults in their clients and wanted to discover ways they might be cheating the system. As well, providers at the church food banks set a tone where the client is seen as flawed, both humanly and spiritually; the role of the service provider was “to correct, to discipline, and to help the person overcome his or her shortcomings” (p. 70). Burman also reported that some food bank workers are non-judgmental in their approach and make the experience of using the food bank positive. The oppressive nature of the control over food in food banks, grounded in the assumptions that the problems in obtaining food are caused by individual inadequacies, is a “blame the victim” approach (Travers, 1996). Tarasuk and Eakin (2003) reported that food banks deal with a limited, variable, and uncontrollable food supply which affect the practices that govern the way in which food was distributed. Also, there was an increase in the number of food bank users and increased challenges in meeting the demand for food are created (Orchard et al., 2003).

The policies at the food banks had an impact on the amount and type of food the women received. Other studies related to food insecurity have revealed that nutrient content of emergency food bags received through the food banks contained a three-day food supply that was unable to meet nutritional requirements. Typically, food bag contents are determined by the available supply of food at the food banks, the size of the family, and the whims of the packer (Jacobs Starkey, 1994; Poppendieck, 1998). Women do not receive enough food from the food bank to prevent them from “going hungry” (Tarasuk & Beaton, 1999a). This suggests food banks are not the best response to food

insecurity. Other approaches that would provide nutritious meals to women and children are required.

Challenging the public's perception of food bank users shaped the experience of using the food bank for the women in my study. The women described how they fought for their entitlements at the food bank. The fight for entitlements was a way to control their situation and oppose the stigma and low self-esteem of being a passive recipient of social help (Burman, 1996). My findings reinforced the determination of the women to act so that they might overcome their problem of a lack of food and the unsuitability of food in their household.

The decision-making process women used to determine whether or not they would use the food bank was an important finding in my study; this process was difficult, intense, and very complex. Many factors came into play when making this decision, one of which was the internal struggle pertaining to doing what was morally right. To reinforce their internal moral reasoning, emotional and moral support was sought from family and friends. Burman (1996) reported a moral struggle among food bank users because the context of the experience was entrenched in the charity or "the good will" of others. To settle such an internal moral conflict, some argue that women who are received knowers will look outward for moral knowledge and strive for symbolic representations in the voices of others (Belenky, Clinchy, Goldberger, & Tarule, 1986). The received knower views the voices of others as superior to her own; listening, learning, and clinging to the sound of others' voices because her own voice has been silenced. Although the received knower is convinced by others of the right or wrong of important issues, it is not



substance that her thoughts lack—simply voice.

Previous research has explained the complex nature of social support in dealing with food insecurity in the household (Ahluwalia et al., 1998 ). The women in my study provided some insight into the importance of social support in time of food insecurity. There was a willingness of family and friends to be supportive, however, the women were selective over whom they trusted. The women also reported that they could not accept social support beyond family and friends. My findings were consistent with those of Burman (1996) who suggests that networks beyond family and friends are more difficult to establish because of the inability to reciprocate the act of kindness. As well, social connection with family and friends was important in empowering women in my study to construct a sense of entitlement for use of the food bank and this finding is consistent with Burman. Those with emotional support were less likely to report hunger and did not experience social isolation (Tarasuk, 2001c).

The findings in my study provide support for the stigmatizing effect that results from going to the food bank. The stigma resulted from the women's knowledge of the public's viewpoint of those who used food banks, as well as the fact that the women knew they were different from the majority of the population of Canada. There was a social stigma attached with going to the food bank resulting in selective withdrawal, or selective isolation, from friends (Burman, 1996; Tarasuk & Beaton, 1999a). The women in my study weighed the consequences of revealing whether or not they would admit to going to the food bank. Revealing this would either garner support or generate concern. Consistent with the research findings in other studies is the distinct awareness among the

women of the public's attitudes regarding low income individuals who use food banks (Burman; Hamelin et al., 2002; Tarasuk & Beaton).

My findings revealed that public locations of food banks and being processed in a public manner were negative experiences in the women's lives. As well, the findings provided some insight into the experience of maintaining some degree of anonymity through using an agency outside of the food bank. These observations are similar to the findings of Burman (1996) who reported that being processed publicly at a food bank is a very disturbing experience and low income individuals preferred obtaining food in an anonymous, impersonal manner. Research findings from Burman's qualitative study found that anonymity was difficult to achieve from church-affiliated food banks, however, food banks that created the climate for complete anonymity was a positive experience for those who accessed them.

The concept of alienation was evident in my study findings. Similar to the findings of Hamelin et al. (2002), the women I interviewed were frustrated with their lack of control over their food situation, especially with the scarcity of food and the unsuitability of their food and diet. They also felt alienated from society at large in the way they had to access food. They were aware of the stigma associated with food bank use. These findings support Hamelin et al.'s postulate that households have progressed beyond the stage of preoccupation with access to food. Alienation is a concern in food insecure households. In contrast, Radimer et al. (1992) reported food anxiety and the preoccupation with access to food among low income women. In my study, feelings of powerlessness, shame, embarrassment, guilt, and inequity, as compared to mainstream

Canadians, were described in the women's experiences with their food situation and having to use food banks. These feelings contributed to a further feeling of exclusion from society and a longing to fit in society. Hamelin et al. (2002) reported how the women in their study did everything possible to protect their children's social image at school so as to hide the deprivation that they experienced at home. My study highlighted measures women took to ensure that their children were protected from the impact of their financial deprivation. Clothing was used as a means of self-expression and status and as a way to hide their poverty. Burman (1996) has a similar finding regarding clothing.

Consistent with the research findings in other qualitative studies of food insecurity (Burman, 1996; Hamelin et al., 2002), the use of food banks resulted in psychological suffering by the women in my study. Psychological suffering for these participants included a loss of dignity, feeling like they were begging for food when at the food bank, as well as experiencing the worry of not being able to fulfil the eating needs of their children. There is a "sacred trust" in parents in that they provide for their family no matter what the circumstances (Burman). The psychological suffering of my participants also included the profound experience of "being stripped." Going to the food bank was, in fact, the literal experience of what is an analogy - going to the food bank was like standing naked, in front of strangers, and alone. According to Burman, low income individuals state that to truly understand what it is like to be poor is to actually experience being poor.

The women in my study demonstrated a number of positive coping strategies in

their efforts to feed their families. A salient finding was the women's strong sense of determination to deal with their shortage of food and to provide suitable nutrition for their children. Their sense of determination fostered self-respect, resourcefulness, and control. Participants described their food management strategies, such as receiving food from charity and selling household possessions, to feed their children, strategies that were consistent with the findings from other food insecurity research (Anderson, 1990; Campbell, 1991; Campbell & Desjardins, 1989; Radimer et al., 1990; Radimer et al., 1992; Rainville & Brink, 2001; Tarasuk, 2001c; Tarasuk & Maclean, 1990a). My findings suggest that bartering is also a strategy that women use to procure food to feed their children and this is similar to the finding reported by Campbell and Desjardins.

Among participants, the women's self-sacrifice was evident. Burman (1996) reported the same finding, especially among single women. Self-sacrificing was reported as common among women because the public system expected women to look after their own needs and were not expected to partake in any share of benefits. These findings further support the women's impoverished life circumstances and marginality and as such is a threat to women's health.

The description of the food bank experience was similar with the findings from research indicating that women with long histories of poverty expressed little hope in either bettering themselves or improving their situation (Tarasuk & Maclean, 1990a). Women in my study were not happy with their socioeconomic situation and longed for fulfillment in ways such as having meaningful work. This would help them to be self-reliant and contribute to feeding their children. Living within the reality of never being

able to leave the poverty cycle meant that it never got any easier for the women in my study. According to Burman, this was described as feeling “trapped” and “caught between a rock and a hard place.”

### *Methodological Issues*

The methodological issues that emerged in my phenomenological study were significant challenges for me. Recruitment of participants turned out to be a major problem, one that I thought about often. While I did not expect recruitment to be easy, due to the sensitive nature of the topic, I did not anticipate some of the road-blocks I experienced. Barriers to potential participants for my study were created by the gatekeepers to these women who prevented me from gaining access to potential participants. Extensive efforts were used in an attempt to gain access to women who use food banks, however, I was unsuccessful in these endeavors. In light of the problems associated with recruitment, I had a small number of participants. Recruitment issues occur in research with vulnerable families (Bond Sutton, Erlen, Glad, & Siminoff, 2003; Brown, Long, & Milliken, 2002; Demi & Warren, 1995; Flaskerud & Winslow, 1998; Heaman, 2001; Moriarty, 1990). In addition to the issue of my securing the participation of vulnerable women, was the difficulty of locating the participants for follow-up interviews. A reason for difficulty in follow-up with low income women is that they move more frequently. This is consistent with the experience of conducting this study.

Understanding women’s perspectives regarding the experience of the use of food banks through a qualitative approach generated rich data for my study. My intent in this study was to help understand what it is like for women to use the food bank, not to “re-

victimize” them. The three participants who shared their experiences with me, and the one who agreed to take part in the research but did not become a participant, helped me understand the difficulty of obtaining information in this area. Critics of qualitative research approaches cite subjective expression and contextual elements, such as social and economic contexts in which individuals live their lives, as limitations to research rather than strengths to research because it limits generalization to larger groups (Cutcliffe & McKenna, 1999; Jasper, 1994; Moriarty, 1990; Streubert Speziale & Carpenter, 2003).

Issues pertaining to confidentiality are of concern when studying sensitive or stigmatizing topics (Demi & Warren, 1995; Ensign, 2003; Flaskerud & Winslow, 1998; Heaman, 2001). In particular, the ability to establish trust is a key factor in research that reveals highly sensitive information. The sensitive and complex nature of this current research study provided a methodological challenge in that the fear of losing custody over children was expressed. Fear of losing custody over their children is reported in the literature related to food insecurity (Hamelin et al., 1999; Hamelin et al., 2002). These concerns, as evidenced in the literature, were consistent with the experience of conducting this research study.

#### *Associated Factors Influencing Women’s Health*

Women’s health is embedded in the social and economic environment in which they live. The following discusses the associated factors that influenced the health of women in this study who used food banks. Low income women’s lives are affected by their lack of money or resources to procure adequate food to feed their families. For the

participants in this study, being unable to provide adequate nutritious food to feed their families was worrisome and invoked feelings of low self-esteem. Factors contributing to their worry and low self-esteem included the high level of uncertainty about such things as income security, the inability to provide adequate nutrition for their children as well as their inability to fulfill their role as parents. This engendered very stressful life circumstances for the women, especially when they knew that within a few days an emergency food crisis would exist in their household.

The economic resources available to low income women was not enough to meet their needs, hence, requiring these women to mobilize their coping skills. Such coping skills included skipping meals so that their children were able to eat and using the food bank. The food banks, however, did not adequately provide for the nutritional needs of the households.

It was difficult to maintain adequate physical and mental health in the midst of financial insecurity, however, the women played an active role in providing for the well-being of their family. They developed a sense of entitlement to use food banks and the means of gaining confidence to obtain food to feed their families. These women found the decision to access food banks a stressful and difficult experience. They relied on close social networks such as family and friends to provide support in their decision to use the food bank as a resource to feed their children. Despite the stigma attached with going to the food bank, the women finally had to resort to this in order to cope with providing food for their children, but only when they knew that they were running out of food.

Many complex factors resulted in the sense of alienation and psychological

suffering for the women in my study. The impact of these factors caused the women to feel hopeless about their situation. All these complex factors combined may be a threat to women's health and may contribute to poor health outcomes.

### *Concluding Statements*

An understanding of the experience of using the food bank among women is observed as a set of complex interactions within a particular socioeconomic environment. The use of food banks was strongly linked with the broader social issue confronting low income women including the need for increased financial resources and security. The women's stories were quite insightful in relation to what it was like to access food banks, the impact it had on their lives, and the impact it had on their health. Their stories helped reveal the oppressive nature of their everyday lived experiences.

Using the food bank was influenced by the women's impoverishment and their strong sense of responsibility to feed their children. The women clearly articulated the impact of the policies of the food banks and the decision process used to determine its usage. The difficulties that the women experienced in relation to alienation and psychological suffering were evident from the research findings. The women described a loss of self and, the profound experience of using the food bank, made the women question where they fit in society. Despite their expressions of little hope, the women's strong sense of determination fostered their taking control over their shortage of food and, therefore, increasing their ability to feed their children.

It is clear from the findings that the underlying cause of women being compelled to use the food bank is primarily their socioeconomic deprivation. Individualistic



strategies, such as accessing food banks, are not effective interventions to socioeconomic deprivation because they do not promote significant, long-lasting improvements. Rather, they have a negative impact on the women's lives and health. The need for public awareness and advocacy for social change is imperative in order to effectively deal with socially and economically disadvantaged women.

## CHAPTER 6

### CONCLUSION: LIMITATIONS AND IMPLICATIONS

This chapter contains the limitations of the study. Implications for nursing education, nursing practice, nursing research, and public policy, in general, will be addressed.

#### Limitations

The researcher used a phenomenological research method that relied upon the informants' ability to reflect upon and describe their experiences. The aim of the study was to gain a greater understanding of women's experiences with using the food bank and how this affects their health. The results of the present study provided rich data for analysis. The participants were articulate about their experience, however, obtaining the "authentic" voice of women is difficult when studying vulnerable populations such as low income women (Reutter et al., 2000). The current study reflected insights gained from women who used the food bank and limitations of the study are acknowledged.

The main limitation of the study was the number of participants. Obtaining participants for the study, more specifically, trying to get past the gatekeepers of this vulnerable group, was very difficult. In conducting research, it is particularly important that the voices of women from vulnerable populations be heard so that appropriate actions, such as advocating for changes to address the inequities in their lives, can be undertaken (Reutter et al., 2000). Another clear limitation concerns the follow-up interview. Only one such interview could be completed, hence, the researcher was unable to confirm the observed results with all the participants.

## Implications

An important implication of this study for health care professionals is the need to be, without exception, cognizant of the context of the “lived world” of people. This cognizance is significant for the understanding of another’s experience. This study helped to portray an understanding of the experience of using the food bank in the context of the women’s daily lives, and, to a lesser degree, the social, political, and economic structures that impede health. According to Butterfield (1990), an understanding of the complex social, political, and economic realities that shape people’s lives is necessary for health promotion. The implications for nursing education, nursing practice, nursing research and public policy will be discussed.

### *Nursing Education*

Nurse educators are confronted with the challenge of developing and implementing a curriculum to prepare nurses to work with diverse and vulnerable populations, including women who use food banks. Within this context, research findings must be continuously incorporated into practice to provide guidance and equip the new practitioner to be skillful in working with diverse communities, especially those affected by the matrix of social, political, and economic influences. It is important, therefore, for nursing students to experience the scope of nursing practice in many forms and learn to think reflectively and analytically so that they can respond to the complex situation of women who use food banks. It is equally important that nurse educators impart the importance of being more sensitive to issues, such as food bank usage, that shapes the lives of low income women. Nurse educators first need to understand more clearly some

of the issues that vulnerable groups experience, such as, use of food banks.

Nurse educators can play a significant role in helping nurses to work with vulnerable families coping with using food banks so that strategies can be developed to work effectively with these families. The nurse educator can play a role in continued knowledge development of practicing nurses so that they can be better grounded and have more meaningful knowledge about vulnerability and health as it relates to the use of food banks.

### *Nursing Practice*

Nurses, especially community health nurses, are challenged to support women in families who use food banks. These nurses need to be aware of the significant role women, especially low income women, play in feeding their families. Also, they need to understand the nature of food insecurity as well as the ways that women cope with it is imperative in order to design appropriate interventions that address the needs of these women.

The assessment of the health and well-being of families who use food banks is an important role of the nurse. Before the nurse can work with families who use food banks, they must become self aware of their own attitudes and how these might be stigmatizing towards food banks users. As well, it would be beneficial for the nurse to become knowledgeable about food banks and the impact they have on the health of women. The nurse must be visible in the community, be seen as a resource for women that use the food bank, and must listen to the women's narratives. Community health nurses are in a unique position to help women who find themselves dealing with these conditions and

can provide appropriate family-oriented interventions such as the preparation of low cost nutritious meals.

The impact of alienation and psychological suffering, as it relates to food insecurity and use of food banks, needs to be acknowledged and addressed. Practicing nurses must recognize the need for, and find ways to enable, women to seek appropriate emotional and psychological support. Women can be enabled to seek support through the nurses active role in assisting with access to child care and transportation. Additionally, the interpersonal strengths of the women who were identified in this study suggest that nurses can serve show unconditional acceptance, pointing out the woman's unique strengths, and allowing the woman opportunities to discuss her concerns. Nurses are strategically positioned within the community to address the emotional and psychological needs of this particular group.

Community health nurses are becoming increasingly aware that they must collaborate closely with others and become involved with community initiatives to meet the needs of the particular population they serve. In this instance, to accomplish this they need to work in collaboration with women who use food banks and whose needs are identified and then addressed through the mobilization of resources within the community. A community initiative could be to work with schools to ensure that all children have access to a nutritious foods without the attached stigma.

Within the health promotion paradigm, community health nurses are well suited and positioned to facilitate and enable women who use food banks to become connected with the larger community and regain a place for themselves in society. Some nurses are

involved in community outreach programs and are able to identify some women who use food banks. Through interaction in such programs, nurses can enter in dialogue with women concerning the women's perceptions of needs and societal changes required to lead women's integration into the larger community. Giving women a voice and an opportunity to discuss their experiences is fundamental to empowerment and can be accomplished by organizing small groups in venues such as social housing complexes and local schools (Labonte, 1994). Nurses are strategically situated in the community to facilitate empowerment and integration of women into the larger community. As well, nurses have the ability to create new meaning for these women by acknowledging them as being courageous rather than victims, thus transforming their stigma and shame into pride and self-respect for what they have overcome.

Another implication for nursing practice is the necessity of feedback between the researcher and the practitioner. Such feedback would be invaluable in defining the focus of future research and the relevance of the research for everyday practice. Significant questions for research can be generated from community health nurses in response to everyday observations in the field.

A final implication for nursing practice is related to public awareness of the issue and the advocacy role of the nurse. Nurses must increase public awareness of the impact of the use of food banks on the health of women and provide an understanding of food insecurity so that the broader needs of impoverished women can be addressed. This can be promoted through local media discussions on the issue.

*Nursing Research*

From the findings of this study, suggestions for future research in the area of the experience of food bank usage among women can be proposed. More extensive qualitative studies are required on how food bank usage affects the everyday life of women and their health. Qualitative studies would provide further insight and assist in fully understanding this phenomenon. Further research is required to inform health and social policy.

From this study it is apparent that research is warranted in several areas: What is the experience of women who are able to access food banks anonymously? What are the differences in the experience of women who access food banks for the first time and those who use food banks as a long-term food source? What barriers inhibit the use of food banks for households experiencing food insecurity? Is there a link between the concept of alienation and social isolation on the health of women who use food banks? Is there a link between the psychological suffering and the social networks that women develop to deal with food insecurity? What strengths and resources do women utilize to deal with lack of food in the household? What are the differences in urban versus rural experiences with use of food banks? What cultural differences exist in the experience of accessing food banks? Is there a link between culture and the type of food management strategies utilized in food insecure households? Continued research in these areas will ultimately provide valuable understanding and knowledge of food bank usage and food insecurity to enable nurses to tailor their nursing interventions to the specific needs of women.

Nursing researchers with a critical social perspective can study the dimensions of

accessing food banks and its relationship to health. This research perspective would be valuable in guiding interventions that would focus on the need for change in social conditions that influence the health of women who use food banks. Intervention studies can be formulated by listening to the ideas of appropriate interventions by women who use food banks. Intervention studies might include mobilizing social networks to interact with the public to address the use of food banks in their community.

Further research from a Canadian context is also important in order to determine the impact of Canadian social structures and Canadian economic, political, and social policies on health. This research could form the foundation for determining how the health of low income women in Canada who use food banks compares across the country, as well as, how the health of low income women who use food banks compares with other countries.

Gatekeepers, primarily food bank workers, were included in the study by Burman (1996), but more work in this area could be done. Further research is required on other gatekeepers to women who use food banks, including community health nurses and social workers, to explore their experiences. The use of focus group research would be useful in developing a better understanding of the gatekeepers' situation in relation to women who use food banks. As well, developing an understanding of gatekeepers might be the initial step toward helping gatekeepers to be more open to researchers gaining access to their clients. Focus groups have been advocated as a means of obtaining rich data and fosters consciousness-raising, recognizes participants' experience, and helps participants to view their issues as shared (Stevens, 1996; Sword, 1997).



Participation of women in the research process is a key component on the agendas of women's health research (Flaskerud & Winslow, 1998; Reutter et al., 2000). Future studies should involve women as participants in the research process; a type of research methodology that addresses this is known as participatory action research. In order to further address the experience of the use of food banks among women and the limited information available, it is imperative that women are included as partners with a strong voice in the research process (Reutter et al., 2000; Travers, 1996). This type of research may lead to social change at the community level. As well, this methodology would lead to a greater understanding of health issues and the ability of women to cope with these issues. There is a profound and unequivocal need to link understanding with action.

### *Public Policy*

Public policy, particularly healthy public policy, is characterized by multisectoral action that is taken to improve the health of a population (Glass & Hicks, 2000). The characteristics of healthy public policy includes such determinants of health as socioeconomic factors, housing, supports, and the choices people make. This approach to health affects social, economic, and political sectors and generates intersectoral collaboration. Healthy public policy is a role for community health nurses and includes strategies that challenge and modify the social, economic, and political factors that determine health (Butterfield, 1990; Drevdahl, 1995).

There is an obligation amongst nurse educators and community health nurse administrators to prepare nurses to go beyond helping individual low income women to assuming an advocacy role that challenges public policy for the necessary changes in

social structures to improve health and well-being of families (Gebbie & Hwang, 2000; Rains & Barton-Kriese, 2001; Reutter & Williamson, 2000). This obligation should begin with nurse educators who can provide modeling of political competence to students. This would provide students with opportunities to connect personal, professional, and political perspectives of social, economic, and political issues that affect the health of populations. A continuing education curriculum that is supported by nurse administrators and appropriate to current community health nurses already in practice would enhance community health nurses' skills toward developing expertise in advocating for healthy public policy. Collaboration between community health and nursing education would help toward the achievement of this objective.

Community health nurses work with individuals and families in their everyday environment. They are well positioned to dialogue with women who use food banks. Initially, the dialogue with the women could focus on internal concerns and processes. According to Labonte (1994), over time there begins a shift in focus of the dialogue and the orientation of the dialogue is then at the sociopolitical level. Dialogue would increase the awareness and insight of these women who are affected by "unhealthy" public policy developed and implemented by governments, and empower them to collectively act on their own behalf to bring about change. Nurses, together with women who use food banks, must become involved at the political level to work for social change. By getting involved at this level, public policy that impacts on the social inadequacies and inequities of women could be challenged and changed to better address the issues of women who use food banks.

Nurses are beginning to acknowledge the need to influence public policy. They could be involved with individuals and families who use food banks to affect policies and practice behaviors of food banks. This involvement would help address issues that are encountered when women are using this type of community-based program. Changes or adjustments in food banks are required so that they can be of benefit to women while maintaining the women's dignity. Nurses should seek to become board members of organizations that are affiliated with food banks. This approach would provide a voice for women who use food banks and would draw special attention to the needs of these women. As well, the challenges that nurses face in meeting the women's needs could be better addressed through sharing the needs, concerns, and circumstances of these women. Nurses can assist in identifying and implementing realistic solutions to problems, however, there is some indication that nurses' lack involvement in public policy (Reutter & Williamson, 2000). This may be partly due to their beliefs that they are not qualified to advocate for healthy public policy. The need for advocating healthy public policy for women who use food banks is essential so that the required structural changes can occur to lessen its impact on the health of women.

#### Summary

This phenomenological study on the experience of the use of food banks on the health of women used van Manen's methodology (1997). An unstructured interview was held with each of the three participants and only one of the participants could be reached to be interviewed a second time to validate data. From the scripts, five themes were identified: no other choice, a visible reminder of poverty, a lack of anonymity, a way to

feed your children, and it never gets any easier. A discussion of the findings, in light of the previous literature, was presented. Implications for nursing education, nursing practice, nursing research, and public policy were presented. Limitations of the study were also discussed.

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## **APPENDICES**

## APPENDIX A

### Inclusion Criteria for Participation in Study

All participants must meet the following criteria:

1. Women who have made a trip to the food bank in the past twelve months,
2. Willingness to participate in the study,
3. Able to articulate their experience to the researcher,
4. Can understand and speak English,
5. Dependent children living at home up to age 18.



**APPENDIX C****Permission Form:****Guidelines to Request Permission to Release Woman's Name to Investigator**

Mrs. Catherine Stratton, a registered nurse in the Master of Nursing Program at Memorial University, is carrying out a nursing research study. She would like to interview women who have accessed food banks and ask questions regarding their experience. The findings from this study are expected to help nurses and other health care providers to understand of the impact of the use of food banks upon women to meet the needs of their family and contribute to the development of appropriate interventions that are responsive to women's health needs.

Mrs. Stratton would like to meet with you and explain the study and answer any questions you may have. I would like to emphasize that you are not in anyway obligated to participate in Mrs. Stratton's study and your decision will not influence the service you receive at this agency.

Would you be willing to have Mrs. Stratton contact you so that she may explain the study in detail?

Thank you.



# Memorial

University of Newfoundland

Office of Research and Graduate Studies (Medicine)  
Faculty of Medicine  
The Health Sciences Centre

## APPENDIX D

January 12, 2001

### Letter of Approval for Amendment to Recruitment

**Reference #00.103** for Study from Human Investigation Committee at MUN

Ms. C. Stratton  
41 Valleyview Drive  
Corner Brook, NF A2H 6V4

Dear Ms. Stratton:

This will acknowledge your correspondence dated August 22, 2000, wherein you provide a protocol amendment for your research study entitled "**The experience of food bank usage among women: A phenomenological study**".

At a meeting held on **January 11, 2001**, the Human Investigation Committee ratified the Chairs' decision to approve the protocol amendment as submitted.

Sincerely,

Sharon K. Buehler, PhD  
Co-Chair  
Human Investigation Committee

Cathy Popadiuk, M.D., F.R.C.S.(C)  
Co-Chair  
Human Investigation Committee

SKB\CP:jjm

C Dr. K.M.W. Keough, Vice-President (Research)  
Dr. R. Williams, Vice-President, Medical Affairs, HCC  
Dr. S. Solberg, Supervisor, School of Nursing  
Dr. M. Laryea, Supervisor, School of Nursing



## APPENDIX E

### Consent Form

FACULTY OF MEDICINE - MEMORIAL UNIVERSITY OF NEWFOUNDLAND

AND

HEALTH CARE CORPORATION OF ST. JOHN'S

#### Consent To Participate In Nursing Research

TITLE: The Experience of Food Bank Usage Among Women: A Phenomenological Study

INVESTIGATOR(S): Catherine Stratton

You have been asked to participate in a research study. Participation in this study is entirely voluntary. You may decide not to participate or may withdraw from the study at any time without affecting your normal treatment at \_\_\_\_\_.

Information obtained from you or about you during this study, which could identify you, will be kept confidential by the investigator. The investigator will be available during the study at all times should you have any problems or questions about the study.

1. Purpose of study:  
The main objective of this study is to explore how women experience the use of food banks to meet the needs of their family and how this affects their health. A related purpose is to increase nurses and other health care professionals understanding of the impact of the of food banks on women's health. This will help health care workers develop ways to meet some of the health needs of women. The purpose in this study is to address the following research questions: "What is it like for women to access food banks? What impact does this have on their lives? What impact does this have on their health?"
2. Description of procedures and tests:  
You are being asked to participate in an interview which will be conducted at a place and time that is convenient for you. With your permission, the interview will be recorded using a tape recorder. You will be interviewed by the researcher and asked to describe your experiences with the food bank. The tapes will be transcribed word for word, and will be used to help the researcher remember the details of the conversation and construct summaries for you to reflect upon at a  
Participant's Initials \_\_\_\_\_

later date. During the second interview you will be asked to read a summary of the initial interview and confirm whether or not it accurately reflects your experiences. You will also be given an opportunity to provide any additional information at this time.

3. **Duration of participant's involvement:**  
The first interview will take approximately 60 to 90 minutes to complete. The second interview will be scheduled within two months and will last about 30 minutes.
4. **Possible risks, discomforts, or inconveniences:**  
There are no expected risks from participating in this study. You may refuse to answer any questions that make you feel uncomfortable, and terminate the interview at any time. All information that you provide will be kept strictly confidential, secured in a locked file, and accessible only to the principal investigator.
5. **Benefits which the participant may receive:**  
You will not benefit directly from participating in this study. However, the information that you provide may increase our understanding of the impact of the use of food banks on the health of women.
6. **Liability statement.**  
Your signature indicates your consent and that you have understood the information regarding the research study. In no way does this waive your legal rights nor release the investigators or involved agencies from their legal and professional responsibilities.

Participant's Initials \_\_\_\_\_

## Signature Page

Title of Project: The Experience of Food Bank Usage Among Women: A Phenomenological Study

Name of Principal Investigator: Catherine Stratton

### To be signed by participant

I, \_\_\_\_\_, the undersigned, agree to my participation or to the participation of \_\_\_\_\_ (my child, ward, relative) in the research study described above.

Any questions have been answered and I understand what is involved in the study. I realise that participation is voluntary and that there is no guarantee that I will benefit from my involvement.

I acknowledge that a copy of this form has been given to me.

(Signature of Participant)

(Date)

(Signature of Witness)

(Date)

### To be signed by investigator

To the best of my ability I have fully explained the nature of this research study. I have invited questions and provided answers. I believe that the participant fully understands the implications and voluntary nature of the study.

(Signature of Investigator)

(Date)

Phone Number

### Consent for audiotaping during interviews

(Signature of Participant)

(Date)

(Signature of Witness)

(Date)



## **APPENDIX F**

### **Interview Guide**

#### Interview Script:

Thank you for agreeing to participate in this study. I am interested in understanding the impact of the use of food banks on your health. You can share any thoughts, feelings and ideas about the experience that you feel comfortable talking about. Feel free to talk about whatever comes to mind.

Tell me about using the food bank to obtain food for yourself and your family

#### Examples of prompts to guide the interview:

1. You may start wherever you feel comfortable and tell me anything that you would like about the food bank.
2. What are some of your feelings about the experience?
3. How do you think going to the food bank affects your health - physical and mental health?
4. Describe how you coped. (What was most helpful? What was least helpful?)
5. What are some of your concerns or worries over the food bank?
6. Are there any other comments or thoughts that you would like to share with me about your experiences with the food bank that we have not covered?







