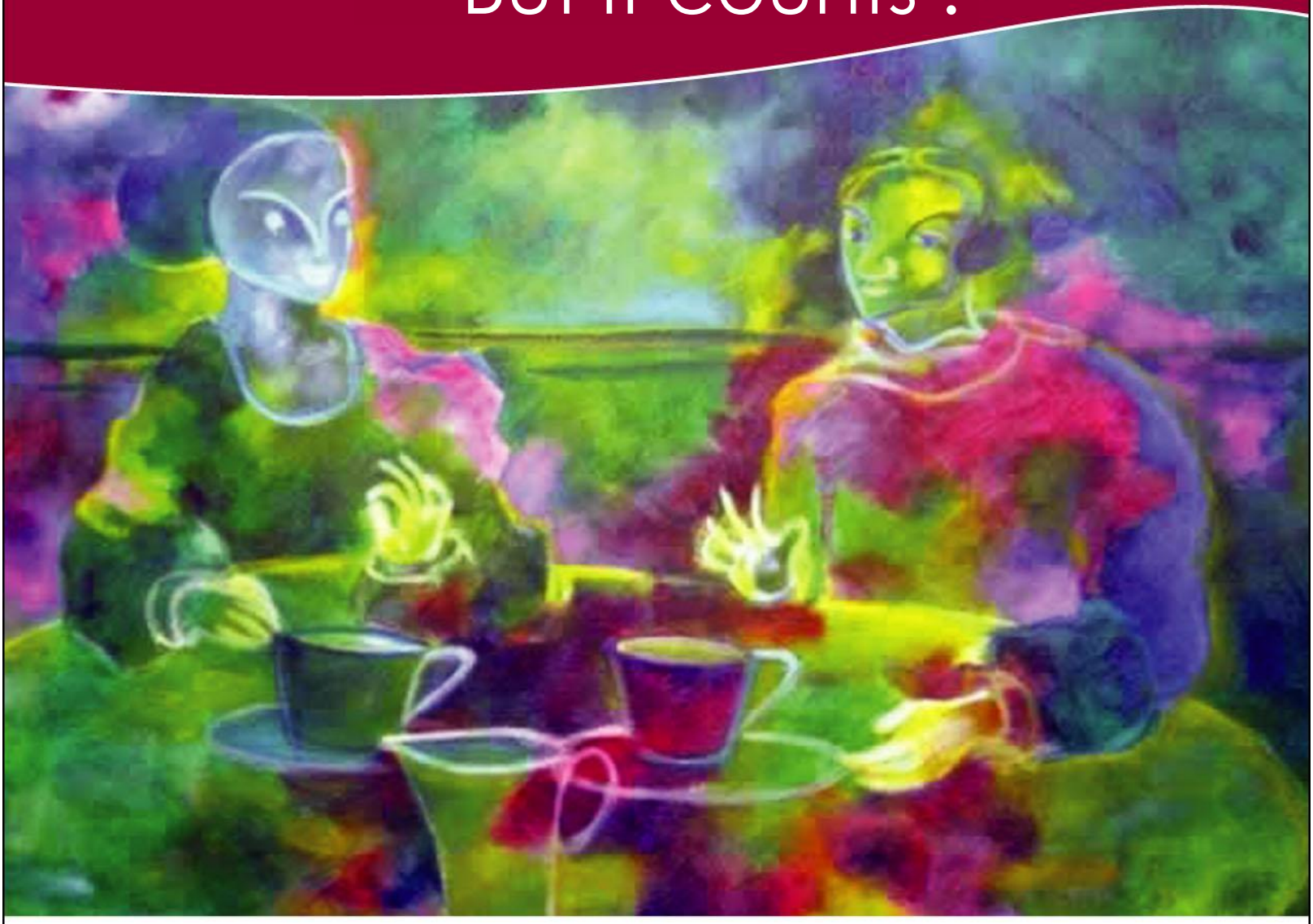
Food insecurity :

It can not be

But it counts !



Synthesis of research on the effects of alternative

Table de concertation en sécurité alimentaire
Gaspésie/Îles-de-la-Madeleine
By Linda Tremblay

par Linda Tremblay

Food Insecurity:
It can not be counted… But, it counts!

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Introduction

About five years ago, Quebec was shocked by a new « anti-food aid » wave. The detractors would state that food donation can only maintain poverty by making people dependent and not combative. By inventing the expression « alternative to food donation » they seemed to have found the cure to the problem of hunger.

Despite all of that, certain organizations of the **« Table de concertation en sécurité alimentaire Gaspesie/Îles-de-la-Madeleine (TCSAGIM) »** which always present themselves as being « **alternatives** » (applying the same principles of *empowerment),* continue to offer food aid, including the *famous food donations*. They certainly hoped that one day, those who are in need, would find the necessary energy to participate along with them, in their own transformation. Meanwhile*, they could at least sleep in peace tonight because tomorrow the fridge would contain some provisions to feed their children.*

When I accepted to direct this research, I asked myself *if this former point of view was defendable* ? I found it was a great occasion to look for the answer in a scientific manner. Also, I have to say that this study covered many of the aspects which I already had observed in the region - as a social psychologist. In fact, since my arrival in Gaspesie (*after many years living in South America and the Caribbean)*, I kept on asking myself *why here were there so many people taking anti-depressants ? Why were suicide ideas so present in the community ? Why the face of poverty seemed so dark ?* Therefore, like many observers, I didn't know if I was exaggerating in my statements.

But believe me, when I began to piece together the data for this project, I stopped having doubts. Time and time again, I was incapable of ingesting my supper. On my mind were all these people and all these children, in our country of wealth, who would have nothing to bite into this evening. I couldn't stop thinking about these people who were taking such high quantities of psychotropic pills, who were hospitalized unlike the rest of Quebec – firstly for mental problems, and then those who were giving birth to under-weight babies and also those who were too often dancing with death.

Finally, the scientific process gave us reason on one point : **The situation in Gaspesie and Madeleine Islands is devastating !** People who are in a situation of asking for food donations are ravaged by a condition we wouldn't wish on anyone ! Therefore, as soon as they find the capacity to participate in the diverse activities of TCSAGÎM organizations, *and in this, the study can not be any clearer,* **they are much, much better off. The difference is shocking.**

For me today, any attempt to prove that the organizations which offer « alternatives » obtain better scores than those who offer « food donations » is passé. **In the Gaspesie and Madeleine Islands, alternatives are rather for *food insecurity* than for *food aid* as such.**

This research, the *first* of it's kind in a *rural area*, consists of a rigorous evaluation of the alternative practices in food security of the **TCSAGIM organizations**. Also, it throws a profound look on the diverse realities lived by the «excluded» of one of the most beautiful regions in Quebec. As you will see in this **Synthesis of Research**, *also for the first time*, *very clear correlations between food insecurity and risk factors for mental and physical health (other than in terms of lack of nutritive elements)* have been established.

More than an exceptional contribution to scientific knowledge, this investigation is a call for mobilization of all social actors and governments – for only together, can they assure this **fundamental right to food with dignity.**

To conclude, I'd like not to forget to thank once more all of those who collaborated in the success of this research. **Without you,** participants, respondents, intervention workers, interviewers, directors of organizations, Charlotte Pouliot, Respondent for TCSAGÎM, Josée Brisebois, Programmer - as well as all of the external professionals who generously offered punctual help : medical doctors, pharmacists, psychologists, translators, editors … **nothing would have such a force !**

Linda Tremblay

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Food Insecurity: It can not be counted… But it counts !

To view the integral version of this research *in French* on DVD
contact Carrefour-Ressources in Sainte-Anne-des-Monts.

1. The First Research in Quebec on Food Insecurity in a Rural Area

Food insecurity is one of the main causes of human suffering. It generates loss of productivity, reduces the capacity to acquire knowledge and limits the academic results of youth. The people who suffer from hunger because of their poverty, are human beings with hidden and unexploited qualities, talents which are not profitable and people who often live isolated from the progress of humanity.[1]

Food insecurity and hunger are generally associated with countries in the South, particularly since the **World Summit on Food Security**, held in Rome in November 1996, under the auspice of the **World Health Organisation (WHO)** and the **United Nations Food and Agriculture Organization (FAO)**. By then, food security was defined as:

> *:Access for all human beings, at any moment, to sufficient and nutritious food permitting them to satisfy their energy needs and alimentary preferences to live a healthy and active life. The definition specifies not only a physical access, but also an economic one. (FAO : 1996)*

With time, we have come to identify diverse factors which push millions of people, notably in rural zones, into hunger and suffering from malnutrition, whether it be « poverty, bad distribution of wealth, rapid demographic growth, high unemployment, low income and buying power of the poor and marginalized of society, unhealthy environment, low basic education levels or bad revenue investment ».

Even if so far the phenomenon of hunger in the world remains uncontrollable (FAO : 2000) – it is, at this point in time, better known, better documented, and generates solidarity amongst many Quebecers sensitized to these hard realities – through international cooperation organization campaigns for example.

What we have not recognized yet - because **Food Insecurity : It can not be counted, but it counts !** – is the horrifying phenomenon of food insecurity in industrialized countries, like Canada.

There are, based upon the most recent estimates of the FAO, roughly 826 million people who are malnurished – 792 million are in developing countries and **34 million are in developed countries.** ***It's us we're emphasizing.*** *(Programme Inter institutions de soutien aux Systèmes d' Information et de Cartographie sur l' Insécurité Alimentaire et la Vulnérabilité - FAO : 2005)*

In effect, from 1998-1999, we noticed that with a proportion of Canadians living in households without enough food at 4%, **about 10% of all Canadians and 13% of children were living in households had been touched by food insecurity in the past year.** *« The majority of these households feared they did not have enough food, or had not eaten quality foods or of their desire at least once over the course of the year. ».*

[1] GOMEZ CERDA, José Secrétaire général de la FENTAA et coordonnateur de ACMOTI – site électronique

After this, things went from bad to worse in Canada. In **2000-2001**, « *the proportion of population aged 12 years and over at risk of food insecurity in* ***Montreal went up to 16.2% »*** *- the 2nd highest rate of major cities in Canada – « after Calgary with 17.1% ».* The lowest rate was « *in Ottawa, at 12.2%* ». This shows that the rates for food insecurity were higher than in previous studies.

It has become very clear that from now on in Canada, certain groups of people are more vulnerable to food insecurity than others. **« For all of the country, we're talking about nearly 2.5 million people ».** « Where, **in 2004**, in signs of human poverty, this country ranked at **12th place in 17 of the richest countries** ».

The major reason behind food insecurity is well heard of in the existing poverty of our country, but also resides in the **quasi inertia to reform the situation**. Elsewhere, on the international scale, Canada does not at all show an excellent performance in terms of reduction of poverty, (except in elders), and this most notably because of it's **weak level of spendature in relation to it's GDP**.

> *With a social services spendature ratio of* ***19% of the GDP*** *in 1995, Canada was classed at* ***10th of 12 countries****, far behind Switzerland where the ratio is 33%. We know that governmental programs on income security have an impact on poverty in relation to the amount they spend : In a study of 12 countries, the poverty reduction level varied between 30% and 80% depending on the level of spending. This information gives the impression that the adoption of programs which augment income support help lower the level of poverty.*

And more, there is much existing evidence showing not only that **poverty** provokes negative self-worth, but also that it **constitutes a no-brainer from an economic point of vue.** « *The state of health illustrates well that it is more worthwhile and profitable to reduce and prevent poverty from the beginning than pay for its consequences ».* Food insecurity is a shocking example of this no-brainer nonsense – as we come to see clearly in the present study.

Do not be deceived, this country knows record levels of poverty. As outlined in the *National Council of Social welfare Report in 2001*, « *the amplitude of the problem of poverty continues to be the cause of much preoccupation. The average income of poor families with children was situated nearly $9.000 below the national poverty line in 1998, (…)* »

In the end, one must consider that Quebec is the poorest of the provinces. In effect, **« 21.2% of Quebecers live in a precarious situation, a little more than one in five »**.

For governments, *first responsible for the maintenance of food insecurity,* until those who are hungry and feel ashamed to admit it openly -passing by the researchers who almost kept silent on the question, ***we still speak too little of this reality which affects Quebec with such brutality !***

In effect, until this day in this province (*like in our country),* we count on the fingers of one hand the number of studies done exclusively on food insecurity (Poissant, C. :2003, 2004 ; Rouffignat J. : 2001 ; Beeman, J. et al., 2001 ; Dubois, L. et al., 2000) – the most well known being that of Joël Rouffignat et al. . **There still doesn't exist any research until now**

which covers specifically the rural area. Also, studies done before now were able only to make the correlation between « **poverty** » and « **state of health** ». **« Food insecurity »** was being analyzed only from a **nutritional** angle in terms of **nutritional deficiency**.

It seems then important to unmask this Quebec reality, which affects not only the Metropolis and the Capital, but equally the regions – with more force than the former, our region of Gaspesie and Madeleine Islands, *which is economically burdened and politically forgotten about.*

Food Insecurity : It can not be counted… But it counts ! was ordered by the 9 organizations of *TCSAGÎM.* For over ten years now, these groups work each day to contribute to counter this reality which affects men, women, and children all around us. They organize **collective cooking and gardening, capacity building programs, food aid and other diverse services**. The deserving populations are those who are the poorest of the poor, those who we call « *the excluded* ».

This research, besides revealing the hidden reality of extreme poverty, is made to **evaluate the effects and measure the results of interventions of the organizations part of** *Table de concertation en sécurité alimentaire Gaspesie/Îles-de-la-Madeleine.*

To do so, we previously had to qualify (*qualitatively and quantitatively)* **the interventions** in question. After that, we had to describe the **socio-economic situation** of the respondents that could thereafter be easily compared with the populations inhabiting Gaspesie and Madeleine Islands as well as of those populations throughout Quebec – (*thanks much to the Social and Health survey of the Public Health Department of the region).*

By using a quasi-experimental evaluation model twinned to a model of causality, we examined **the state of food security, the social network as well as certain indicators related to the state of mental and physical health** of the respondents – using only measure scales already validated elsewhere (*Radimer-Cornel Scale, Social Provisions Scale, IDPESQ 14…).*

Then, again within our Survey questionnaire, we looked to verify if the **participation in activities** would produce **effects on these factors.** There after, we were able to establish causal *inferences* by verifying in which measure ***the period of time people were exposed to the program, as well as the type and number of activities they participated in,*** were determinants.

We used the **statistical descriptive analytical model** to formulate our Survey results. In total, this *questionnaire of 112 questions* was applied to 180 respondents (*12,76% of the organizations participants for the year 2002-2003*). Finally, over 18 000 data were obtained, they were crossed over and crossed over again, analyzed then illustrated.

In this **Synthesis**, we present the essential elements which make up the **qualitative and quantitative description of the respondents** (sex, age, habitation, income, education, etc.) **and their participation habits.** We also show the main **results concerning their food security, social network, psychological distress, suicidal profile, alcohol consumption, self perception of mental and physical health, hospitalization rates, and the state of birth risks.** The last section consists of **a self-evaluation by the participants of the effects they perceive upon themselves after their participation** in *TCSAGÎM* organizations.

The analysis of the results then permitted us, not only to identify with exactitude the nature of the effects produced and measure the results and wellness of the interventions but equally, after we were able to isolate the « food security » variable, **to make very clear correlations between the state of food security, the social network, and the state of mental and physical health of the respondents.**

This research should then serve as a social development tool to work towards food autonomy at the regional level. In reality, we believe that by demystifying the original contributions of the member groups of the *TCSAGÎM*, it positions them in relation to their actual partners and raises their voice for consultation. In this sense, it should also attract new partners whose goal would be to associate themselves with community organizations with which they share a common or complementary vision of the development of food security as well as of the struggle to put an end to poverty and exclusion in the region.

This research should demolish certain prejudices people may have associated with poverty. It demonstrates that the food security alternative practices are each dynamic, viable and profitable. The citizens from now on will know, that they represent indispensable solutions, adapted to their level – and that they can be proud of them.

Finally, this research shows a pertinence reflected in the regional dynamism of the *TCSAGÎM* and it is to support wishes that finally, with its original scientific knowledge on food insecurity in the rural area, it will serve as a reference for the scale of Quebec.

Original Hypothesis

As we have come to explain, for many years now, the member organisations of the **TCSAGIM** have worked *against food insecurity. « The practices and expertise developed have made the intervention workers want to better understand the amplitude of the effects of these practices on the people and families they've helped.* The organization members of the **TCSAGIM** wanted **scientific proof** in support of their theories on **food insecurity and its consequences on the health and well-being of the concerned populations.**

In priority, we had to determine if all poor people suffered from food insecurity. Secondly, the organization members of the TCSAGIM needed to know (or confirm) that their intervention was more than necessary, indispensible – all this in the effort to solicitate the collaboration of social sectors and diverse governments. In playing all or nothing we, from the beginning, formulated a series of audacious hypothesis which we hoped would be proved by our Survey. We can now say that they have been proved, and well beyond our expectations :

✓ Knowing that the Gaspesiens and Madelinots inhabit one of the least favourable regions in Quebec on a socio-economic level; **the people reached by the members of TCSAGÎM must live in extreme poverty in these same regions (therefore having a net annual income less than average, less education etc.);**

- ✓ Knowing that the state of health of the Gaspesiens and Madelinots is already deteriorated compared to the rest of Quebec (*life expectancy is lower, there are more pre-mature births, higher hospitalization rates, higher consumption of medications, etc.)*; **the people reached by the organizations must have a more negative perception of their health – which is shown to accompany worse health – than the majority of the region's population;**

- ✓ Because they participate with organizations in *food security*, ***the majority of people must suffer from food insecurity; and their physical and mental health is directly affected (more sickness, psychological distress, weak well-being);***

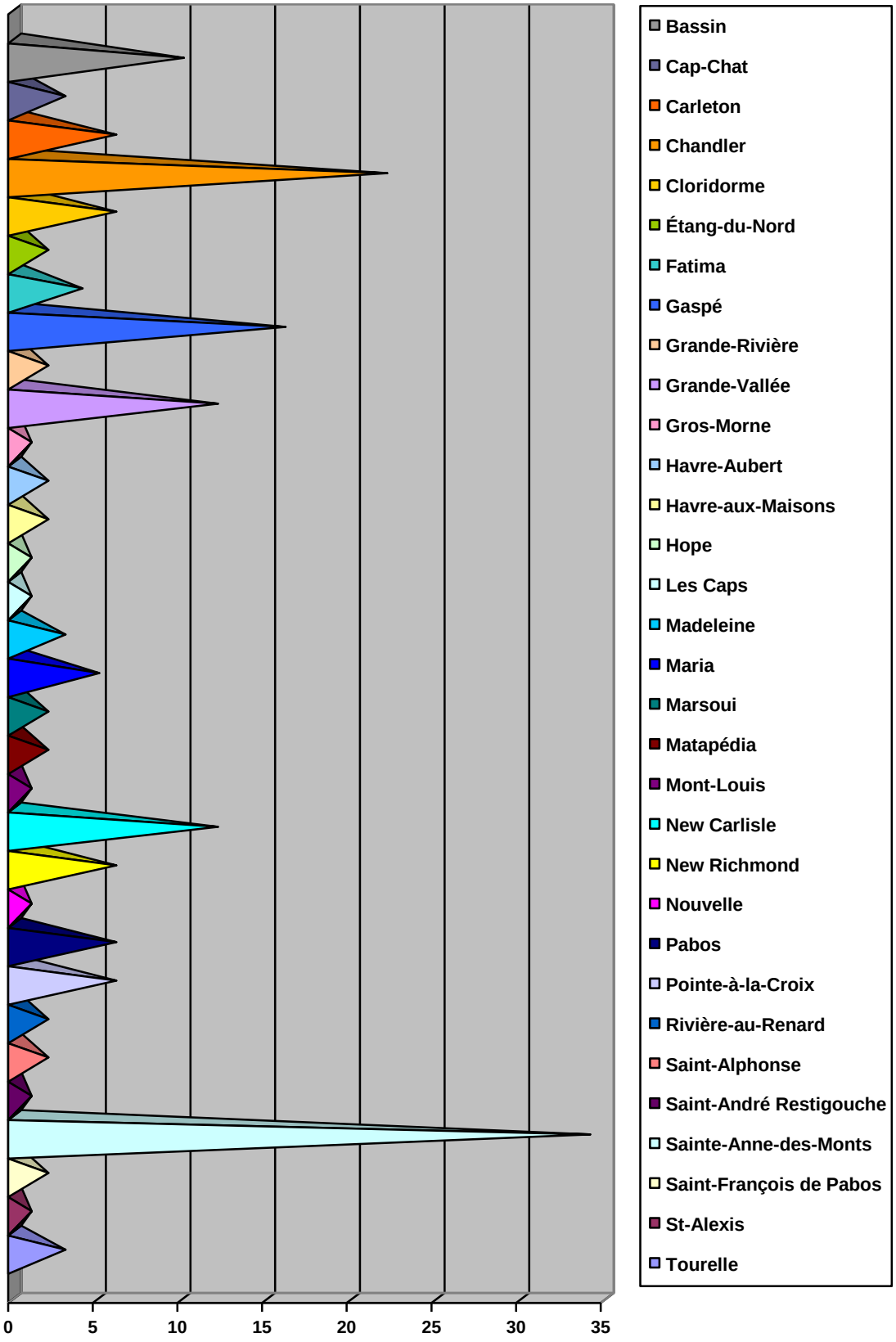
- ✓ ***Through their participation in the programs proposed by the alternatives in food security of the TCSAGIM, their food security will ameliorate, their social network will be stronger, their psychological distress will lower and their well-being shall improve;***

- ✓ ***The more they participate in a higher number of activity categories, the more positive are the results;***

- ✓ ***The collective cooking activities, collective gardens and capacity building activities are the most capable in producing positive effects on food security and the state of health;***

- ✓ *To conclude, we wished to be able to prove that there exists a direct correlation beyond nutritional deficiencies – between food insecurity and problems of physical and mental health.*

1 : **1: Distribution of respondents by town or village**



2. Keys to reading the research

The keys presented here will serve to help you familiarize yourself with the lecture and the structure of the results while also providing a knowledge base concerning the participation of the people reached by the organizations of the *TCSAGÎM; generally called « respondents ».*

The Survey realized by 14 interviewers selected by the organizations of the *TCSAGÎM* , was made from the 9th of September (*including validation period)* to the 12th of December 2004. In total, the interviewers applied it to 180 respondents throughout the territory of Gaspesie and Madeleine Islands as illustrated by Graphic 1.

We have divided our range of samples into two big Groups (WG, EG) :

1 – The **Witness Group (WG)** is made up of respondents who, at the moment of the Survey, participated for the first time - or for less than six months;

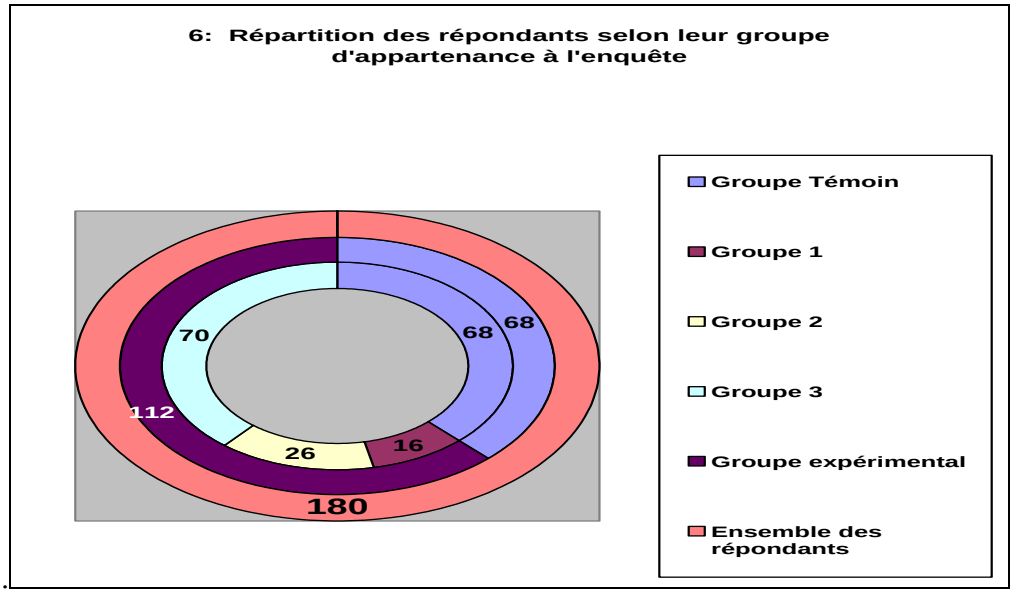
2 - The Experimental Group (EG) is formed by three sub-groups :

Group 1 (G1), constitutes the respondents who participated for at least 6 months and less than a year ;

- **Group 2 (G2),** constitutes the respondents who participated for more than a year but less than 2 years ;
- **Group 3 (G3),** constitutes the respondents who participated for more than 2 years, 3 years and up.

The **Witness Group (WG) serves as a point of comparison** with the **Experimental Group (EG).**

Graphic 2 illustrates the proportions of each of the groups :



- **The survey permitted us to list 5 categories of activities offered by the organizations of the *Table de concertation en sécurité alimentaire Gaspesie-Îles-de-la-Madeleine:***

1. **Collective Cooking**

2. **Collective Gardens –** However, the growing season was practically over. During the time of the Survey, very few gardens were still functioning *(Carrefour-Ressources and CAB Grande-Corvée were the only ones)* – this explains the small number of actual inscriptions. For this reason, many data concerning Collective Gardens will not be taken into consideration.
3. **Capacity building programs** *(Budgeting, self esteem, conferences, integration employment projects, individual intervention, etc.)*

4. **Direct food aid** *(Food donations, « food» stands, low cost meals, accommodation, etc.)*

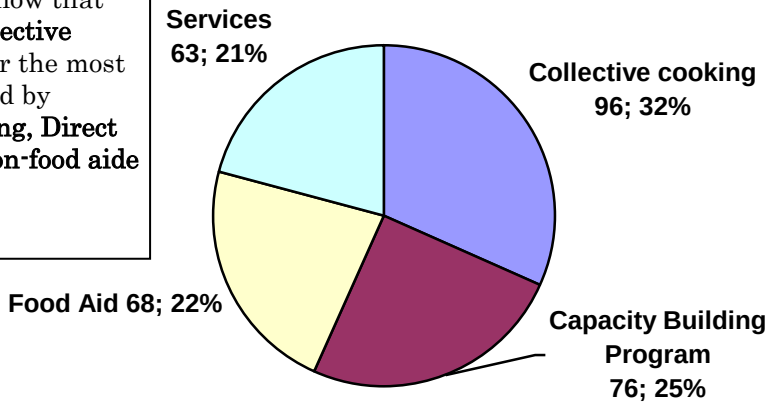
5. **Non-food aid and Services** *(Clothing, foster parents, babysitting, homework help, etc.*)

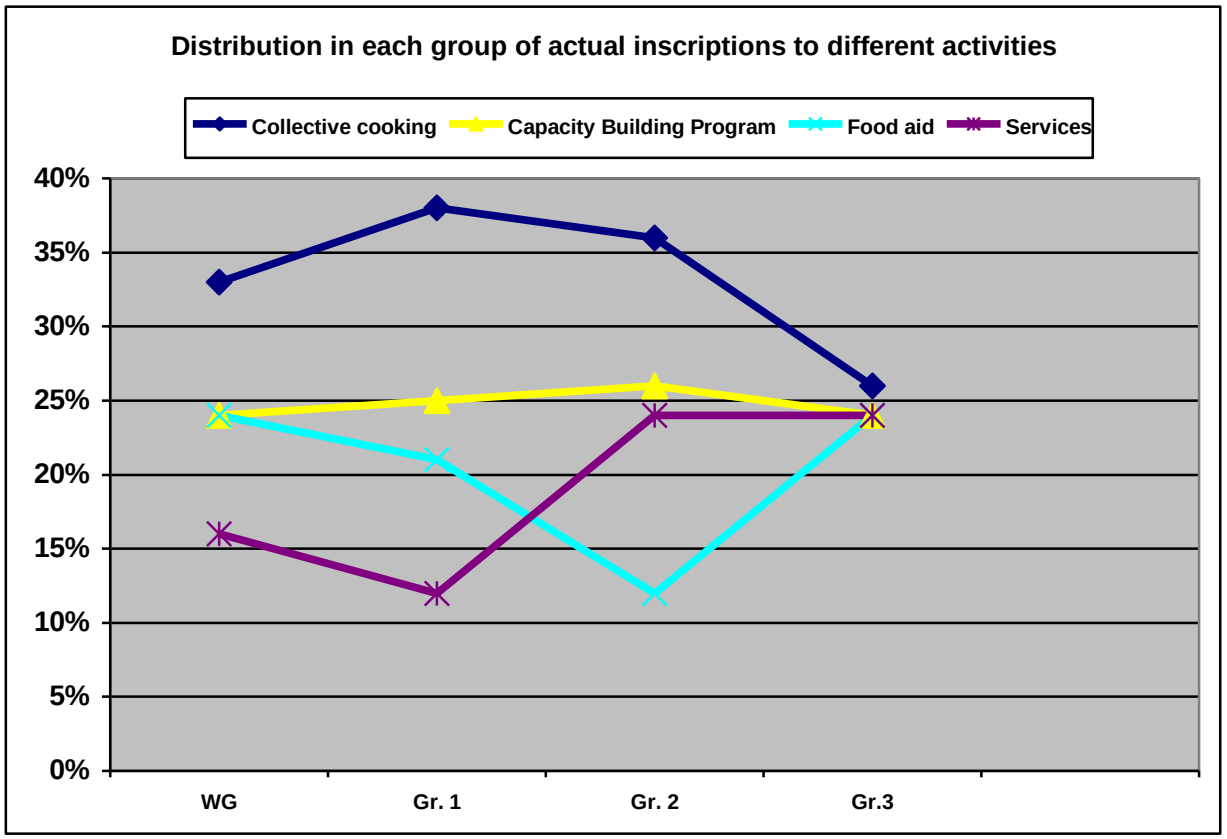
To know the number of inscriptions in each of the activities during the survey see Graphic 3.

N.B. The people often participate in more than one activity at a time, this explains why the number of inscriptions is higher than the number of participants.

3: Distribution of actual inscriptions by type of activity

The data here show that the activity **Collective Cooking** is by far the most popular, followed by **Capacity Building, Direct food aide and non-food aide and Services**





N.B. The lines representing the Collective gardens are not reliable because during the survey this activity was out of season. It has been removed so to not give a false impression. *However, it will be used later when we speak about participation in activities since the beginning.*

The Survey data illustrated by the lines presented in Graphic 4 let the reader determine certain tendencies of the participation of respondents *in function of their group.*

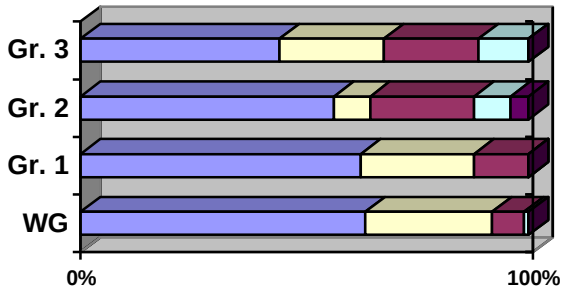
They confirm that the **Collective Cooking** attracts the highest number of participants whatever their group belonging – **but most of all in the first two years**. For those in the 3rd year – G 3, we find a more **levelled participation in all the activities**.

The **Capacity building program** is the most stable of the programs since inscription until the 3rd year and beyond. *This is, of course, because it's conception is based on two or three years of participation.*

The last, **«food aid», is the only activity which saw a significant drop after one year**. ***It could be said then that food aid has a temporary characteristic for most participants.*** For others however – as the spike in the third year shows- ***it is possible that the psychosocial and economic situation is so precarious that there is a need to return at least occasionally to food donations.***

We think that the *number of activities* in which a person participates could have an effect on the factors studied. The distribution of respondents by number of activities in which they participate is presented in Graphic 5.

5: Distribution by Group of the number of activities in which the respondants actually participate



	WG	Gr. 1	Gr. 2	Gr. 3
5 activities	0%	0%	4%	0%
4 activities	1%	0%	8%	11%
3 activities	7%	12%	23%	21%
2 activities	28%	25%	8%	23%
1 activity	63%	62%	56%	44%

The data gathered by the survey indicate that *the longer a person is implicated, the higher the number of activities in which they participate.*
For example, the percentage of people *who participated in only one activity* is higher in the **Witness Group** than in **Group 3**, and **Groups 2 and 3** are the ones who have the *highest percentage of people who participate in 3, 4, and even 5 activities.*

- **We make the distinction between « *actual inscriptions* » and the « *activities since the beginning of implication* » to find out not only the actual prevalence in interest, but also a prevalence over the long term in these same interests.**

The data shows that, the **Collective cooking** activity is always the most frequented whichever the group, where as the **Collective gardens** received the least participants - *probably because it is a relatively recent activity within certain organizations.* **Capacity Building Program and Food Aid** participation rates are nearly equal in the **Witness Group** – where the former surpasses the latter in the **Experimental Group**. We see also that **Services** are more used by the **Experimental Group** than the **Witness Group** – which is essentially formed by new arrivals – *probably because they are less familiar with these.*

- Finally, because we wanted to add a variable external to TCSAGÎM organizations, we have chosen to add the participation to other organizations offering services in food security. They represent 14% of the respondents, the ones who participated effectively in other organizations; and we can note that this participation drops from 19% in the first year to 11% through the third year. Therefore, we have to admit that this variable didn't have a significant influence on the majority of factors to study – except maybe as we will see, on the social network.

3. Socio-economic portrait of respondents

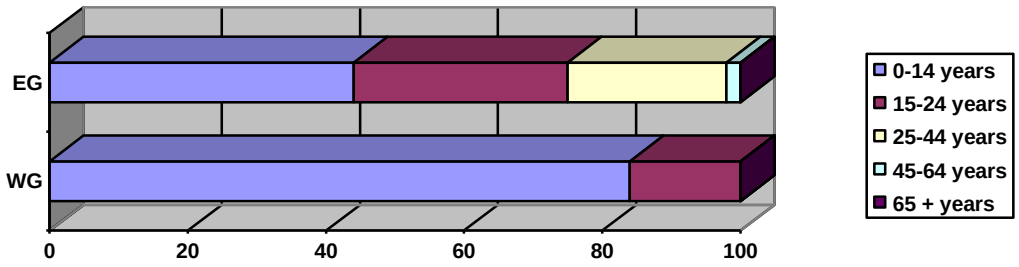
In total, 35 men and 145 women responded to the Survey, representing respectively 19% men and 81% women – which is proportionate to those who participate in the organization's activities.

- **The average age of our respondent is 39 years ; but it varies according to the Group. In effect, what shocks us the most is the fact that the Witness Group is 10 years younger than the Experimental Group.** *This means that the people who call for the first time to these organizations are younger than those who stay longer.*

- **Looking at the data of this Survey, the Witness Group has less children (66%) than the Experimental Group (83%).** *We could find an explanation in the fact that the programs which are put before these organizations of the* TCSAGÎM *are designed for families. It is also possible that the people without children –who are more mobile by definition- stay less time in a situation that requires help from the organizations.*

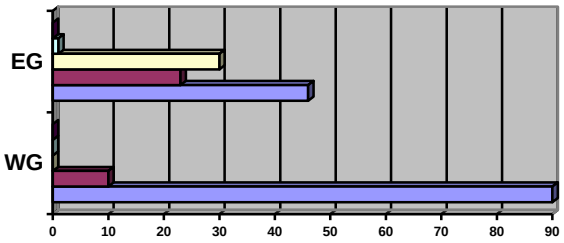
- **Given the data collected, not only are the respondents in the Witness Group more numerous in not having children, but those who do have children have less than those in the Experimental Group.** *Once again, it seems that the families and even the big families find an advantage in participating in the organizations of the Table because the services are designed in function of their particular needs.*

6: Percentage of respondants of each Group by age of children



The age of children is different in each Group. The people in the **Witness Group** have a huge majority (84%) of *children aged 0-14 years,* and where 16% are *between 15-24 years*. The people in the **Experimental Group** have children in both the first and second group *(0-14 and 15-24 years*) in different proportions, 44% and 31% respectively – but more over, 23% of them are children between 25 and 44 years ; *see the difference in age groups of respondents between the two Groups* Graphic 6-7

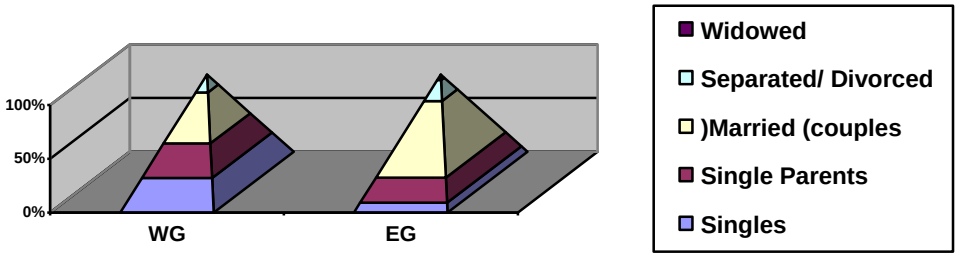
7. Percentage of respondents children of each group by age group



	WG	EG
65+ years	0	0
45-64 years	0	1
25-44 years	0	30
15-24 years	10	23
0-14 years	90	46

What catches our attention in the data from Graphic 8, is again, the *loss in singles*, who, if they occupy 25% of the **Witness Group**, are represented as only 7% of the **Experimental Group**. This loss is seen again – whatever the tally – in the level of single parent families who make up 25% of the **Witness Group** and only 18% of the **Experimental Group**. In consequence married couples constitute 37% of the **Witness Group** and 56% of the **Experimental Group**. We might think that the *programs are then better adapted to married couples.*

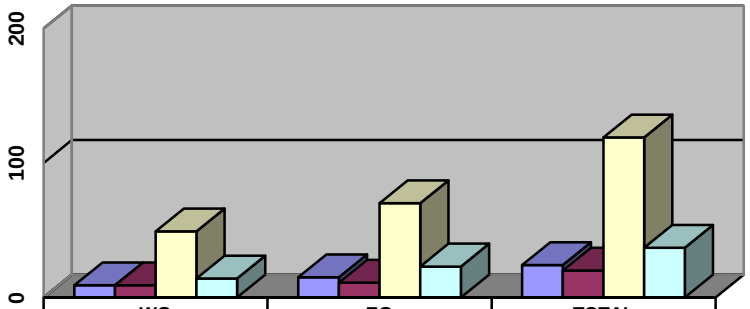
8: Percentage of respondents of each group by their civil status



- In the chapter of revenue, there is no significant separation between Groups : 94% of the 180 respondents are beneath the $20 000 a year bar, where as 6% bring home more than $20 000, *between $20 000 and $39 900.*
- However, 86 of 180 respondents (~48%) take home what we called a family income, which means, they have *more than one source of income*. In this group, 67% live beneath the $20 000 bar, and 32% make slightly more than that, between $20 000 and $39 900 a year.

To compare the respondent's incomes with the region's population in the province we used the definition of family of the Ministry of Public Health *(couples/single parents – with or without children)* : *We saw clearly that 19% of the population of Gaspesie and Madeleine Islands have a revenue of under $20 000 where they stand in the 11% aisle in the province. However, in the respondents of this Survey, there is an immense 94% who find themselves in this group of income.*

9: Distribution of respondents by origin of income



	WG	EG	TOTAL
Employed	9	15	24
Employment Insurance	9	11	20
Welfare	49	70	119
No income	14	23	37

As you see in Graphic 9, the data concerning the sources of revenues of the two Groups are relatively similar. In effect, we can say that the majority of the respondents (72% in WG) and (62% in EG) are *on Wefare*; where as 13% of each group are actually *employed*. The others are either receivers of employment insurance (13% and 10% respectively), *or have no source of income whatsoever.*

- In Comparison:

There are 6 times as many Social welfare receivers and 3 times less people are employed in the TCSAGÎM Survey than in the region's population. It is obvious then that the organizations of the TCSAGÎM have to work with the most impoverished people on this economic scale.

In the end, in the academic plan, with the data gathered by the Survey, the respondents having less than Secondary school diplomas are in the majority; where they are more numerous in the Witness Group (70%), than in the Experimental Group (59%).

- Another difference shows itself in the level of receivers of *secondary school diplomas*. There are 10% in the **Witness Group** and 19% in the **Experimental Group** – which could be attributed to the fact that the participants often return to school after participating with the organizations.

In conclusion, the respondents to our Survey have very little educational background and so are less well equipped to meet the job market. We should maybe then remember the exodus of young people from rural to urban area go there and stay to work.

4. Survey Results

4.1 Food Insecurity : when the children are hungry

As mentioned, we have used the Radimer-Cornell scale to measure food security in 180 respondents. The scale gave us data about the households and people in *food security/insecurity* – as well as of those *people and children who suffer from hunger*. However, we italicize in particular the indicators of « *insecure households* » *and « children suffering from hunger* » to illustrate the results of this Survey.

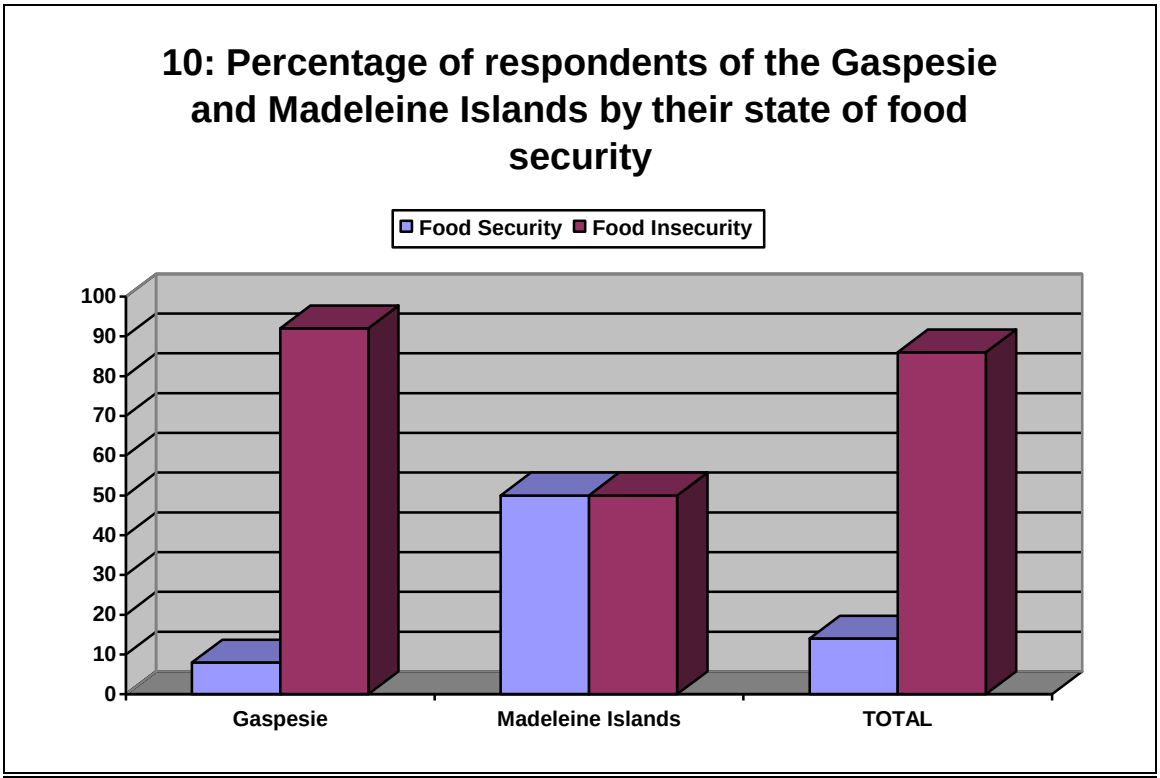
Equally, we believe in certain cases, that offering a seperate lecture of the Gaspesie and Madeleine Islands regions was preferable. This decision comes with the specificity of the *Collective Cooking program of the CADOC* of the Madeleine Islands, which addresses the population as a whole, where as the organizations of the Gaspesie, although available to everyone, concentrate their actions specifically on people in need.

This means however, that we can not conclude naively that the Madeleine Islands are less affected by food insecurity. *To the contrary, other organizations, non-members of the* ***Table de concertation en sécurité alimentaire Gaspesie/Îles-de-la-Madeleine*** *– with who the Collective Cooking of the CADOC works in collaboration – would have probably received the same results as those in the Gaspesie, if they had been surveyed.* Whatever the case, we present the results for both of the regions.

In this section - presented is an *evaluation of the effects of the current practices* - we will examine food security in its diverse aspects, which are corrolated with certain *socio-cultural characteristics* – but also we will see the *participation variables* while making an effort to portray our respondents in the most realistic **state of food security**.

Here are the facts:

Household food security :



The people who participate in the organizations of the Table de concertation en sécurité alimentaire GÎM are 87% in a state of food insecurity compared to 6.9% of the total population of the Gaspesie and Madeleine Islands – (*stat obtained from Social and Health Survey of 1998 by the regional Health and Social Services board).*

The situation shows another disadvantage if we consider only the Gaspesie region where there are 91% of the 168 respondents who suffer from food insecurity. When on their own with 50% of participants affected with food insecurity, the Madeleine Islands – whose cooking program is open to everyone – also surpass the results of the population in general.

Civil state of respondents

- The data received in our Survey show that 70% of *single people* , 87% of *single parent families*, 85% of *married couples*, and 100% of *divorced or separated people* surveyed suffer from food insecurity.

Participation in other organizations

- The portrait of *households who suffer from food insecurity and who frequent other organizations which also offer food security services* (25 people in all), isn't much different than the proportions observed for the entire region, standing at 92%.

Revenue

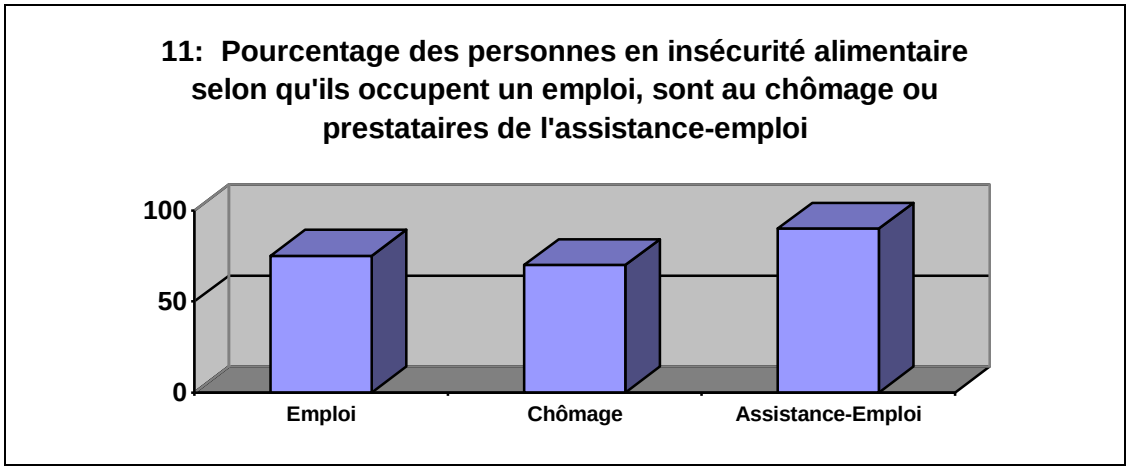
- Within the people who bring home less than *$20 000 a year*, 14% are categorized as in **food security** – which means that 86% are in **food insecurity**- whereas within the people who bring home between *$20 000 and $39 900*, 30% are categorized as **in food security** – which shows that 70% are **in food insecurity**.

The second digit commands prudence in terms of interpretation as it concerns only 10 people in total.

Worker, Social welfare, and Employment Insurance

- **Food insecurity** is shown in *75% of people who are employed, 90% of people on social welfare, and 70% of people receiving employment insurance*. See

- Graphic 11



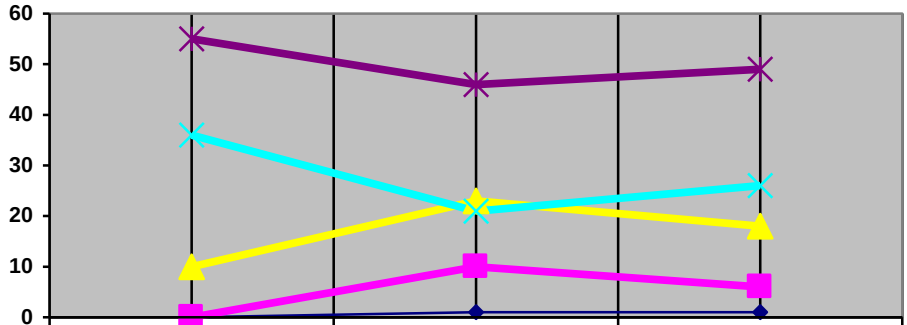
Education Level

- Within respondents who hold less than a Secondary education diploma, 75% suffer from food insecurity – where as those who do possess a Secondary education diploma suffer at 87%.

What these results let us foresee is that the level of education isn't necessarily a guarantee of food security.

Actual number of Activities

12: Percentage of respondents from the Gaspesie with food insecurity by number of participating activities



	WG	EG	TOTAL
5 activities	0	1	1
4 activities	0	10	6
3 activities	10	23	18
2 activities	36	21	26
1 activity	55	46	49

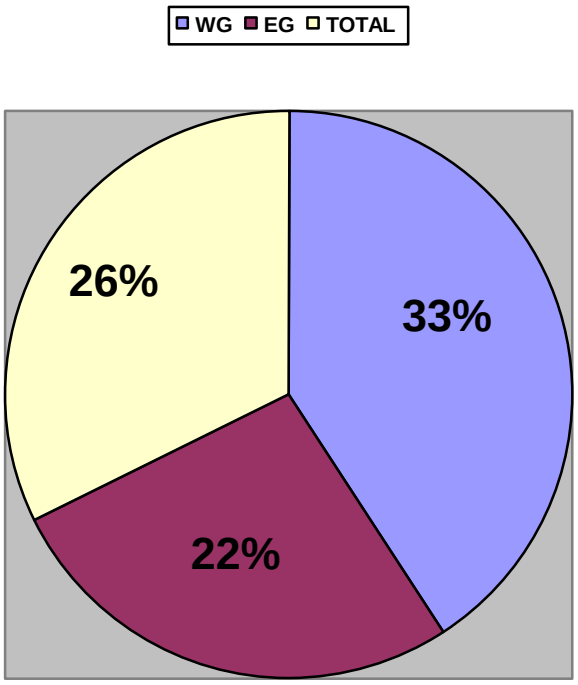
- At first we foresaw that the more the respondents participated for longer with the *organizations the more they inscribed in more activities*. Now, the data from our Survey in graphic 12 shows that the *less activities the respondents participated in the more there is food insecurity* – in other words, ***the more they participate in more activities, the more they are in food security.***

Effectively, the percentages of respondents living with food insecurity are proportionately inverse to the number of activities to which they are inscribed. We can assume **that the participation in a higher number of activities is a positive influence on food security.**

The children who suffer from hunger

- The Radimer-Cornell scale lets us measure the intensity of food insecurity. At one end of the scale we find the households in food security, then *the households in insecurity, then the people in insecurity, and then the people who are hungry* and who starve themselves to give their children food. In the end, when there is nothing more that can be done, what we find are *children who actually suffer from starvation.*

13: Percentage of respondents in the Gaspesie whose children suffer from hunger



It needs to be said that more than one in three people arriving in these organization members of the *Table de concertation en sécurité alimentaire Gaspesie/Îles-de-la-Madeleine* in the Gaspesie have children who suffer from hunger. *This proportion diminishes to 11% once the people are implicated in these organizations.*

But still, there are *more than 1 in 5 people in the Gaspesie who participate for more than 6 months who continue to have children who suffer from hunger.*

In total, of the respondents of the Gaspesie who participates in organizations of the *TCSAGÎM, more than 1 in 4 have children who suffer from hunger.*

- In the Madeleine Islands, the portrait presents itself differently **where 6% of the respondents of the *CADOC have children who suffer from hunger, in other words, one respondent in 18.***

- ***We count in all 28% of people who arrive in these organizations (WG) of the GIM region who have children who suffer from hunger ; where 20% of them who participate for more than 6 months also have children who suffer from hunger, in other words, 1 participant in 5.***

- In total, 23% of the population serviced by the organizations of the *TCSAGÎM* have children who suffer from hunger.

Civil state of respondents whose children suffer from hunger

- ***Nearly one third of single parent families have children who suffer from hunger.***
- ***Aswell, 19% of married couples have children who suffer from hunger (about one in five).***

Average number of children

- The data gathered in the Survey show that for the state of food security, whether it be households in security or households in insecurity who suffer from hunger – **the average number of children per family is 2.**

- **HOWEVER, THE STATE OF RESPONDENTS WHO SUFFER FROM HUNGER AN AVERAGE OF 3 CHILDREN.**

Age of children who suffer from hunger

- We see that the *majority of children who suffer from hunger, 65%, belong to the age group of 0-14 years, where as 21% of them are between 15-24 years.*

- We note however, with a bit of shock, *that the older children of 25-44 years suffer equally from hunger.* So we're speaking about 14% of children who are hungry in this age group.

Number of activities of respondents with children who suffer from hunger

- Of the respondents with children who suffer from hunger, 47% are inscribed in one activity, 38% are inscribed in two activities, 9% in three activities, and 6% in four activities – where none of these people inscribed into 5 activities.

What these data show us is, once more, that the more we inscribe in a higher number of activities, the less our children suffer from hunger.

Participation in each activity

To conclude the presentation on the first set of data on food insecurity, let's see the state of food security of the **respondents who participated since the beginning in each of the activities.**

- It appears that the respondents who participated in *Collective Cooking* are actually *more in food security* than some other activities, and that their *children suffer less from hunger.* After, follows the *Capacity building programs, the Collective Gardens and last, Direct Food Aid.*
- **Finally, the respondents who received the *Non-food aid and services* find themselves with the highest rate of households with insecurity at 93% - and with the highest rate of children suffering from hunger at 24%. This *compared with 83% and 17% respectively for Collective Cooking.***

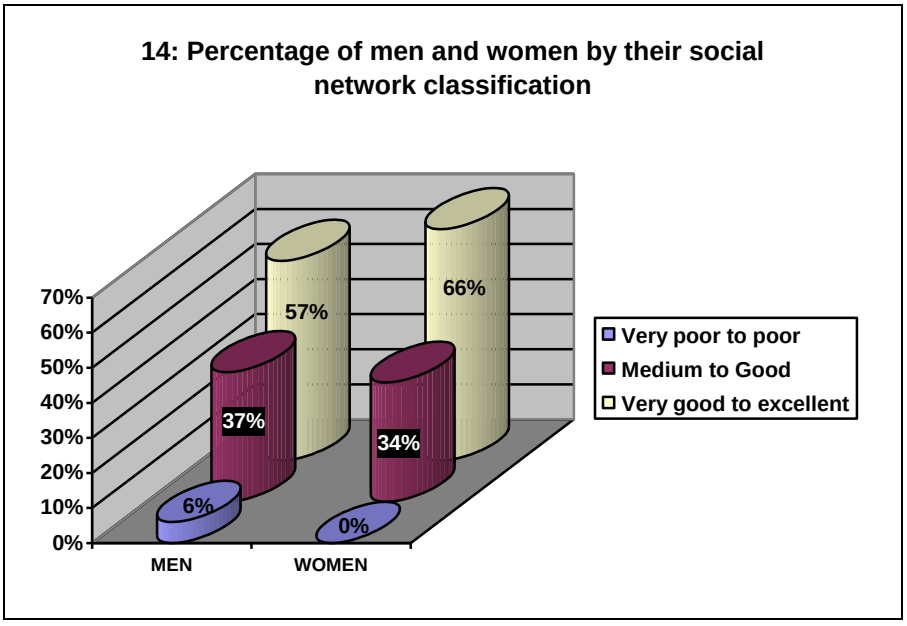
4.2 The social network : The world around you

The Social Provisions Scale contains many variables which constitute the Social Network: *emotional support, tangible material aid, counselling possibilities, social integration, self-confidence of personal value, and feeling of usefulness in life*. This is what we measured and compiled globally to be able to present the next results. The social network is classed as *very poor to poor, medium to good, very good to excellent.*

- **With the data gathered in the Survey, it seems that the majority of respondents (64%) have a "very good to excellent" social network.**
- **There remains 35% whose social network is classed "medium to good", showing a fragile network, and 1% who live almost completely without it.**

<u>By the sex of respondents</u>

- The image varies between men and women:



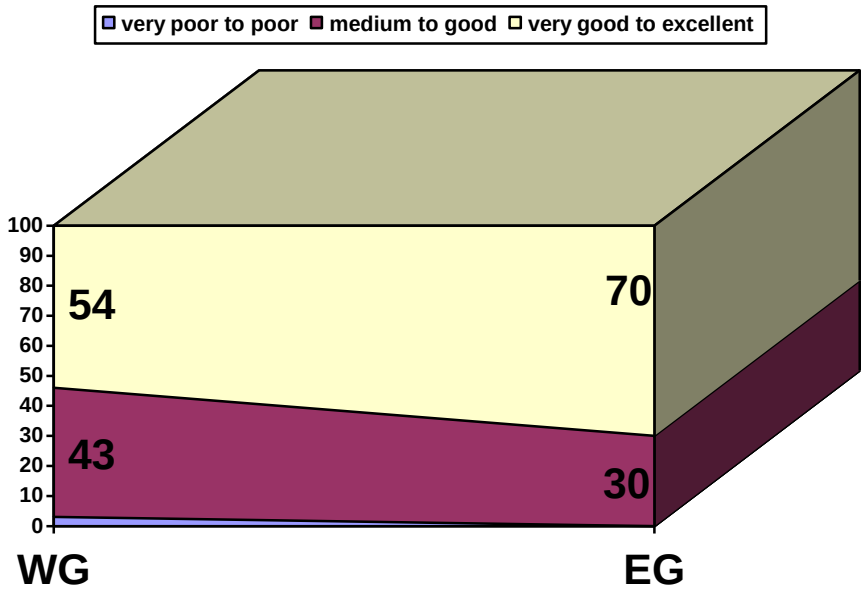
<u>Participation in other organizations</u>

- What varies within the *respondents who participate in other organizations in the domain of food security* is that the proportion of those who have a social network "*medium to good*'" augments by 4%, but this diminishes the proportion of groups having "*very good to excellent"* social networks. *We can think then that those who use more than one service have perhaps a more fragile social network than the rest of respondents*

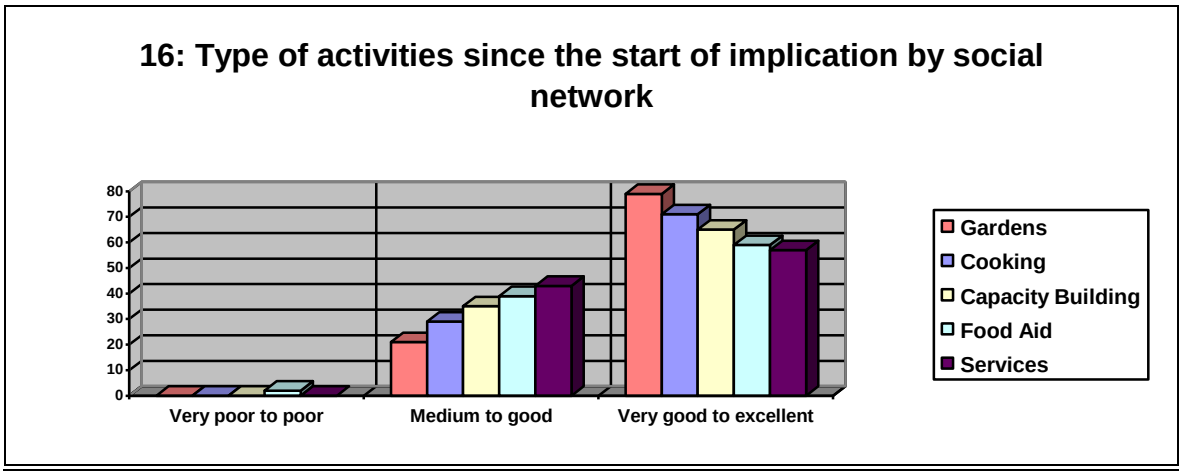
Within the Groups

The differences between the two groups are significant. Where 54% of the **Witness Group** had a "*very good to excellent"* social network, the **Experimental Group** far ahead, had 70% in a "*very good to excellent"* network. Consequently, the **Witness Group** counts a higher proportion of people benefiting from a "*medium"* social network at 43% while the **Experimental Group** having 30%. In the end the **first Group** counts 3% of respondents having a "*very poor to poor"* social network where the **Experimental Group** has none. See *Graphic 15*

15: Percentage of respondents of the Witness and Experimental Groups within their social networks



Types of activities since the beginning of their implication



The data gathered in this Survey presented in Graphic 16, show the relation between the type of activities which the respondents participated in since the beginning, and their social networks.

- **In effect, the highest percentage of respondents having an "*excellent" social network* find themselves amongst those who participated in the collective gardens, followed in order by, collective cooking, capacity building, direct food aid, and non-food aid and services.**
- **Otherwise, the only category of activities where we find the respondents having a very poor social network is in direct food aid.**

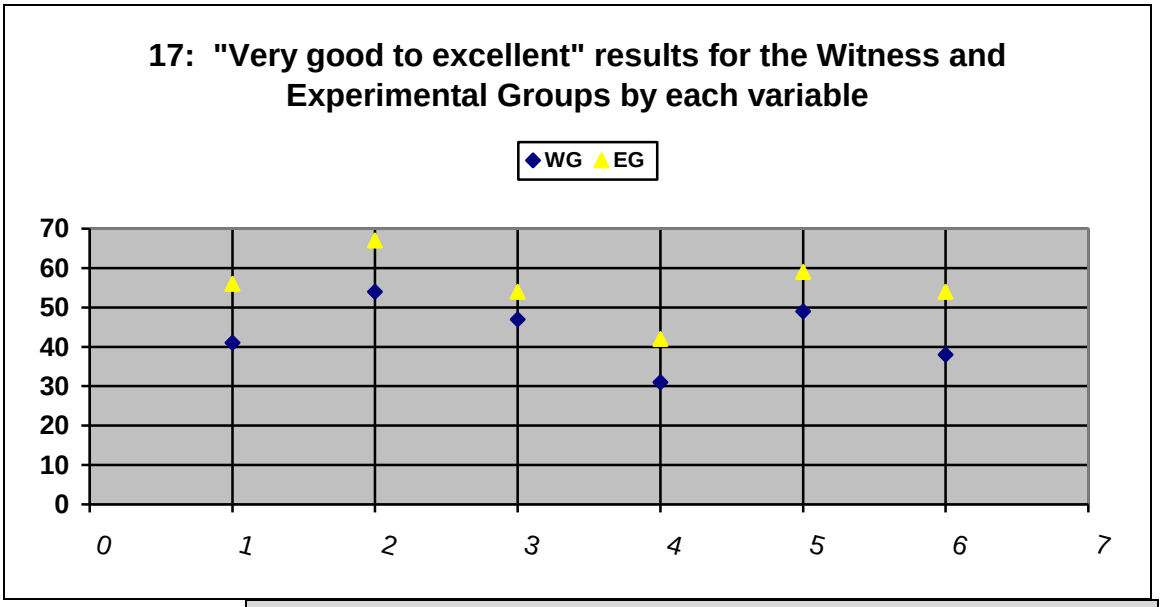
When at the collective gardens, one must be prudent because the number of respondents is only 28, so it is unlike the other activities with between 87 and 111 participants. This said, it is not excluded that the people participating in the gardens, if they had been more numerous, would maintain their status.

Each of the variables of the Social Provisions Scale

- For the **all the respondents** it emerges in the Survey's data, that « *self-confidence of personal value* » is the variable which obtains the highest rate of results for "*very good to excellent"*, at 55% - followed by « *emotional support* » with 54% of respondents.

- On the other end of things, « *social integration* » is the variable which receives the lowest rate of respondents with a score of "*very good to excellent"* at 38%. There is a difference of 16% in disfavour for « *social integration* ».

- It is important to see the results as a function of the **Witness Group** *who are the new arrivals* in the organizations of the TCSAGIM and of the **Experimental Group**, who have been implicated for *between 1 and 3+ years*. Therefore, we can observe the differences from the point of view of their social network components.



What hits you is the consistency of how the **Experimental Group** is positioned underneath the **Witness Group** – *which makes a good point for the organizations who work with these people regularly.*

For those in the **Experimental Group**, it's the *tangible material aid* that is the most certain – with nearly 70% of it's respondents who consider it acquired. The second variable, *self-confidence of personal value*, is the variable they mark with the most points.

For **both the groups**, *social integration* seems to be the most difficult to achieve for only 40% of the **Experimental Group** and 30% of the **Witness Group** obtained "*very good to excellent"* in this chapter, showing the least marked adhesion.

Then, it's the *usefulness feeling* which shows the biggest flaw in the **Witness Group** – *which goes with the feeling of not being socially integrated.*

4.3 Mental Health : The troubling facts

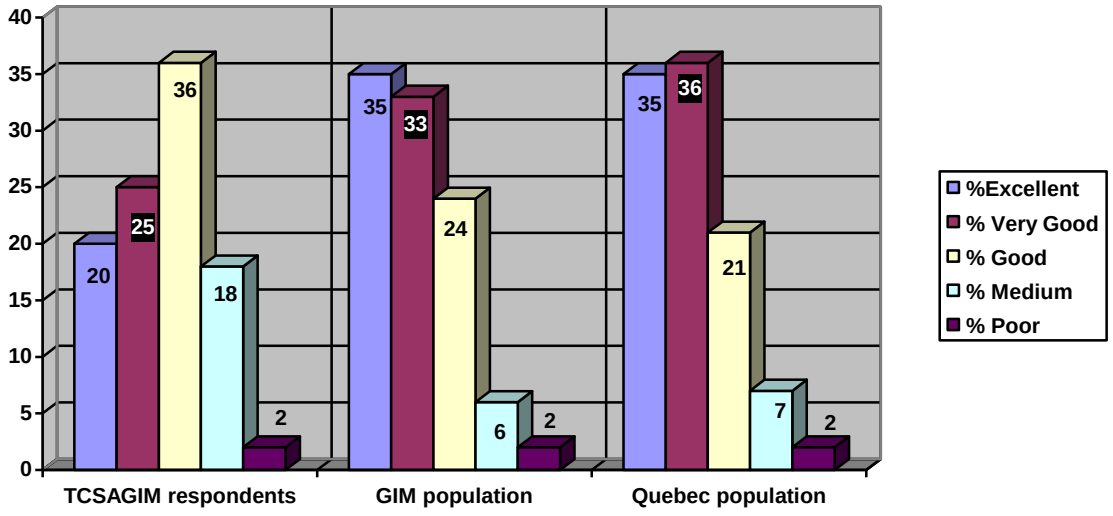
In this section we surveyed diverse aspects of the respondents mental health : *self perception of mental health, psychological distress and duration of distress, suicide, and consumption of alcohol.*

4.3.1 SELF PERCEPTION OF MENTAL HEALTH

The respondents self perception of their mental health compared to others of their age group is one of the key indicators.

- The majority of the respondents, 36%, considered their mental health to be *good* , 25% considered theirs as *very good*, one in five – 20%- considered theirs as *excellent*, 18% as *medium*, and 2% as *poor*.

18: Comparison of classification of percentages obtained concerning mental health of TCSAGIM, GIM, QUEBEC

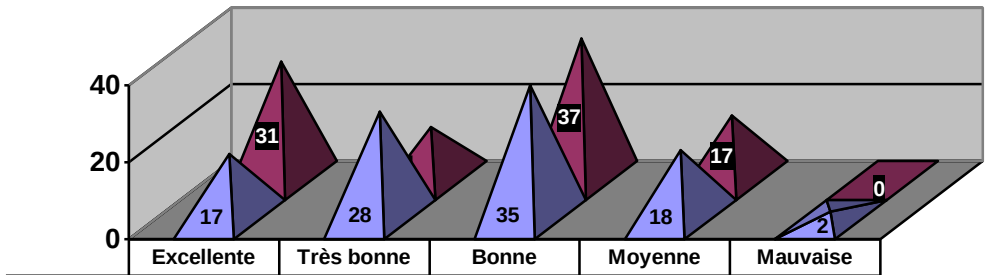


There is no doubt that the survey respondents of TCSAGIM have a poorer perception of their state of mental health than the populations of Gaspesie and Madeleine Islands and that of the rest of Quebec.

By sex

- The female and male respondents responded differently for this question, as shown in Graphic 19.

19: Pourcentage de répondants femmes et hommes selon leur perception de leur santé mentale



	Excellente	Très bonne	Bonne	Moyenne	Mauvaise
Femmes	17	28	35	18	2
Hommes	31	14	37	17	0

The men here are almost **twice as numerous than the females** to consider themselves in *excellent* mental health where as the females consider themselves in *very good* mental health by the same proportions. This phenomenon is similar in this region and the province although observed differently. In effect, the men of this region and the province are 4-5% more numerous than the females in believing that their mental health is *excellent or very good*.

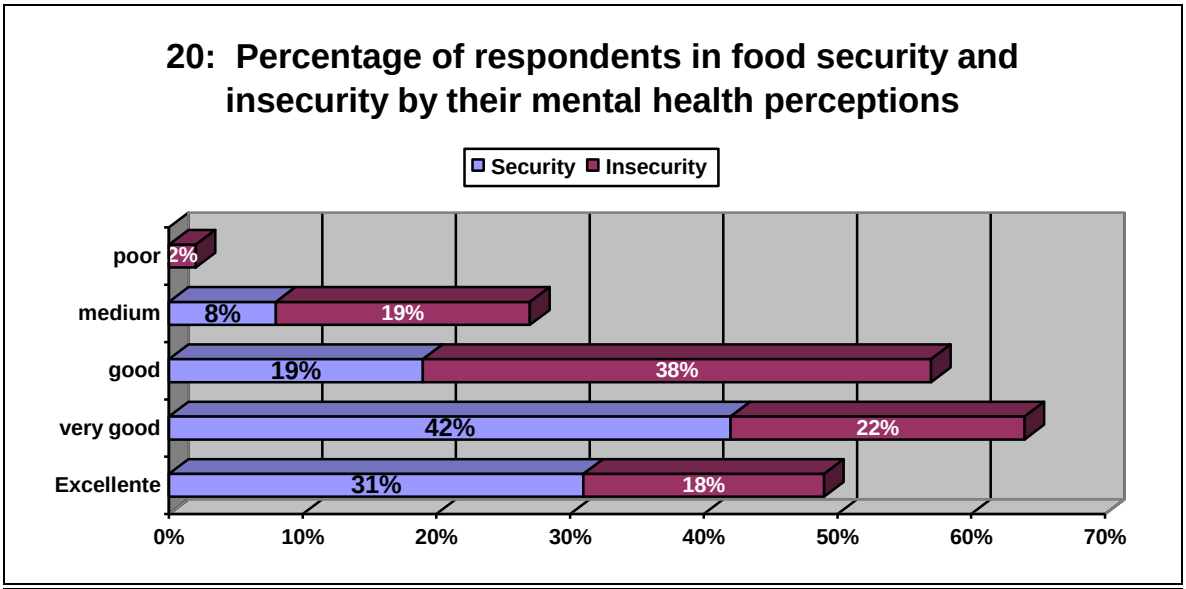
By Group

- Once more, the difference in perception of mental health between respondents, by *occurrence between the* ***Witness*** *and* ***Experimental Groups***, shows itself in the first category of those who consider their mental health to be *excellent*.

  Here, the **Experimental Group** respondents are almost **twice as likely** to choose this response, ***which is very significant***. And more, even if we condense these two first categories, *excellent and very good,* the difference persists as 66% in the **Experimental Group** against 42% in the **Witness Group** chose this category.

We can assume then that, without any apparent risk of mistake, the participation in organization members of the TCSAGIM are equally beneficial to the self perception of mental health which improves with participation.

By state of nutritional security



If we work with the data gathered in the Survey which are presented in Graphic 20, we see immediately that the respondents of *households in food security definitely* have a better and more *positive perception of their mental health*.

- **In effect, by condensing the results, we see that 73% of respondents in *food security* consider their mental health as *excellent or very good*, where as only 40% who are in *food insecurity* consider their mental health as *excellent or very good*.**

- **Consequently, 2 times as many *food insecurity* respondents positioned themselves in the *medium to good* category, with a 2% proportion considering themselves in *poor* mental health.**

By number of activities in which they participate

- The group of respondents with the **highest** percentage of mental health perception in the range of *excellent to very good* is inscribed **in 4 activities**.

- This group (inscribed in 4 activities) counts no one in the *medium or poor* categories. And the next group categorized as having *excellent* mental health is inscribed in **3 activities.**

- Where as, those who participate in only **one activity** chose principally, 38%, the *good* category.

By type of activities since the beginning of their implication

- The data gathered in the Survey indicate that the respondents receiving *Direct Food Aid* are more likely to consider their mental health as *excellent and very good*.

- They are followed closely by those who receive *Non-food aid and services*, and by those who participate in *Collective Cooking*. Then, those who participate in *Capacity Building Program* consider themselves in *good* mental health. The highest percentage considering themselves in *medium or poor* mental health are those who participated in *Collective Cooking*.

We should wait until the complete gathering of data on mental health before making any sort of conclusions. But, it is possible that there are distortions of perception of mental health in the way we evaluate. So, the question is asked in the sense that we need to compare these results with others of the same age. Where, if we live in a difficult environment, it is possible that we have a tendency to overestimate ones own mental health when compared to others. In the same way, if we live in an environment where everything seems fine we may have a tendency to underestimate our own mental health.

4.3.3 PSYCHOLOGICAL DISTRESS

Hints of psychological distress are obtained when asking 14 questions (IDPESQ 14) which concern certain symptoms linked to a depressive state, anxiety, cognitive troubles and irritability – and the feeling of resentment in the last week. They give us a hint to the prevalence of psychological distress. The pointage is assembled into 3 categories, by a psychological distress signal at *none to low, low to medium, or high.*

The interpretation must be associated with the ***length of the manifestation of distress****, and by other factors like* ***the self perception of the state of mental health, suicide and alcohol consumption*** *– where we should also add mental health problems, hospitalizations and the consumption of psychotropic medications which we will look at more closely in the Physical Health chapter.*

Results of IDPESQ 14

- **The respondents, being 180, responded affirmatively to one of the 14 questions.**

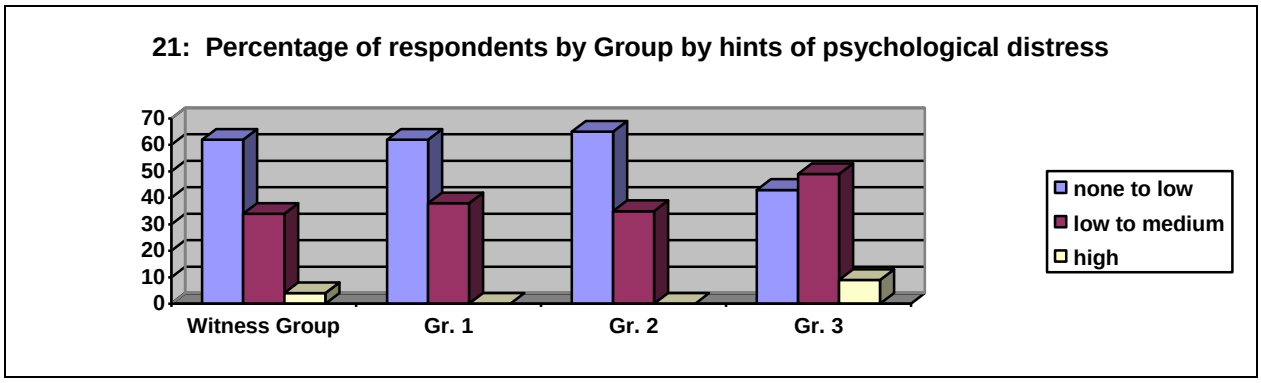
- There is no significant difference between the psychological distress hints of men and women – **but men are 1% more likely to report hints of higher levels of psychological distress**, and 1% less likely then to report at *none to low* levels of distress. *These numbers contradict the results obtained by their own self perception of mental health – which would presume that they were* ***in better mental health*** *than the females, but this is not the case.*

- The total concerning psychological distress levels for all respondents are *none to low*, 56% ; *low to medium*, 40% ; and *high*, 5%.

By state of food security

The households in food security have an inferior level of psychological distress than those in *food insecurity*. In effect, they count as *51%* of respondents who have a *none to low* level of distress, *44%* who have a *low to medium* level and *6%* who have a *high* level. The households in *food security* counts as *81%* with *none to low levels* (*30%* more than the *insecure households)* , *19% low to medium*, and *0% with high* levels.

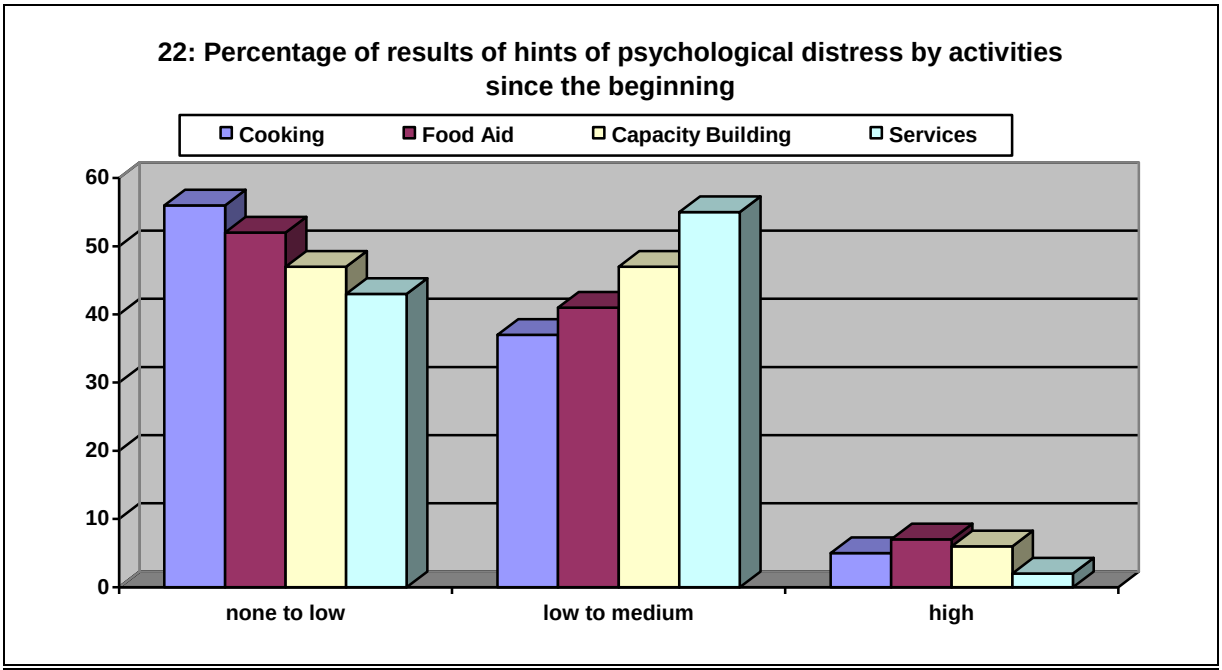
By Group



- What these data in Graphic 21 show is that there seems to be a division between the first two years on one side, the WG, G1 and G2 blocks – which all have similar results in hints of psychological distress ; *except for the Witness Group that counts 4% of respondents with a high level of distress.*
- In contrast, for those who responded in the group 3+ years, they are 11% less than the new arrival and 14% less than those in G2 in having a *none to low* level of distress. And consequently, they show a 5% level of *high psychological distress*.

To explain this variation we should know that the organizations have people who stay longer in these groups. It is probable that they have a heavier health record than the people who come searching simply for some temporary aid.

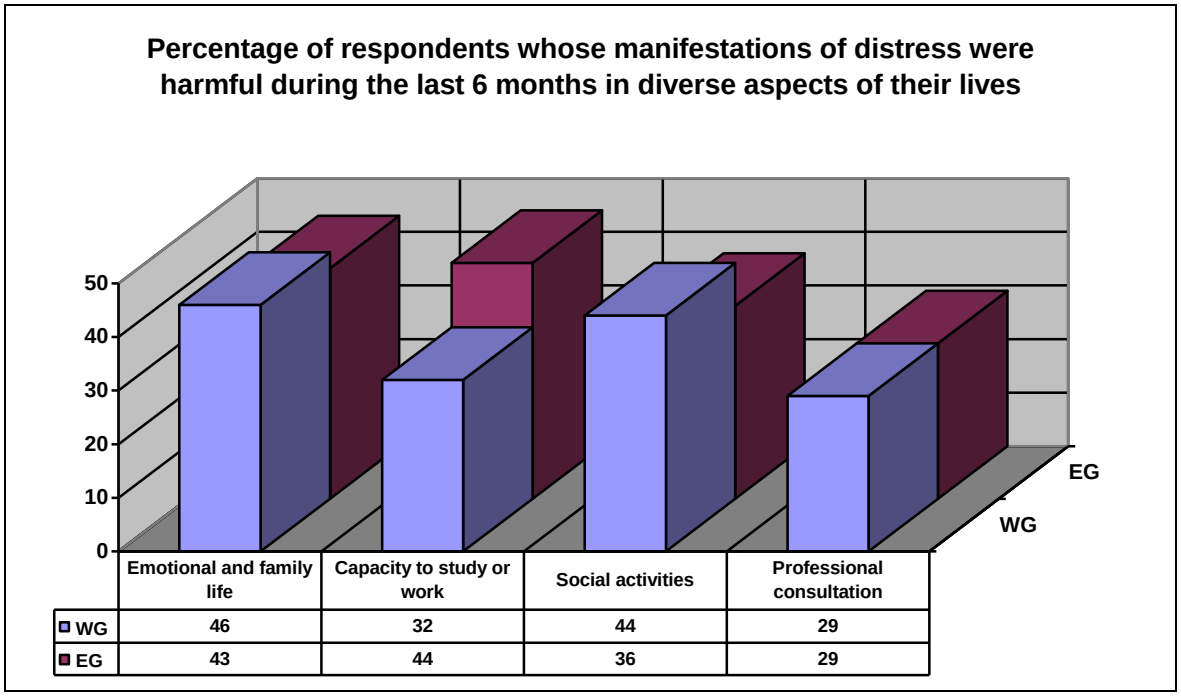
By activity since the beginning



- The data gathered in the Survey and presented in Graphic 22 show that the respondents who participated in Collective Cooking are the most numerous (58%) in obtaining a psychological distress level of *none to low*. Therefore those respondents have previously found themselves mostly in the 3rd rank in relation to their self perception of mental health.

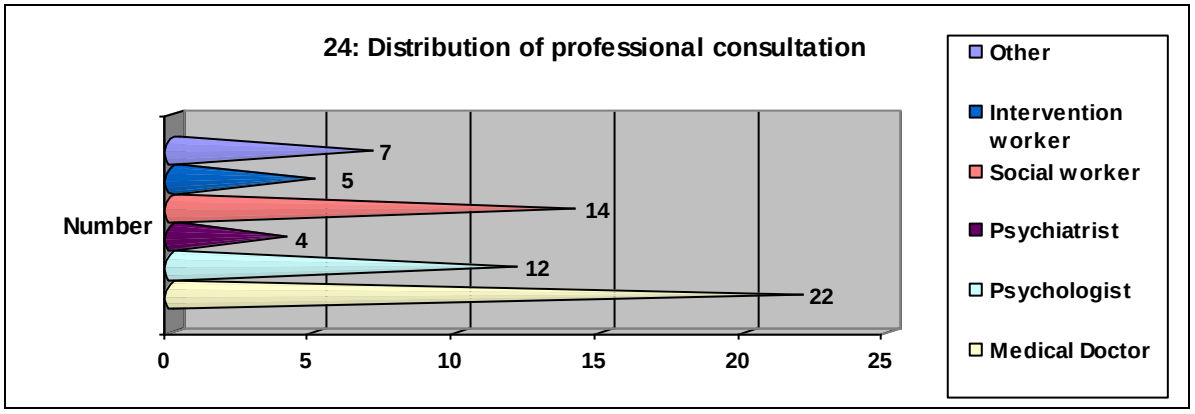
Consequences of psychological distress

We asked our respondents who marked at least one positive response in the IDPESQ 14 (180 respondents), if during the course of the last 6 months these manifestations *interrupted their family and emotional life, capacity to study or work, social activities, and if they had consulted a professional for help.*



The severe consequences (*those lasting at least six months*) the most prevalent in our respondents are at the *family and emotional level* (44%), where the *capacity to study or work* and the *social activities* stay equally high at 39%. And those who *consulted a professional* about their problem are at 29% in both groups.

Consulted Professionals



- In total, 52 respondents consulted 64 professionals - *where some consulted more than one at a time* . Of these, more than 34% consulted *medical doctors*, 22% consulted *social workers*, and 19% consulted *psychologists*.

4.3.3 SUICIDE

Of all the respondents

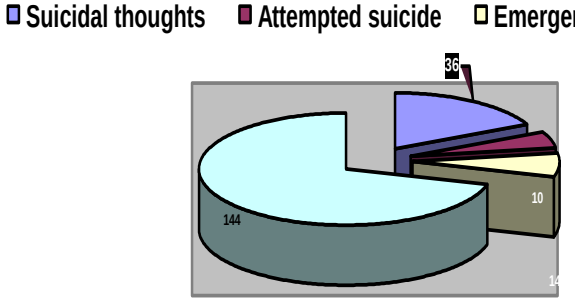
We had 3 questions concerning the delicate subject of suicide : **During the last year : *Have you thought seriously about committing suicide? Have you attempted suicide ? Have you been driven or have you presented yourself to the emergency ward concerning an attempted suicide ?*** The percentages presented in Graphic 25 show the data gathered over the course of the Survey.

The TCSAGIM Survey respondents who thought seriously about suicide over the last 12 months are 36 out of 180, so about 20%.

The number of respondents who made an attempted suicide is 14 out of 180, or 8%.

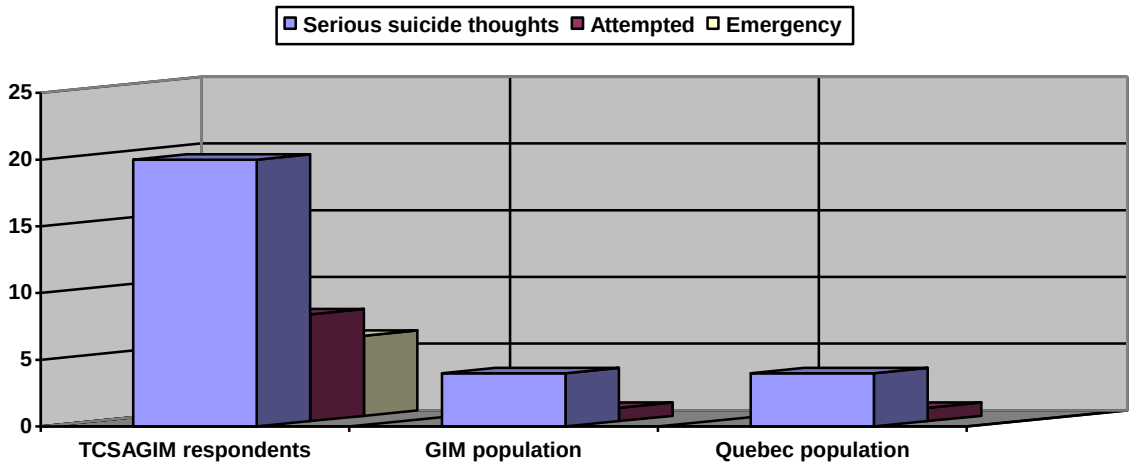
In total, 10 respondents of 180 were driven to the emergency ward after an attempted suicide, so 6%.

25: Number of respondents who have had suicidal thoughts, made attempts, who have gone to emergency



- **Again, one must consider that of the 20% of respondents who seriously thought about committing suicide, 39% of them made an attempt, and 71% of those who made an attempt were driven to the emergency ward.**

26: Comparison of data on suicide within the region and the province



- As illustrated by Graphic 26, *the population of the Gaspesie and Madeleine Islands had suicidal thoughts in the range of 3.6% of the population in 1998 – which stands at 5.5 times less than the TCSAGIM survey respondents who stand at 20%.*
- *The percentage of the Gaspesie and Madeleine Islands population who made an attempted suicide is 0.7%, 11 times less that the TCSAGIM survey respondents who stand at 8%.*

Unfortunately, even though they might exist, we have not been able to find the data concerning those who have been driven to the emergency ward after an attempted suicide for the GIM and Quebec.

Whatever they may be, the differences are significant. In contrast to the general population we have seen that to put an end to their suffering, the poorest people often choose suicide as a common option.

To strengthen this notion, is it necessary to restate that the suicidal ideas are 5.5 times higher and the attempts are 11 times more present in people who participate in organizations in food security of the TCSAGIM than in that of the general population.

By Group

The data gathered over the course of our Survey show that there is a big difference between the two groups.
In effect, there are **25% in the Witness Group** who have **thought seriously about suicide** over the last 12 months, where in the **Experimental Group** the proportion is lower at **17%.**

In the same way, **13% of the Witness Group** made an attempted suicide, where only **5% of the Experimental Group** did – 2.6 times less.

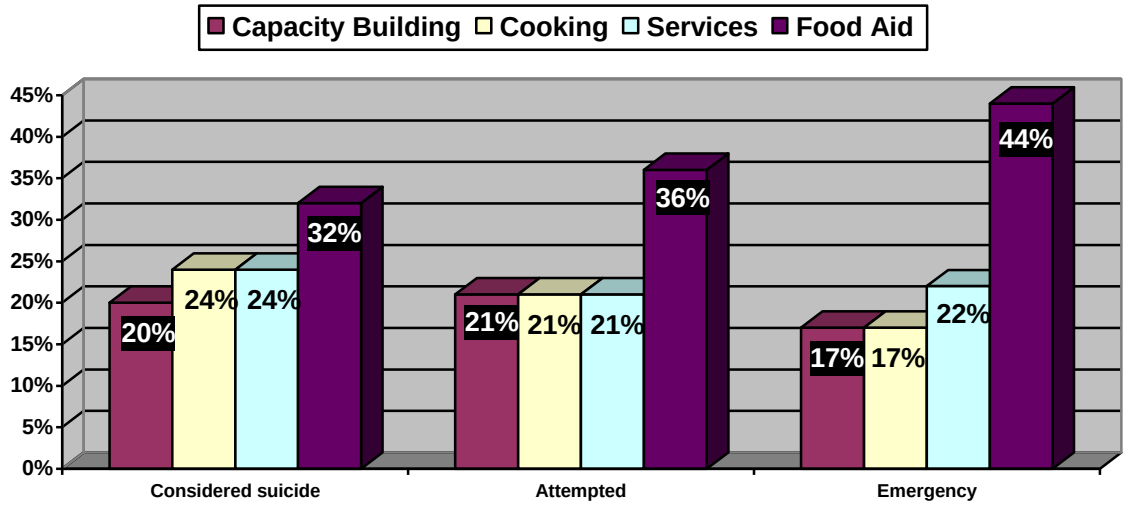
In the end, **10% of the Witness Group** were presented to the Emergency ward after an attempted suicide, where only **3% of the Experimental Group** were – 3 times less.

We are tempted to think that the TCSAGIM organizations, are for the new participants, a life jacket, or at least an alternative to suicide.

By type of activity they participated in since the beginning of their implication

The data presented in Graphic 27 inform us on each of the groups, (those who *attempted suicide, those who made an attempt, and those driven to emergency for an attempted suicide)* – in relation to the activities they participated in since the beginning of their implication.

27: Percentage of respondents who considered suicide, made an attempt, and who went to emergency, in relation to the activities since the beginning of their implication



It is shown that the respondents receiving Direct food aid are the most numerous in being suicidal, in attempted suicides, and the most numerous in being driven to the emergency ward after an attempted suicide ; and this, in a proportion 2 times higher than any other group's activities.

For those respondents inscribed in other activities we notice that those receiving non-food aid and services are the most to be driven to emergency. Where those who participated in Capacity Building Program are the least likely to be suicidal.

We should remember that the respondents who received Food aid considered themselves to have an *excellent or very good* mental health , in the proportion of 49% which is higher than any other group's activities. At the same time we find that the Experimental Group is the most affected by suicide ; confirming our hypothesis on possible distorted perceptions. In effect, it is probable that the new participants who receive Food aid have a hard time openly expressing their mental health difficulties – which explains the overestimation they make of themselves. ***Whatever it is, they are certainly part of the groups the most at risk concerning suicide.***

By state of household food security

The data on suicide gathered by this Survey show a very clear correlation between the state of food security and suicide rate. In effect, in the respondents who thought of suicide, 89% are in food insecurity households – where only 11% are in security. Of those who made an attempted suicide and who were presented to emergency, 100% were from the food insecurity group.

By those who consulted a professional

The data gathered in this Survey show that 22 of the 36 people who **seriously considered suicide in the last 12 months** before the Survey, 61% ; **9 of 14 made an attempt**, 64% ; **7 of 10 were driven to emergency,** 70% - **consulted a professional over the last year.**

What we need to take in from this is that 6 of 10 people who seriously considered suicide consulted a professional after their psychological distress symptoms were felt frequently for at least 6 months.

The fact is that the professionals consulted are doctors, social workers and psychologists – it would be important that all of them play an important role in the prevention of suicide. And if we calculate this with the data gathered in the ***Chapter concerning the hospitalization rates****, 51% of the respondents who seriously considered suicide were hospitalised over the course of the last 12 months.*

4.3.4 ALCOHOL CONSUMPTION

We measured the consumption of alcohol of the respondents with a series of indicators from the Survey. Unfortunately, it is not possible to present all of these in the context of this Synthesis. So we have chosen the consumption of alcohol in relation to the state of food security ; because it represents best our purpose.

By the state of food security

We examined diverse indicators linked to the frequency of consumption of alcohol, like *prevalence in life, actual prevalence, the occasional frequency* (less than once a month*), and high frequency* (2 or more times a week), in relation to the state of food security.

- **Within the respondents in food security, 68% have a *lifetime prevalence of alcohol consumption,* whereas within the *food insecurity respondents this number is at 65% - 3% lower.***

- **In contrast, within those who have an *actual prevalence to alcohol*, 53% are in the food security respondents and 58% are of the *food insecurity respondents – a 5% higher proportion.***

- Now, the data get more interesting. In effect, the respondents who drink only occasionally, **less than once a month**, are more numerous amongst those who are in *food insecurity* (29%) than those who are in *food security* (21%). In contrast, the *food security* respondents are more numerous in having a *higher consumption rate*, *at least 2 times a week*, at 18%, than the *food insecurity* respondents at 10% - *almost double.*

These numbers should destroy any prejudice against food insecurity, which is often mistakenly associated with higher consumption of alcohol –sometimes being said to replace food.

4.4. State of Health: It doesn't get better!

- The data gathered in this Survey informs us that 68% of the respondents have a RAMQ medical insurance plan with their *social welfare*, that 25% are *adherents*, that 6% are *not admissible*, and that 2% are *over the age of 65 years*.

4.4.1 AT LEAST ONE PRESCRIPTION OVER THE LAST 12 MONTHS

- **The respondents who used at least one prescription over the last 12 months in the proportions of 70%, 80%, 30% and 100% were *social welfare receivers, adherents, non-admissible, or people over the age of 65, respectively.***
- ***In each case, we believe that the proportions found in our Survey have enough similarities to, and are just as high as those established by the RAMQ, where : 7 of 10 social welfare recipients ; between 7 and 8 of 10 adherents ; and between 9 and 10 of people 65 and over – are using at least one medical prescription per month.***

By state of food security

- We can calculate the number of respondents who suffer from *food insecurity* (154), there are (108), **or 70%,** who have received at ***least one prescription during the year*** ; where those with *food security* (26), only 12, or **46%**, have received ***at least one prescription during the same period… This last series of data allows us to establish that those who suffer from food insecurity are 25% more numerous than those with food security in consuming medications.***

4.4.2 CONSUMPTION OF CENTRAL NERVOUS SYSTEM MEDICATIONS

We have chosen to know more about the types of medications that are consumed by our Survey's respondents. *Based on data from the RAMQ of the most consumed types of medications we were interested in knowing in particular about the* ***consumption of central nervous system medications of the respondents,*** *being either major* ***antidepressants or tranquillizers, analgesics, anti-convulsive, and anxiolytic, sedatives or hypnotics.***

In Quebec, *according to the calculations of the research agent of the TCSAGIM* –**14% of RAMQ insured people consume antidepressants or major tranquillizers.** In contrast, indicators of consumption of this class of drugs for **the respondents of the TCSAGIM survey concerns 21%,** 7% more.

Nevertheless, if we include *anxiolytics, sedatives and hypnotics,* - ***we obtain 38% of the respondents of our Survey who consume psychotropic medications, therefore, 2 of 5 people.***

By state of food security

Of the 37 respondents who *consume antidepressants or major tranquillizers*, only 2 are respondents in **food security, so 5%, whereas 95% of the consumers are in food insecurity**.

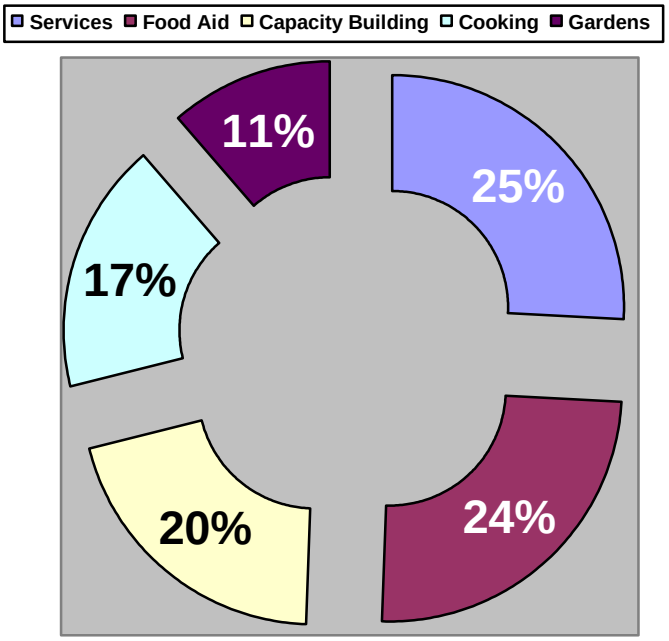
And more, of the 37 respondents who *consume antidepressants or major tranquillizers*, 9 of them are **respondents whose children suffer from hunger** – so 24%, or nearly **one in four.**

Without knowing exactly all the pieces and outcomes, we can all the same suppose that there could exist a direct correlation between food insecurity and the consumption of psychotropic medications like antidepressants.

We just need to ask if these medications weren't perhaps a way of masking food insecurity – like the Quechua Indians who eat their coca to mask their hunger ? In other places, notably in France, researchers are starting to ask these sorts of questions.

By type of activities since the beginning of their implication

28: Percentage of respondents who have participated in each activity since the beginning of their implication and who consume anti-depressants



The data gathered in this Survey presented in Graphic 28, indicate that 25% and 24% respectively of the respondents who **received non-food aid and services as well as direct food-aid** since the beginning of their implication- consumed *antidepressants or major tranquillizers* during the last 12 months before the Survey, **with one of four respondents in each category.**

In respondents who participated in **Collective Cooking**, the percentage drops to 17%, **or one in six respondents**, and for those who participated in **Collective Gardens** it drops to 11% - **one in nine respondents**.

Once again, we see that the respondents receiving non-food aid and services and those receiving direct food aid are the two groups the most at risk concerning the consumption of psychotropic medication, and specifically, antidepressants.

Multiple consumption

In the effort to document the consumption of psychotropic medication in respondents we sought to know if there were some who were consuming **3 types of the most well known psychotropics at the same time**, such as *antidepressants or major tranquillizers, alcohol, anxiolytics, and sedatives or hypnotics.*

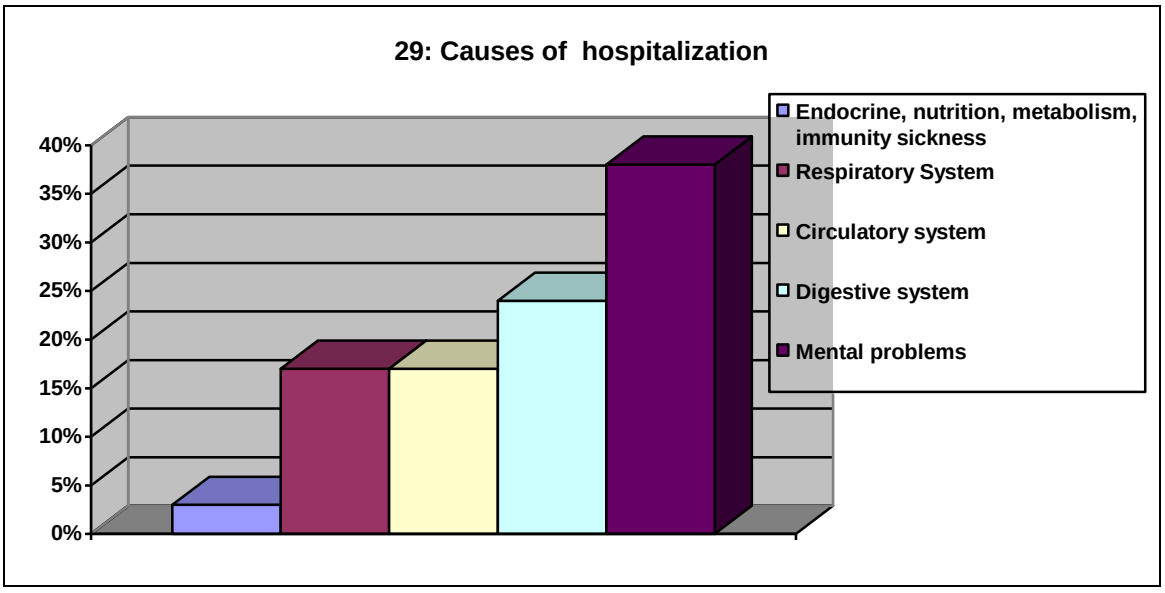
- **The data gathered indicate effectively that 30% of the respondents who consumed antidepressants or major tranquillizers, also consume alcohol and anxiolytics.**

Antidepressants or major tranquillizers and suicide during the last 12 months

- The data gathered in this Survey indicates that 41% of the respondents who thought of suicide, nearly *1 in 2 people* consumed antidepressants and major tranquillizers during the course of the last 12 months.

4.4.3 HOSPITALIZATION OF RESPONDENTS

- ***During the last 12 months, 29 of 180 respondents to our Survey were hospitalized, or 16% of them – double the hospitalization of the populations of the Gaspesie and Madeleine Islands which is from 7.9% and more than double that of the province at 6.4%.***
- *As well, the* Graphic 29 presents the causes of hospitalization of respondents.



- **What hits you is the high percentage of respondents who were hospitalized for mental troubles – which is by far, at 38%, the major cause of hospitalization, followed by sickness of the digestive system at 24%.**

- *In the general population, mental troubles occupy the 4th level of the 5 first causes of hospitalization where sickness of the digestive system constitutes the number 3 level.*

We believe that it is possible to establish a connection between extreme poverty, food insecurity and mental troubles.

4.4.4 BIRTH RISKS

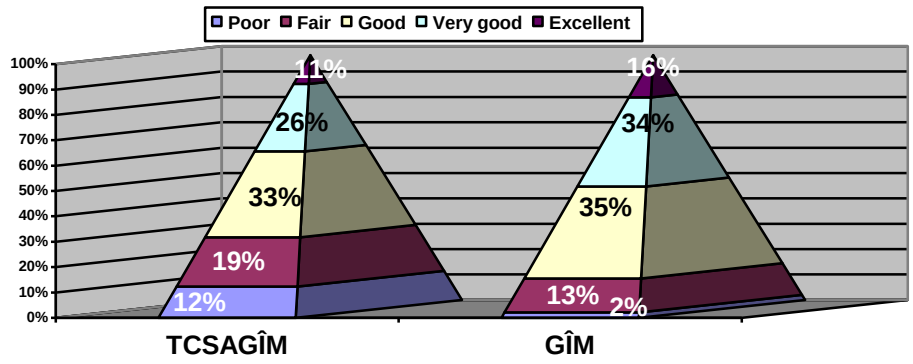
- Of the respondents, there were 10 births during the last 12 months ; 7 were born to Witness Group respondents and 3 to the Experimental Group. *A total of 3 babies were born under the weight of 2.5Kg with under 37 weeks of gestation – counting as 30%.*

- To get an idea of the amplitude of these data we will revue the socio-economic data. We'll see then that there are only 6.7% of babies born under weight in the Gaspesie and Madeleine Islands, 9.2% who are born prematurely in under 37 weeks, and 11.1% who are born underweight and premature.

- There are then 3 times more babies born underweight and premature to the respondents of our Survey.

4.4.5 SELF-PERCEPTION OF THEIR PHYSICAL HEALTH

30: Distribution of respondents of TCSAGIM and the GIM population by their self perception of physical health



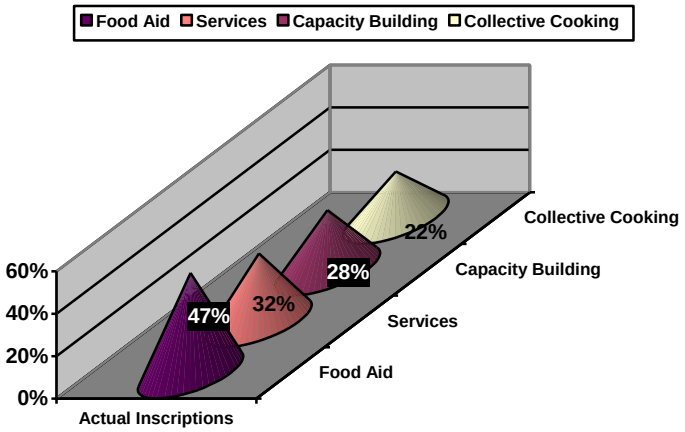
- The perception of physical health is renown as a very good indicator of health. *In condensing the categories, 37% considered having a "very good to excellent" health, 33% a "good" health, and 31% a "medium to poor" health – about one third in each category. If we compare the perception of the respondents with that of the GIM population we see that the first are 70% in total who consider their health in a positive perception (excellent to good), where this proportion attains 85% with the second. Consequently, the respondents of TCSAGIM have double the population of the GIM in having a negative perception of their health, 30% compared to 15%.*

By the activities to which they are actually inscribed

In the data gathered in this Survey Graphic 31, we uncover significant differences in the activities the *respondents are actually inscribed into* (actual prevalence) – in relation to their self perception of physical health.

In effect, as we examine the "*poor to fair" category we obtain the following data* :

31: Poor to Fair perception of physical health by type of activities



- *The respondents who actually receive Food aid are almost half, 47%, in finding that their physical health is "poor to fair". That's more than the double of those inscribed with Collective Cooking who have the same feeling at 22%. Those who receive non-food aid and services are 32%, so one in three people, who consider their health at "poor to fair".*

The people who receive Food aid are by far those whose own state of health is the most preoccupying.

4.5 Evaluation of people joined by the organizations : A chance we take part !

<u>All the respondents</u>

We asked the respondents to complete an **evaluation concerning their perception of the changes which occurred in their level of physical and mental health as well as their personal and social habits since they started frequenting the organizations**. *Only the respondents from the Experimental Group (frequenting for at least six months) were invited to complete this section and so 121 people completed it.*

As you see in Graphic 33, to facilitate the lecture and lighten the data gathered, we have twined the categories *not bad (enough) and lots – which helps us show where there are significant changes since the beginning of implication of respondents – even at the risk of diminishing the percentages, we have not included the « a little » category which in our opinion does not reveal any significant changes.*

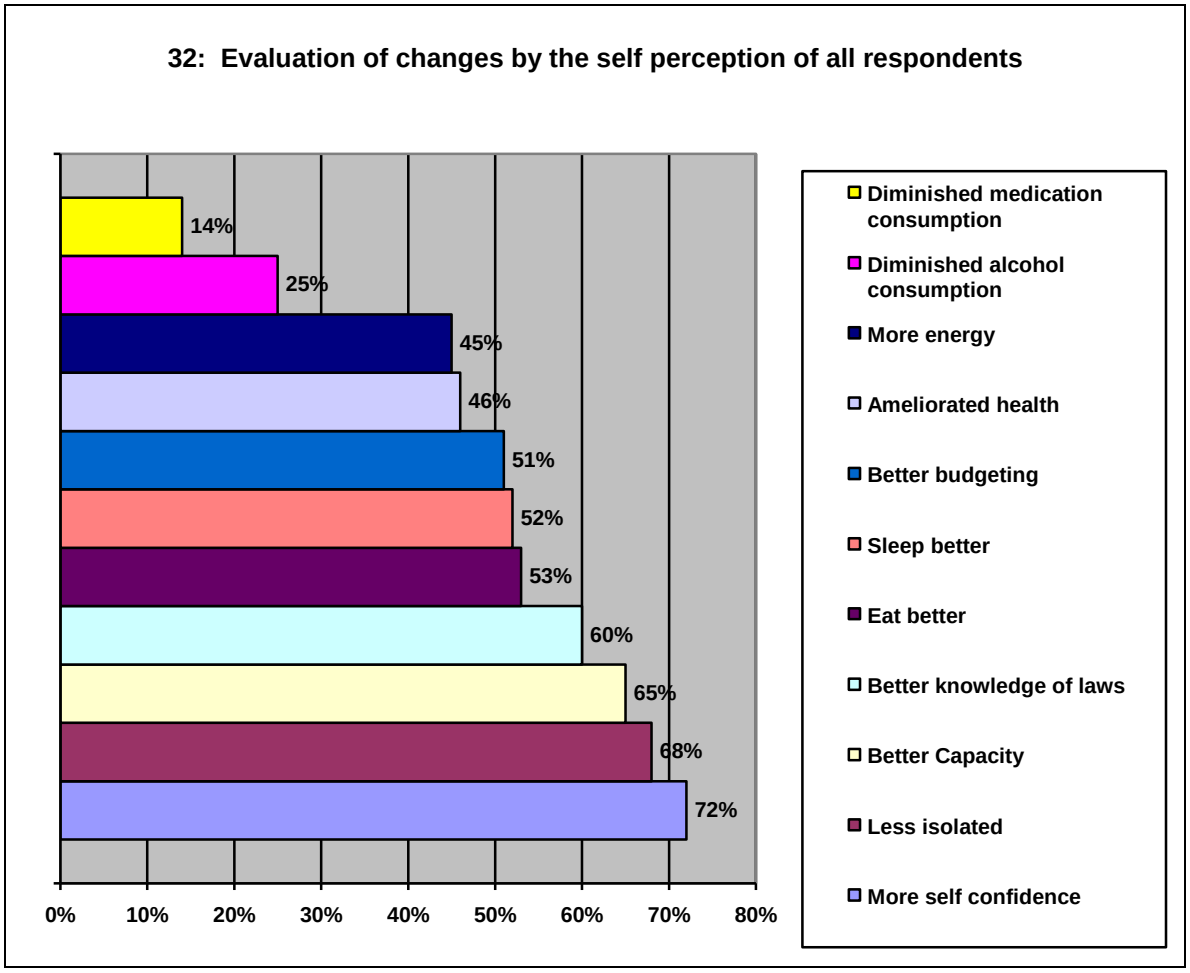
These data are supplied only as an indicator, because they come from the self-perception of respondents and not any strict measurement. Also, we need to consider that the perceptions were expressed in taking into consideration the initial needs of the participants. For example, ***the respondents who don't consume alcohol or medications didn't mark any positive changes – only the consumers could notice their consumption diminish. In the same way, the people who always had an excellent health didn't notice any changes.***

- *As indicated in* Graphic 32, *we find that the organization members of the TCSAGIM seem to be greatly influenced at the level of* ***self confidence, isolation, competence and knowledge of laws*** *which ameliorates in up to 3 of 5 respondents – (60%-70%)*

- *Next in line, we notice that the organizations greatly improve their* ***eating quality, sleeping habit, and budgeting capacity*** *– more than one in two respondents.*

- *For that which concerns* ***health and energy****, we need to remember that 70% of respondents have a positive self perception of their physical health – which shows an important significance in a 46% proportion of respondents who noted positive changes in the level of their health since participating within an organization.*

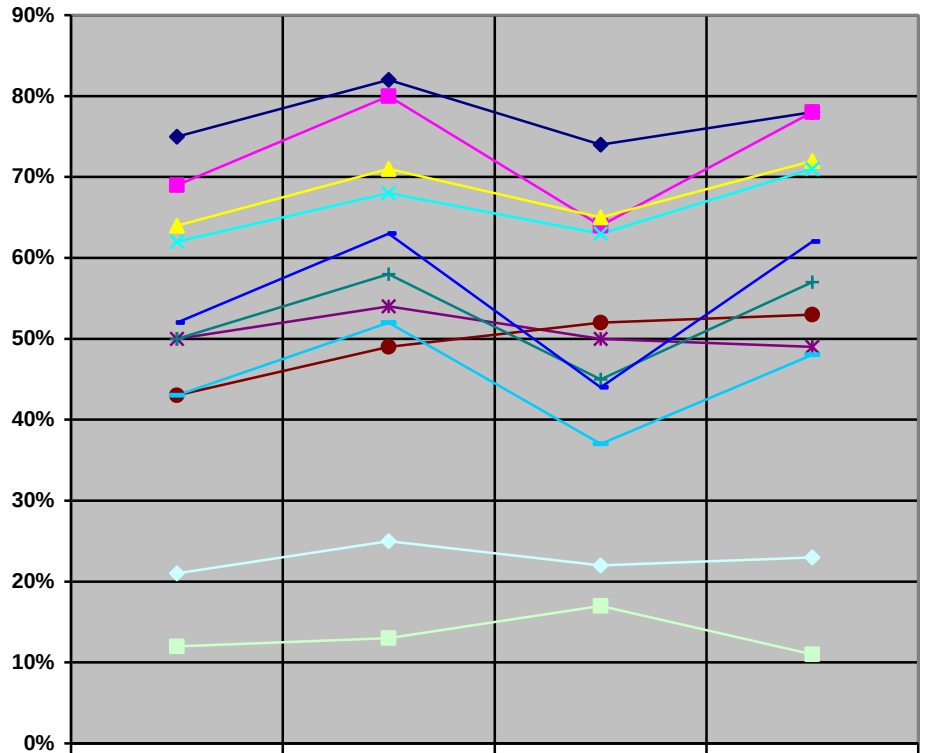
- ***With consumers of medications and alcohol, as we mentioned, we need to remember that it is not all the respondents who consume – which explains the weak percentage obtained. Consequently, it is praiseworthy that the organizations contribute to a certain degree in diminishing the consumption of medications in 14% of the respondents and the consumption of alcohol in 25% of the respondents.***



By type of activity since the beginning

Finally, to have a precise portrait of the evaluation, we present Graphic 33, showing the type of activity in which the respondents participated since the beginning of their implication.

33: Evaluation of changes by type of activities in which they participated since the beginning



	Cooking	Capacity Building	Food aid	Services
More self confidence	75%	82%	74%	78%
Less isolated	69%	80%	64%	78%
Better Capacity	64%	71%	65%	72%
Better knowledge of laws	62%	68%	63%	71%
Better eating	50%	54%	50%	49%
Better sleep	43%	49%	52%	53%
Better budgeting	50%	58%	45%	57%
Ameliorated health	52%	63%	44%	62%
More energy	43%	52%	37%	48%
Diminished alcohol consumption	21%	25%	22%	23%
Diminished medication consumption	12%	13%	17%	11%

5. Conclusions

As a way to conclude, we could re-state our last point : *A chance we take part!*

You will agree with me when I say that the work of the groups of the **TCSAGIM is extraordinary. These data speak for themselves.** When we formulated our hypothesis at the beginning of last September all the workers responsible for the organizations of the **TCSAGIM** showed a certain scepticism… but mixed with hope.

As we have already explained, what's at stake in the scientific process itself is enormous. Imagine : **This confirms or invalidates a good number of first hand observations made over the last several years…** The first challenge posed was huge because of **the amount, and more than anything, the quality of the work accomplished by the 9 organizations of the TCSAGIM *which was to be rigorously scrutinized.***

Now, we have demonstrated above all, that **these community organizations reinforce the factors of protection in a significant way :**

- *Development of social network,*
- *Lowering of stress and anxiety problems,*
- *Better control of their lives,*
- *Improvement of self esteem and confidence,*
- *Increase in parental competence,*
- *Better employment preparation,*
- *Better budgeting capacity*

The type of intervention that we practice, as a positive consequence that the people feel better equipped at all levels, is to help face food insecurity.

The second challenge posed is very relevant. It was to **show the devastating effects of food insecurity on mental and physical health.** Until this day, we knew the effects of poverty on these components. Even though the distinguishing line between these two is small; it exists – *where it is not everyone living in poverty who suffers from food insecurity.*

We believe to have accomplished our goal in **isolating this food insecurity variable,** to better understand its effects on the dependent variables linked to the participation in activities in the organizations of the **TCSAGIM** as well as to other dependent variables linked to mental and physical health.

Food insecurity, an extreme poverty issue, feeds all the risk factors associated with physical and mental health. The people who knock on the doors of the TCSAGIM organizations often arrive in a very poor state – with suicidal tendencies, on antidepressants, or with children who suffer from hunger.

We have shown that **the people who need and ask for *food donations,* are in a *more critical situation of food insecurity,* which goes to say that their children and themselves are hungry! We can not get over the fact that, with the other participants who suffer food insecurity, they display a mental and physical health that is *even more at risk.* Their psychological distress is higher, they consider suicide, they consume medications – especially psychotropics-, they are hospitalized more often and firstly for mental troubles, and they pass this heritage on to the next generation.**

However, these people have a 100% chance to see their situation improve. The more they participate longer in a higher number of activities, the better they live and the better their food security. Their social network as well as their self perception of mental health ameliorates. They are less in a state of psychological distress, which allows them to live a better family and emotional life, and a better capacity to work and study.

Suddenly, they consult less professionals which means less pressure on the State. They think less of suicides – and in effect, make less attempts, and are driven less to the emergency ward for this. It is probable that their consumption of psychotropic medications diminishes. They are also less hospitalized, especially for mental troubles. Their babies are born less underweight and premature – their future is then less marginalized from the beginning. It is definite that the people who participate with these organizations are in better health overall.

Even though they accomplish near « miracles », these organizations know limits as well. This is where the contribution of other actors should start – firstly, by the governments. **In the beginning, the transfer adjustments of revenues are to be foreseen – such as starting urgently in families with 3 children or more – and then with others, who are employment insurance beneficiaries, or workers with low incomes.**

It is not possible for the governments to continue to remain inert in the face of extreme poverty and hunger, meanwhile assuming the social consequences and costs that this entails.

In the end, the citizens must act. It is to be hoped that we shed our prejudices – because it stops the people who suffer from food insecurity in speaking out… We must break through this silence. It is this that we hope we've accomplished by presenting this first rural food insecurity research in the Gaspesie and Madeleine Islands.

Let's act together now for food security. This way we can start building an equitable and just society!