

Poverty and food insecurity

on the Gaspé Peninsula and Magdalen Islands

An analysis of life stories



Research findings

Poverty and food insecurity
on the Gaspé Peninsula and Magdalen Islands
An analysis of life stories

*Agence de la santé
et des services sociaux
de la Gaspésie –
Îles-de-la-Madeleine*

Québec 

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Note to the reader

The masculine gender in this text designates both men and women and is used only to simplify the text.

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Introduction

The research findings presented in this brochure are the highlights of a study on food insecurity conducted by the Direction de santé publique Gaspésie—Îles-de-la-Madeleine¹ in 2006 and 2007, in response to a request from the Table de concertation en sécurité alimentaire de la Gaspésie et des Îles-de-la-Madeleine (TCSAGÎM). These findings are the outcome of an analysis of biographical interviews with 36 economically disadvantaged people living in the region².

What is food insecurity? Food insecurity is the inability to procure food for oneself by socially acceptable means, the inability to eat enough food of adequate quality or the uncertainty of being able to do so. It is estimated that about 7,000 people in the Gaspé and on the Magdalen Islands are likely to experience food insecurity.

Food insecurity is therefore essentially a social and health problematic associated with poverty. In seeking to shed light on how poverty is experienced daily in the lives of disadvantaged people and their families, the interviews allowed us to examine the impact it has on diet and health, and to identify the circumstances in which food deprivation, the fear of lacking food and hunger appear. The interviews also brought out a few elements that, despite the sometimes crushing nature of poverty, appear to offer opportunities for mitigating its harm.

Research methodology

Type of research:

Interview-based qualitative research

Main objective:

Describe and understand the realities of people living in the Gaspésie – Îles de la Madeleine administrative region who experience food insecurity, regardless of whether or not they use community-based food aid services.

Method and informants:

Biographical interviews with 36 adults

¹ Côté, Jocelyne, 2007. *Le quotidien de la pauvreté et l'expérience de l'insécurité alimentaire en Gaspésie et aux Îles-de-la-Madeleine. Research report.* Gaspé, Direction de santé publique Gaspésie—Îles-de-la-Madeleine.

² In this document, we use the term “informant” to refer to the people we interviewed.

The budgetary reality of poor people and their families

Because poverty is first and foremost a matter of financial and material constraints, it is essential to present some aspects of this reality. The average available income of our informants' households is about \$1200 per month. However, two-thirds of these households make do with incomes below this average, and households depending on social assistance can count on only half this amount (\$662 per month on average). When all the members of these households are added to the equation, we realise that all these households are below the low-income cut-off. The situation of single-parent families is particularly striking as their incomes, on average, are no higher than half the low-income cut-off.

A few details about our 36 informants

32 women, 4 men

Ages vary from 20 to 66

29 hold high school diplomas or have less formal education

31 were unemployed at the time of the interview

21 depended on social assistance at the time of the interview

16 had used emergency food aid in the past year

14 had used a community kitchen in the past year

Although making a budget is essential to any good money management, needless to say, wallet size has a direct impact on the range of possible consumer choices. Managing a limited budget means having to manage “doing without”. In our informants' households, the percentage of the domestic budget allocated to food varies from 20% to 43%, a huge proportion. The number of mouths to feed and the children's ages directly affect how much of the budget is set aside for groceries.

Other than food, some of the more significant household expenses were housing (rental accommodations or houses), the telephone, debt repayment and electricity. Other than low-cost housing, affordable accommodations are rare, of varying—even poor—quality, and often hard to heat, leading to high energy costs which in some cases can mount up rapidly and become uncontrollable. Some of our informants not only suffer from hunger, but also from humidity and cold.

Transportation is another serious problem for anyone who cannot afford a car. There are few means of local or regional public transit other than taxis or intercity bus services. Leaving the Magdalen Islands, only possible by plane or ferry (depending on the season), is another source of difficulty for financially disadvantaged people. Being deprived of transportation has major consequences on daily life: People with no way to get about are confined to their homes and isolated; they are dependant on the people they know for personal mobility, and have limited access to services, businesses and foodstuffs. Since people with no other means of transportation most often get around by bicycle or on foot, their mobility becomes even more restricted in winter.

For poor households, unexpected expenses are a source of insecurity, all the more so when household resources are insufficient to cover the predictable ones. Unexpected expenses are inevitable; obviously, not everything can be foreseen or controlled, but when there is no financial cushion to fall back on, they quickly become a significant source of stress. When faced with unexpected expenses, a person's sense of security is affected, since the feeling of security is largely founded on one's ability to ensure that the routines and habits that fulfill one's needs from day to day are maintained. Thus, food insecurity is rooted in an impoverishment exacerbated in all areas of life.

The grocery budget, dietary habits and hunger

The average grocery budget for our informants' households on the whole is \$28 per person a week. A simple reality-check is enough to show that there is almost no "wiggle room" in a budget this small. To make do, informants must tightly control their spending: They have to choose the least expensive foods, plan weekly and monthly menus around these foods, and draw up grocery lists that take these menus into account. Consequently, many of our informants spend a lot of time in the kitchen; in some cases, they even bake their own bread and make preserves. All foods purchased are used in ways that stretch them as far as possible. "Home-cooked meals" play a significant role in the dietary habits of these households. However, cooking is not always possible. Some of our informants cannot afford to purchase basic foodstuffs, do not know how to cook or lack adequate cooking equipment (some do not have appliances or lack kitchen utensils).

Most informants say they eat three meals a day, although one sixth of the informants do say they eat only two (a brunch-type breakfast and supper). The most frequently eaten meals feature traditional, family or popular Québec cuisine: different types of pasta, beef, chicken and game prepared in a variety of ways, fish, rice, stews and soups. A number of people have begun using "hunger-reducing" techniques to try and make up for the lack of food; these include skipping meals, drinking lots of water or filling up on meals featuring low-cost foods (bread, rice).

The frequency of grocery shopping varies depending on household make-up and the principal source of income. People living alone or couples shop for groceries less often than families, who get groceries at least twice a month to once a week. People depending on social assistance wait until they receive their cheque in the mail; for many this determines when they buy groceries—typically at the beginning of the month. People who depend on welfare and have

children also wait until they get their family allowance cheques, around the 20th day of the month, to get groceries a second time, although they generally buy the bulk of what they need on their first trip to the grocery store every month.

Although most informants say they have enough to eat, most informants also say they do without certain foods. Of these, some mention that they cut out some foods included in specific diets associated with a health problem (diabetes, heart disease, kidney disease, etc.). Others say they tend to do without favourite foods or varieties or choose lower quality foods rather than reducing the quantity of food *per se*. It is important to point out, however, that one sixth of our informants say they are actually experiencing hunger.

Our informants make a distinction between doing without and going hungry, with “going hungry” representing extreme deprivation. Doing without the foods, variety and quality one enjoys, doing without things one might need other than food, doing without leisure activities, transportation or clothing, and sometimes without a telephone, electricity, and some appliances, means settling for what is available and accessible. When “doing without”, it is still possible to “be happy with what you’ve got”, even if it causes suffering, and even if it is sometimes very hard. In contrast, when a person goes hungry, this means that doing without has reached a point where it is no longer acceptable, and that it adversely affects that person’s dignity and physical integrity. Going hungry means always feeling you have not eaten enough. Going hungry means losing weight, having less energy, and suffering dizzy spells and discomfort due to inanition.

In the long-term, poverty erodes quality of life

When suffering chronic deprivation, the longer the situation lasts, the more quality of life breaks down: It means indefinitely postponing that trip to the dentist or optometrist, buying winter boots, repairing the washer, replacing that absolutely ancient mattress, etc. Unsatisfied needs accumulate gradually and the means to meet those needs never materialise. The erosion of the quality of life means experiencing situations that are physically stressful: You put up with your toothache, carry heavy bags of dirty laundry to the laundromat or to a friend’s place, exhaust yourself trying in vain to sleep in a bed that hurts your back. As time goes by, you pay less attention to your personal appearance, your self image suffers and opportunities to build social relations dwindle. The lack of a means of transportation, in addition to making daily life more complicated, is a source of major suffering for disadvantaged people because it has a direct impact on affective ties: It separates families, makes it hard to enjoy friendships and contributes to loneliness. In the long run, the lack of transportation can distance poor people from their own families.

People who do not have the financial means to deal with unexpected expenses (a surprise visit during the holidays, an appliance breakdown, etc.) or to withstand the blows of life (a fire, the illness of a child, etc.) suffer the consequences with great difficulty. The more hardship and failure a disadvantaged person has suffered in his life, the more likely he will be to experience insecurity in every area of life. In a context like this where the feeling of being without

protection dominates, it is not surprising that maintaining habits and routines becomes an issue of major concern, to the extent where sometimes any change at all is risky. In their efforts to preserve their routines as fully as possible, or if they give in to the desperate hope of improving their quality of life by buying something, some people—unable to meet their financial obligations—get caught up in the trap of buying on credit. Indebtedness is a growing trend that affects all levels of society but it has devastating effects on disadvantaged people since it can force them into significant hardship for very long periods of time.

The value of traditional know-how

The interviews reveal an extraordinary wealth of traditional know-how in several of our informants and the impressive vitality of their knowledge of old ways. By traditional know-how, we mean the knowledge of manual tasks, passed on from one generation to the next, that are still done today, albeit without generating any income. Bread baking, putting up food, tending a garden, making clothes, hunting and fishing, butchering, cleaning fish and cutting firewood... these are just a few examples of this traditional know-how. There are many of them, and they have a remarkable and positive impact on the quality of life. Although they are given little recognition and value by society, they show how resourceful people can be and how this resourcefulness is particularly useful when money is hard to come by.

Knowing how to produce, prepare, and preserve food proficiently means being able to make the most of a small grocery budget. It also means being able to enjoy as often as possible a pleasant, healthy and adequate diet that would be hard to obtain by financial means alone. Such traditional know-how is based on a variety of mutual assistance practices, most of which involve some form of barter, the outcome being that a broad range of goods circulate informally. Sharing the fruits of hunting, fishing, the harvest (from the garden and the woods), trading services and home-made products are all ways to increase the variety and quality of food while at the same time giving people who are often isolated opportunities to participate in social life.

Recourse to food aid

There are many organised food aid activities for disadvantaged people in Québec, some of which are managed by charitable organisations. Community-based organisations associated with the health network battle food insecurity using two weapons of choice: emergency food aid, also called food support, and community kitchens that allow users to reap the benefits of savings by buying in large amounts and preparing food together as a group.

Half of the informants said they had received food aid during the year preceding the interview. While a significant portion of these people depend on social assistance, workers with precarious jobs and students are also part of this group. Many informants told us they did everything they could to avoid having to resort to emergency food aid. In fact, there is a feeling of shame associated with needing food aid that is difficult to overcome, a feeling of hardship akin to begging.

Needing to ask for emergency food aid is often viewed as an acknowledgement of failure; people feel they are unable to deal with their problems on their own and that they have failed in their responsibility to meet their own and their children's needs. Some people will endure major deprivations because they cannot bring themselves to make use of food aid, and consequently, they are usually extremely vulnerable both physically and psychologically by the time they finally first ask for help. This explains why the quality of the welcome extended by community-based food aid services and the concern expressed by the people working there appear to be just as important as the food they distribute.

People who participate in community kitchens feel much less social prejudice than those who turn to food aid because they largely consider the kitchen-related activities as a form of mutual help. To some extent, community kitchens are also a grouping of consumers with very limited means. Somewhat fewer than half of the informants said they had taken part in a community kitchen in the year preceding the interview. This group includes single mothers depending on social assistance, but also workers with precarious jobs as well as women who live with partners and whose primary role in their relationships is as a homemaker. It should be noted that almost all people signing up for community kitchens are women.

Community kitchens encourage self-reliance with respect to food in the mid term by encouraging participants to develop knowledge and practical know-how in a variety of areas connected to food (cooking, eating healthy diets, managing the household budget). In general, people who participate in community kitchens rarely rely on food aid, although community kitchens do not necessarily shelter them from unexpected difficulties and dire needs that require emergency intervention.

There are a number of advantages to joining these community kitchens for the people who participate in them as well as for their families. Even a single day a month of group cooking can yield many pre-prepared cooked meals, thus making groceries last longer and delaying the need to go grocery shopping. However, the positive impact of community kitchens goes far beyond economic considerations alone; for many participants, going to the community kitchen is their only opportunity to get out and make friends, their only pastime and the only place outside the home that holds significance for them. Community kitchens are a simple and efficient way to fight against some of the major hardships of poverty: resignation, isolation and despair.

Poverty and health problems

A number of our informants suffer from fatigue and noticed a connection between their lack of energy (fatigue, apathy, glycaemia, dizziness) and their poor or insufficient diet. Some also spoke of the link between their difficulties in staying healthy or recovering from a health problem and the poor quality of their diet. All informants who had to maintain strict diets for health reasons stated that they could not afford the diet recommended by their doctors because they lacked the money.

Informants and the members of their families experience a large number of health problems (nearly two health problems per person, on average) and it is the people and families that depend on social assistance who overall have the most health problems (it is important to point out that all people receiving invalidity benefits are included in this last group). There is a range of health problems, but the two most common are circulatory (heart diseases) and respiratory problems.

In addition to affecting energy, a poor or insufficient diet leads to permanent insecurity about the future. The fear of having to do without can cause people to take on too much (they may extend work days, take on more than one income-generating job, or do tasks that call for considerable physical ability, etc.), and contribute to exhaustion and increase the risk of injury. Poor workers are particularly vulnerable to these risks and the life stories of some of the informants show that before “falling back on social assistance”; they worked very hard, often under difficult conditions which then had a decisive impact on their health and their socio-economic situations.

The lack of energy and its consequences—reduced capacity to carry out tasks and lower resistance to stress—sometimes lead to depression. When poverty lasts for years, illness often occurs because the sufferer is physically and morally exhausted. The informants say they are stressed, are periodically depressed, have significant fatigue problems and have trouble sleeping. One fifth of the informants say they have lost weight in the past year and one fifth of the informants reveal that they have thought about suicide or acted in a suicidal manner.

Poverty considerably affects the physical condition of people and this situation also has adverse consequences on the development and adoption of healthy living habits. For example, a high level of stress influences cigarette consumption and a lack of energy impacts on motivation to practice a sports activity. Faced with the many daily problems that poverty causes, several informants have put their personal needs on hold and have become used to “toughing it out” during hard times and “waiting till things got better”. This attitude of resistance also causes them to become used to not putting a great deal of importance on their physical and psychological discomfort, the result being that they generally neglect their health or postpone seeking treatment. Consequently, illness is often preceded by a more or less lengthy period of discomfort to which little attention was paid.

Poverty experienced in the life-course dynamic

Most informants come from large families of modest means. Some informants have experienced poverty since childhood and have never lived comfortably from an economic perspective, while others became poor, sometimes suddenly so, although they had never experienced poverty earlier in their lives. Other informants, without ever really living in plenty, had been relatively cosseted during childhood. For instance, some people who grew up in the country in families of modest means never suffered from hunger during childhood because of the subsistence farming practiced by their parents.

In the cases of some informants, their families depended on social assistance during all or part of their childhood. In most cases, these were single-parent families; the mothers had no jobs and had to take charge of the family alone after divorce, separation or being abandoned by their partners. Children who grow up in families that depend on social assistance often cut their schooling short, enter the labour force without a trade or with little formal education, and set up their own households prematurely. This pattern shows how situations of poverty are perpetuated from one generation to the next and how social assistance becomes a repeated situation.

When individuals experience a number of unsettled situations during childhood or adolescence—examples include placement in foster care, pregnancy while still very young, or dropping out of school—they may have fewer opportunities or be less able to deal with any family and financial difficulties they encounter, which can ultimately also affect their health and make it harder yet for them to overcome their difficulties. It is hard to overcome a situation of poverty, all the more so for people who have experienced poverty all their lives, have had a poor start in life or have grown up in violent homes. As they get older and take on more family responsibilities, it becomes harder and harder for these people to find the energy to return to school, change jobs or re-integrate the labour market.

The distress experienced and the hope inspired by community-based food aid

People who experience food insecurity on a recurring basis have life histories marked by trials and difficulties of all sorts. A long history of suffering adds to the dramatic nature of their distress since it often helps destroy their hope that one day things will get better. When people experience chronic food insecurity for years, they have the impression that their situation will always be the same. This impression of hopelessness provokes strong feelings of powerlessness, resignation and discouragement. People who have experienced repeated failure in their attempts to improve their lives and whose deteriorated health makes it hard for them to access the labour market need unjudgemental help more than anything else. Several of the informants found this help when they turned to community-based food aid. For some of the most disadvantaged among them, the helping hand extended by these community-based organisations made all the difference between feeling they were still a part of the world despite their distress and giving in to total despair.

The particular fragility of disadvantaged Anglophones

Individuals living in communities where most people speak French and who speak only English or do not master the French language very well can be more vulnerable if their socio-economic situation is already difficult. This is a reality that affects an often invisible fraction of the Gaspé Peninsula and Magdalen Islands population. Being unable to speak French amplifies the problem of isolation and makes it harder yet to find work. Information in English circulates less readily than information in French either because of limited means of communication (there are few local and regional English media) or because some governmental services give little concern to having public information material translated. This situation discourages participation

in social and cultural life and helps make it harder to find out about existing services and sources of assistance. Moreover, the scarcity of professional services, including medical and psychological care, available in English reinforces the feelings of insecurity and powerlessness experienced by this category of the population. It can keep people from consulting and consequently, impact negatively on their health and well-being.

The scarcity and precariousness of work in the region

Many of the informants who have experience in the labour market spoke of the poor work conditions and low salaries that are the lot of workers without high school diplomas or any real trade. Many of these “low-end” workers have employment histories marked by a series of contracts or short-term jobs, with episodes of employment alternating with unemployment and/or social assistance. The scarcity of work on the Gaspé Peninsula and Magdalen Islands certainly contributes to the poverty of a significant proportion of its population. Moreover, it forces numerous workers to leave the region, either for a season or for good, to earn their livings “in the city”, a situation affecting not only today’s workers but also the young people who will enter the labour market tomorrow.

Sometimes poverty occurs as a result of business bankruptcy or after a company has been sold at a loss, but generally it is the outcome of a more or less lengthy history of precariousness or difficulty integrating the labour market. In this category of workers where periodic unemployment is usual and where incomes are low, poverty is always just around the corner. Seasonal workers, who are subject to the ups and downs of a struggling regional economy, are always likely to need social assistance if their situation, already fragile, deteriorates further.

Significant elements

There are two significant biases that have shaped this study: the main focus is on the lives of women, and it excludes the reality of some of society’s most vulnerable people (for example, people with mental illnesses). If this study had included more men and the most vulnerable people, it would certainly have painted a different picture. We can imagine, for instance, that it would have revealed more loneliness and distress, making the need to help people with an extremely limited ability to care for themselves even more apparent.

However, even with these limits, our analysis of the life stories brought out some very striking elements. First of all, it appears that despite their poverty, people show great resourcefulness. The interviews revealed their strong sense of responsibility and a heightened sensitivity to the needs of others. An example of this is the women who are not only concerned about their children’s immediate needs (food, clothing, and housing) but also about their emotional development and social integration.

The interviews introduced us to realistic and pragmatic people who have a remarkable ability to plan and organise the food-related aspects of their lives. It is particularly worthwhile to mention that the enduring practice of various subsistence activities (hunting, fishing, agriculture, etc.) plays a capital role in helping even the poorest to survive. The vitality of different mutual assistance practices, such as barter, also contributes to subsistence while offering some protection against isolation and distress.

It is striking to see the harm inflicted by social prejudices towards people dependent on social assistance and those who use food banks, particularly on their self-esteem and social ties. The internalisation of these prejudices by the financially disadvantaged people themselves is in part responsible for their isolation and even sometimes for their day-to-day difficulties; for example, it can cause them to endure major deprivations rather than seeking help.

The community kitchen experiences described by informants suggest that they have an impact on the development of resourcefulness and that they play a role in passing down very useful domestic know-how from one generation to the next. Know-how of this kind, which tends to be gradually forgotten by society, is priceless when it comes to improving the well-being of people and families. It is also noteworthy to mention that the informal educational setting of a community kitchen also offers a rare opportunity for sharing and friendship.

Conclusion

One aspect of the mission of the Direction de santé publique is to monitor the health of the population and prevent social and health problems, many of which are affected by socio-economic considerations. Although most of what conditions the phenomena of poverty and food insecurity occurs outside the directorate's specific field of action (in other words, in the economy, in society and in the public policies put forward by the State), and although the Direction de santé publique is in no way exclusively responsible for drawing attention to the human, individual and social, immediate and future consequences of poverty and food insecurity, it cannot fail to do so. This study is a contribution to this effort.

Poverty in modern industrialised nations is not a natural fact which we cannot act upon. Indeed, it is a social phenomenon that originates primarily in individual and collective action. Social research has long shown that the degree of social inequity fluctuates in response to changes in culture, ideology and political choice. Although it does not inspire exaggerated optimism, a reading of recent history is enough to reassure us and revive somewhat our hope for change. Indeed, Québec's National Assembly has adopted an *Act to combat poverty and social exclusion*, and a related advisory committee has just been created. This is a first in the annals of social movements and is evidence of promising legislative support for the pursuit of a social equality project. Organisations like the Canadian Council on Social Development remind us that there was less poverty in Canada barely two decades ago and so, it would not be exaggerated to believe that we can improve the current situation.

By examining in real-life terms how food insecurity and poverty are experienced on a daily basis, this study not only identifies the attendant risks to and impacts on health and well-being, it also pinpoints the social and economic elements that *produce* impoverishment and increased vulnerability in people and their families. Far from discouraging anyone's beliefs, we hope that the critical view presented in this report will, on the contrary, stimulate thought on how to intervene and support the commitment of front-line people and organisations dealing with food insecurity.

For more information

This document is a condensed version of the findings presented in a research report entitled *Le quotidien de la pauvreté et l'expérience de l'insécurité alimentaire en Gaspésie et aux Îles-de-la-Madeleine*. It can be consulted on the Web site maintained by the Agence de la santé et des services sociaux de la Gaspésie—Îles-de-la-Madeleine at the following address:

www.agencesssgim.ca

Community-based organisations
involved in the effort to overcome food insecurity on the
Gaspé Peninsula and the Magdalen Islands

In Chandler :

La Maison de la famille
Contre vents et marées

In Grande-Vallée :

Le Centre d'action bénévole
La Grande Corvée

In Gaspé :

L'Accueil Blanche-Goulet de Gaspé

On the Magdalen Islands :

La C.A.D.O.C.

In Matapédia :

Le Centre d'action bénévole
Ascension-Escuminac

In Maria :

La Source alimentaire Bonavignon

In New Carlisle :

Le Collectif Aliment-Terre
and
Family Ties Carrefour Famille

In Sainte-Anne-des-Monts :

Carrefour-Ressources
and
Partagence

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