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**Women and Food Insecurity**

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(Women's Health Issues Paper No. 7)

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## 1. Introduction

Food insecurity is defined as the 'limited or uncertain availability of nutritionally adequate and safe foods or the limited or uncertain ability to acquire such foods in socially acceptable ways'<sup>1</sup>. Food insecurity is dictated by the food supply in a country, community or household, and by people having the resources and skills to access and use that food<sup>2</sup>. While Australia does not experience food insecurity as a nation, many vulnerable populations and individuals in the community do.

Food insecurity is a gendered issue because women's lives are different to men's. Women face numerous barriers to accessing food including their role in feeding the family<sup>3</sup> and the costs of purchasing and preparing healthy food<sup>4-5</sup>. This paper will review the factors leading to individual food insecurity, and the impact this has on women.

## 2. The issue

Food insecurity is a public health issue. In Australia food insecurity trends have remained fairly stable. In 1995 over 5 percent of Australian adults were food insecure<sup>6-7</sup>. Similarly in 2007, 5.4 percent of Victorian women reported that they had 'run out of food and/or had been unable to afford to buy food in the past 12 months'<sup>8</sup>. The National Nutrition Survey found the risk of food insecurity to be higher in people who are unemployed, in single parent households and those in the two lowest wealth quintiles, and this has remained consistent over time<sup>4</sup>.

Access to nutritious food and food choice is influenced by the social, economic and environmental conditions in which individuals live<sup>9-11</sup>. Food insecurity may be expressed by having an insufficient quantity of food to meet the recommended daily intake and ward off hunger, being unable to afford food, eating unhealthy or poor quality food as a result of limited food options, being anxious about acquiring food, or having to rely on emergency food relief<sup>2</sup>. In Australia, obesity is most commonly seen in individuals who are at the highest risk of food insecurity<sup>4</sup>.

In Australia, current national priorities for action on nutrition include promoting healthy weight and good nutrition and reducing the consumption of risk associated nutrients (salt and saturated fat)<sup>6</sup>. Recent initiatives in the food and nutrition sector spearheaded by the National Food and Health Dialogue and the National Health and Medical Research Council include agreements from manufacturers to meet salt reduction targets for a range of bread and breakfast cereals and a review of the Australian dietary guidelines and food labelling<sup>12-14</sup>. These efforts are a positive step in promoting the health and well being of Australians, but do little to address food insecurity and support vulnerable groups to access sufficient amounts of food.

### 2.1 Social determinants of food insecurity

Many social factors come together to contribute to an individual's health status. These are often referred to as the social determinants of health, and influence individual behaviours in relation to food insecurity, such as purchasing, budgeting and food preparation<sup>15</sup>.

Food insecurity impacts on women's physical, mental and social wellbeing<sup>16</sup>, from nutrient deficiencies<sup>3</sup> through to experiencing social isolation. In some instances food insecurity can exacerbate existing vulnerabilities, such as social isolation and anxiety<sup>17</sup>. Certain groups of women in Australia have greater vulnerabilities to food insecurity than others. Generally, women living in more disadvantaged neighbourhoods, and with lower education levels and incomes are at an increased risk of food insecurity compared with women of higher incomes and education<sup>18</sup>.

### **2.1.1 Low financial resources**

The most prominent characteristic of food insecurity is a lack of financial resources. The ability to purchase and prepare a variety of good quality, healthy foods is dependent on individual or household finances. Low income combined with high food costs result in households spending a large percentage of their income on food<sup>19</sup>. However, food is a flexible part of the budget for families, as opposed to rent or mortgage repayments, and food expenditure will be cut back if unplanned expenses arise, resulting in food insecurity<sup>3</sup>.

Single-parent families face a higher risk of poverty and food insecurity than other groups, and in Australia women head 87 percent of one-parent households with children under 15 years<sup>20-21</sup>. Day-to-day living expenses generally consume half of the income for single mothers<sup>22</sup>, and as a result they often forgo their own nutritional intake to ensure their children's diets are sufficient<sup>3</sup>.

For women on lower incomes, the perceived high cost of healthy foods is a contributing factor to food insecurity<sup>23-24</sup>. Many women feel that healthy eating is unrealistic when living on a limited income, and the quantity of food is deemed more important than the quality of food when it comes to feeding their family to avoid hunger.

The cost of food is unequivocally related to individual food insecurity<sup>25</sup>. Price has been shown to be the most significant determining factor when deciding which foods to buy<sup>26</sup>. An adequate household income is necessary to purchase nutritious foods and consume the nutrients necessary for good health<sup>27</sup>. For many income support recipients, 63 percent of whom are women of working age<sup>20</sup>, payments are insufficient to provide an adequate standard of living to meet household needs. High food prices are likely to be a barrier to good health among income support recipients<sup>26</sup>. For mothers, introducing a variety of foods into the family diet is not an option because of fear of wasting food if the children do not like the taste.

Food choice is also influenced by the perception of cost. For some women with limited experience of healthy food preparation, the perception of healthy food being too expensive contributes to their sense of lack of control over their own and their family's food choices<sup>28</sup>.

The ability to choose foods based on personal preference is another important characteristic of food security which is often missing in food insecure households. In Victoria, 6 percent of the population consume a reduced variety of foods because there is a lack of culturally appropriate choices available for purchase<sup>8</sup>.

The absence of affordable, secure and appropriate housing can result in food insecurity and poor health. Living in poor quality housing, including rooming houses, may impact on access to a clean, usable kitchen and the facilities for food preparation and storage. Storage space is often an issue for women in temporary accommodation, such as shelters, who consequently have a limited ability to store perishable items. This results in more frequent trips to buy smaller, higher-priced packets of food<sup>19</sup>.

Access to transport to and from shops to purchase food impacts on food security status. Poor access to transport, particularly private transport, is strongly associated with household food insecurity<sup>29</sup>. Food security relies heavily on being able to get to the shops or market to purchase food and having the means to carry the goods home. Individuals who do not have private transport and with limited access to public transport, face barriers to accessing a healthy and varied diet<sup>9</sup>. In Victoria 7.3 percent of the population face difficulties getting to the shops because of inadequate and unreliable public transport<sup>8</sup>.

Geographic location contributes to food insecurity by affecting the price, variety and availability of food. Healthy food options are likely to be reduced in rural areas of Victoria, particularly in small towns serviced by only one store<sup>30-31</sup>. In addition to the reduced availability, healthy foods are often more expensive in rural areas<sup>26, 30</sup> which requires more of the family budget. This places particular strain on those depending on income support payments and single parent families, most of whom are women. When considering access to healthy food choices, access to unhealthy food choices must also be taken into account. Both Australian and international research consistently find higher densities of fast food outlets in low socioeconomic areas<sup>29</sup>.

### **2.1.2 The role of women**

The role of women in feeding the family and purchasing and preparing food assigns women the responsibility of managing household food security. This can make them more vulnerable to food insecurity<sup>19</sup>. Social norms, which include sacrificing for children, are strong influences on food and eating. Mothers often buffer their children from household food insecurity by allowing children to eat first and often fasting to ensure their children have something to eat<sup>3</sup>.

<sup>19</sup>

Partners and children exert a high degree of control over which foods are bought and how they are prepared in the home<sup>28</sup>. Often family eating habits will change to support the needs of male partners, yet when women have specific dietary requirements, family eating habits do not change<sup>23</sup>. Women of lower socioeconomic status often feel that their need to eat well is not supported by their partner<sup>23, 32</sup>, and for many women, their food choices come second to those of their partner<sup>24</sup>.

## **2.2 Women and the implications of food insecurity**

When experiencing food insecurity, fruits and vegetables are the first group of food to be reduced<sup>3</sup>. Women in food insecure households are half as likely as women from food secure households to consume the recommended five serves of vegetables a day, putting them at risk of developing ill health and chronic disease<sup>33-34</sup>. The effects of inadequate intakes of fruit

and vegetables may not be visible immediately but over time contribute to the development of chronic illness such as type 2 diabetes, cancer and heart disease<sup>3</sup>.

Food insecurity has a counter-intuitive association with overweight status in women, meaning that there is a higher occurrence of overweight among food insecure women<sup>4, 35</sup>. The risk of obesity is 20 to 40 percent higher in women who are food insecure than the greater population regardless of income, lifestyle behaviours or education<sup>4</sup>. This trend may be due to the convenience of take away food, low cooking skills, binge eating when food is in surplus or food choices being dictated by cost resulting in consumption of high-calorie foods<sup>4, 36</sup>. Another school of thought about the relationship between food insecurity and overweight and obesity is that the population groups who are vulnerable to food insecurity are also likely to engage in behaviours which lead to increased weight, such as sedentary behaviours<sup>37</sup>.

Food insecurity may have broader consequences than nutrient deficiencies, overweight, obesity and chronic disease. It also affects how individuals engage with the wider community. Food insecurity can contribute to social exclusion<sup>38</sup>, with people who are unable to afford food and shelter experiencing increasing levels of debt and social deprivation<sup>39</sup>. Social exclusion has been linked to poor mental and physical health and wellbeing, including depression, lowered immune system and increased likelihood of heart disease<sup>40</sup>. Studies have demonstrated that women are more vulnerable than men to the effects of social exclusion<sup>41</sup>.

### **3. Addressing food insecurity**

Australia currently does not have a food security policy. Two recent government initiatives have identified food security in their action plans and have been endorsed by the State and Territory governments. These initiatives are *Eat Well Australia* and *Healthy Weight 2008*<sup>10, 42-43</sup>. There have also been several national frameworks that aim to prevent the development of chronic disease by addressing nutrition and consequently aspects of food insecurity.

*Eat Well Australia* emphasises the need to address Australia's food supply as well as an individual's capacity to acquire food<sup>10</sup>. The priorities in *Eat Well Australia* include: preventing overweight and obesity, increasing consumption of fruit and vegetables, promoting optimal nutrition for women, infants and children and improving nutrition for vulnerable groups. *Healthy Weight 2008* was developed to tackle overweight and obesity in Australia by targeting children and young people (0-18 years) and their families<sup>43</sup>.

Overall, neither of these national policies have comprehensively addressed food insecurity or its impact on women. The focus on the prevention of obesity and chronic illness in Australia does have aspects of food security included in the periphery but the determinants of access to healthy foods have not been addressed. The focus to date has been on nutrition education and food choices.

The *VicHealth Healthy Eating – Food Security Investment Plan 2005 – 2010* was developed to promote food security in Victoria. This plan summarises the determinants of food security and identifies groups who are traditionally vulnerable to food insecurity, including people who are chronically ill, single parents with dependent children, people from culturally and

linguistically diverse and Aboriginal and Torres Strait Islander backgrounds and people with a disability or on low incomes<sup>42</sup>.

The *VicHealth Food for All* program was developed to promote food security in Victoria. The initiative aims to support local government work in the area of food security. The *Food for All* program has focussed on improving food access for Victorians by addressing infrastructure and social barriers of food security and targeted groups who are traditionally vulnerable to food insecurity. Through working with local government VicHealth have been able to address food production, supply and access at an individual and household level. The *Food for All* program works on the premise that 'local, sustainable action is needed to reduce the barriers that make it difficult for people to have access to food for healthy eating'<sup>43</sup>.

## **Conclusion**

The social determinants of health overlap and impact women's ability to access food. The roles women play in family life and society may exacerbate existing vulnerabilities to food insecurity, such as low financial resources which shapes their physical, mental and social wellbeing. The true impact of food insecurity on women's lives requires further investigation, particularly for vulnerable groups of women.

There is a lack of coordinated action to comprehensively address food insecurity, particularly the societal barriers to accessing healthy foods. By themselves, community-based initiatives such as community gardens and kitchens cannot instigate the social changes which are needed to avoid food insecurity<sup>44</sup>. Policies and frameworks which address the societal issues underpinning food insecurity, such as poverty and geographical isolation, are also required<sup>45-</sup>  
<sup>46</sup>.

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