The Paradox of Going Hungry when there is So much Food: The Perspective of Vulnerable Youth and Their Caseworkers

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Abstract This study aimed to examine the food security challenges experienced among vulnerable youth in North West Tasmania. An exploratory, descriptive design was used to collect data through face-to-face interviews and focus group discussions with 22 young residents and with five stakeholders and representatives from different community and state organisations. The most significant finding of the study was that a proportion of young residents in the North West Coast of Tasmania were threatened by food insecurity, which was caused by a combination of factors including patterns of food consumption and dietary behaviours. Those with higher financial difficulty due to the lack of a stable job were significantly more vulnerable to food insecurity and faced a higher chance of having health problems. The findings of the project have many implications to improve the food security and lives of vulnerable youth.

Keywords: food security, disadvantaged, youth, socioeconomic status, coping

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1. Introduction

Food security has long been a worldwide concern, threatening not only developing countries but also more developed countries, such as Canada, New Zealand and US, where between 10% - 14% of the population have experienced food insecurity, food deprivation or have lived in food-insecure households. [1,2,3] In 1995, 5% of the Australian population were considered at risk of food insecurity. [4] A similar food security assessment at a national scale has not been undertaken since; yet food security remains an ongoing concern in Australia, especially among disadvantaged groups.

1.1. Food Security, Socio Economic Status and Geographical Remoteness

Despite Australia's ability to produce food enough to feed its current population three times over [5], food security remains a fundamental issue As observed by Burns [8], those with low socioeconomic status, such as job-seekers, single parent households, low-income earners, rental households and young people, are more vulnerable to being food insecure than others. [9] In addition, there are other key factors which impact food security, such geographical remoteness (socio-spatial determinant) [7,10], low income (socio-economic determinant)[11], and social isolation (socio-relational determinant) [12,13,14].

Within Australia, Tasmania experiences a greater socio-economic disadvantage compared to other Australian states while food insecurity threatens a proportionately higher number of people. The cost of food has been a major concern for families in Tasmania [15], causing financial crisis among 27% of recipients of emergency relief and financial counselling services. [16,17] In a project undertaken by Madden and Law [17] regarding community financial hardship, food scarcity was found among 5% of all Tasmanian adults, who reported that they mostly or always worry about whether the amount of food they could afford would be enough for their households; 19% reported that they occasionally worry about their ability to afford adequate food; and 4% reported going without meals at some time in the past year due to a shortage of money.

1.2. Food Security Issues Among Vulnerable Youth, What is Known?

Currently, many studies have been conducted nationwide on food security, socio-economic factors, and related health problems. This has provided insight into how to best meet the needs of the general population; however, food security issues among vulnerable youth living in the more isolated and disadvantaged areas have not been investigated in any depth and their specific needs remain elusive. As such, the aim of this study was to examine what food security issues and challenges were being experienced by vulnerable youth in North West

Tasmania and if these findings are consistent with current literature. The findings and outcomes of the project provide insight into the current knowledge gap and how best to address the food security challenges among vulnerable youth in regional and remote Australia.

2. Methods

2.1. Data Collection

An exploratory, descriptive research design was used to collect data. This was achieved through face-to-face interviews and focus group discussions. A community based participatory approach relying heavily on input from community workers who were in direct contact with the target study group, assisted to frame research questions and recruiting patterns. The project was designed to target young residents in the rural municipalities of North-West Tasmania, particularly those who were more subject to socio-economic vulnerability. Ethical approval for the study was obtained by the Human Research Ethics Committee (Tasmania) Network prior to commencing the study.

Qualitative data were collected through face-to-face interviews with 22 young people who were aged between 18 and 28. Each interview lasted approximately 15-20 minutes. The focus group discussions were conducted with five key stakeholders and representatives from RedCross, the Cradle Coast Authority, Tasmania Police, The Devonport City Council, and Burnie Community House and lasted for 60-90 minutes. Interview and focus group questions were designed to correspond with each other so as to allow for comparison across the different perspectives of participants. Each interview and discussion was audio recorded with each participants' approval.

2.2. Research Site

North-West Tasmania was chosen as the research site of this study because of its higher level of regional disadvantage compared to other states in Australia. Most Tasmanian areas have an Index of Remoteness Accessibility (RA) ranging from ASGC-RA2 (Inner Regional) to ASGC-RA5 (very Remote). [18]The unemployment rates for most Local Government Areas (LGAs) in North-West and Northern Tasmania are reported to be slightly above state levels (5.6%) and national levels (5.1%). [19] In addition, the proportion of the working age population (15 to 64) in receipt of a Centrelink benefit in North-West and Northern Tasmania region (26%) is higher than that of Tasmania (25%), and much higher than the national level (17%). [20] According to the Socio-economic Indexes for Areas -SEIFA [21], eight out of twelve of the LGAs in North-West and Northern Tasmania fall into a score between deciles 1 and 3, indicating an area in the 30% of most disadvantaged areas.

2.3. Data Analysis

The face-to-face interviews and focus group discussions were transcribed, collation, coding and entered into NVivo 9 software. [22] All interview participants (IP) were coded according to gender (F – Female; M – Male) and the order in which they were interviewed (i.e., IP1-F; IP2-M). The focus group participants (FP) were also coded based on the order in which they voiced their views (i.e., FP1; FP2).

The data was analysed thematically to identify key patterns and trends in the data and to compare expressed views. A number of quotations are included in the report to illustrate and support the findings emerging from the textual responses. The important points and issues emerging from the qualitative data were identified and are discussed in detail.

3. Results

The qualitative data from the young participants and stakeholders offered further insights into the current issues which were related to health and food security among the more vulnerable youth in the areas of North West Tasmania.

3.1. Youth Perspectives

3.1.1. Health Issues

Commenting on their current health conditions, many interview participants expressed concerns over their health as not being as good as they expected. "Perhaps my body is not that healthy" (IP1-M) or "Maybe my body is not that strong" (IP5-M) were some examples to show a relatively negative self-assessment of their overall health. Only a few participants showed confidence in their health, such as "I am healthy enough" (IP3-F).

The general negative feeling of many interview participants was in most cases associated with recurrent health problems that they were experiencing. According to the findings, the most frequently mentioned problems included difficulty in getting to sleep, vulnerability to flu and other respiratory symptoms like coughing, and being overweight.

I don't get to sleep until 4am. I have to take sleeping tablets. (IP8-F)

Occasionally I can't sleep. It makes me tired the following day. (IP4-F)

I feel OK now, but in winter I get the flu or cold easily. (IP1-M)

I get sick easily, particularly catching a cold. (IP5-M)

My friends are bigger than some people. (IP13-M)

It is important to note that many young participants were conscious of the connection between their health problems and their diet or lifestyle when attempting to create a link between the diet, lifestyle and overall health within their comments.

I cough a bit, not sure if it's because of my smoking or the cold weather. My throat is not good too, perhaps due to the coughing. (IP2-M)

I am fat and get tired easily, particularly when I run fast or walk uphill. I easily lose my breath. (IP22-M)

Yeah, like I used to eat heaps of Macca's [McDonald's], used to get Macca's after a game and eat that and then pretty much do that every time after training and it makes me feel unfit. (IP6-M)

I don't drink coffee anymore, and like if I just have one coffee I will be awake until 2am and I won't be able to get to sleep. (IP14-M)

However, a number of interview participants were not fully aware of the relationship between health and their diets or lifestyles. For example, one participant was not sure if the lack of sleep could affect his health or not when they asked in the interview "Can lack of sleeping affect your health?" (IP13-M).

In addition, the health risk behaviours that were of most concern to the young participants were smoking, access to food and the lack of physical exercise.

I think too much eating and sitting around. That's the problem. (IP12-M)

Not enough exercise. That is a big one. (IP14-M)

Smoking, definitely. (IP3-F)

The majority of the interview participants were smokers yet were conscious of the possible harm smoking may do to their health.

3.1.2. Food Security Issues

While discussing food-related issues, the interview participants demonstrated a general awareness of what made a healthy meal. Although they did not mention a balance of all five recommended food groups, a healthy meal to them had to be fresh and included fundamental items such as meat, vegetables and fish. Some typical comments from the young participants were as follows.

Healthy meals should be fresh foods, not junk foods cooked quickly over the counter. (IP3-F)

Healthy meals are the ones with fresh foods, not those packed in plastic bags and frozen for a long time. (IP21-M)

Healthy meals must include meat, fish and vegetables. (IP22-M)

Unfortunately, a healthy meal was reported to be not easily accessible by the majority of the participants due to the high cost of fresh food. In fact, the cost of obtaining healthy food was the most frequently mentioned and strongly emphasised issue, echoing throughout the interviews with the young participants. The participants were quite straightforward in admitting that they could not afford to buy fresh food on a regular basis.

A healthy meal must have meat and green vegies they are very expensive... Sometimes we go to open markets on the weekend to get cheap vegies. (IP1-M)

But I cannot afford [healthy meals]... I see minced meat, different kinds; some have so much fat and cheap, others are too expensive with lean meat. (IP2-M)

A healthy meal is foods good for your health... Healthy foods are normally expensive such as meat, eggs, and veggies. Thus I can't afford to have healthy foods as they are expensive and take time to cook. (IP5-M)

Due to the high cost of healthy fresh food, the young participants were left with little choice but to live on cheaper types of food, which are normally lower in nutritional value. The following examples show how the young people coped with the lack of money to buy fresh food.

I often buy foods because they are cheap, on sale. I feel that most items on discount are those I have to buy as they are so cheap, not because they are healthy foods. (IP1-M)

That is all I eat, is chicken burgers and noodles. A couple times a day. It's my regular food. (IP12-M)

I go to McDonald every week. It saves my cooking and money and time. (IP4-F)

It is evident from these examples that the quality of the food they were consuming was low and a number of the young participants were threatened by or suffering from food insecurity. In addition to the financial barriers, other barriers included transport to and from shops, the availability of fresh food after working hours, or the inconvenience of sharing cooking facilities.

I don't reckon there are enough shops, where I live there is no shop for 4km. (IP13-M)

I skip meals very often as we share a kitchen with others and I don't feel like cooking with them, so I go to take-away fish and chips very often. (IP22-M)

In the face of hardship associated with food, the interview participants indicated receiving a certain amount of social support. However, social support was considered a last resort for some, and it was not always offered on a constant basis or in the right time. The young people in the areas under study were found to mostly rely on their own management of their limited food budget.

The compounded negative impact of these financial and physical barriers to healthy food was manifested not only in the daily dietary behaviours of individuals, but also those of the wider generation of young people in the areas under study. As observed and reported by the interview participants, the prevalence of cheaper food, junk food or fast food was significantly high in the daily meals of their peers.

They tend to eat junk food all the time. They tend to eat similar things such as KFC, McDonald, and canned foods. (IP5-M)

They eat what we call 'fast food' at home such as sausages, pizzas, or canned spaghetti. (IP1-M)

All my friends eat whatever they can afford, whether it is good or bad for them. I think they should have healthy foods more often. (IP21-M)

It was noted from interview participant comments that peer pressure played a role in determining what was consumed by the young people. As their identity is usually attached to the group that they belong to, young people tend to act in exactly the same way as their peers. This phenomenon could be seen in the responses of the interviewees.

They do not advise us what to eat. However, we often go out and eat together what we can get from the fish and chip shop or McDonalds. (IP1-M)

We more or less eat the same things as we hang around together often. Fast food is the normal food we eat: pies, chips, sausage rolls, and coke. We hang well together, doing similar things and eat same things. (IP2-M)

These young people were reported to behave in the same way when it comes to food consumption largely because they shared similar living conditions, where it was hard to acquire healthy food.

In addition, their food choices were also affected by their indifferent attitude towards food and health. In fact, it was found that the young participants in the study were rather unconcerned about their limited or unhealthy diets. The lack in quantity as well as quality of food was not a concern for quite a number of young participants.

Food, anything that is edible. A salad and ham sandwich. Every night. (IP13-M)

If it tastes good then I will eat it. (IP20-F)

I don't eat breakfast. I don't have enough time. I can't be bothered cooking. I don't really feel hungry in the morning either. (IP16-F)

This kind of disregard for diet-related issues among the interview participants was considered an important finding of the project. When the young people did not really care about what they consumed, any attempts to improve the affordability or availability of healthy food would not necessarily present the right solution to the problem.

3.2. Stakeholder and Representative Perspectives

The comments from stakeholders and representatives added further interesting information about the young people and the challenges associated with health, food, and lifestyle. They provided further confirmation of the claims made by the young interview participants.

Having close contact with young people who were more vulnerable to food security and health risks, the stakeholders showed their deep understanding of the attitudes and behaviours typical of these young people. They seemed to have a clear understanding as to how the young people in their areas would behave in their daily diets.

The young people we have worked with, if you try to feed them something out of their comfort zone, it is like feeding a five year old something outside of their comfort zone they are just not going to go there. (FP1)

Probably only when they are hungry, they would think about food. They are not thinking sustainability or a week down the track. (FP3)

3.2.1. Youth Attitudes towards Food

From the view of the stakeholders, vulnerable young people would not care much about food security, which to young people might only mean "there is a Macca's down the road, and it is open 24 hours" (FP1). It was felt from focus group participants that cheap and constantly accessible foods were all they needed. These comments from the stakeholders were found to be consistent with what the interview participants demonstrated in terms of their attitudes towards food. There was an agreement among the focus group participants that the lack of interest as well as limited awareness amongst young people of the big picture of food security was concerning.

When discussing the barriers to healthy food amongst the young people, the focus group participants again pointed to the lack of awareness, motivation or skills, which they agreed to be potentially more of an issue than the financial or physical challenges.

They are not growing up in families where nutritious food is available or something they actually want to strive to have, so it is very easy for them to go and have access to other foods; but they don't see the importance of having healthy foods to keep them regular. (FP4)

Cooking something that will take 30-60 minutes to cook is too boring and time consuming and they want to do something else. They have got better things to do than make a good meal. (FP2)

Couch surfing is the problem, and they may not have the skills to make a good meal either. (FP1)

3.2.2. Acceptance of Current Situation

According to the stakeholders, many young people in the areas of North West Tasmania were struggling with so many pressures. Living in a dysfunctional environment and their familiarity with hardships in life, many had come

to accept food insecurity or any related issues as a part of their life.

A lot of kids... have been affected by trauma and family violence, abused by other extended family or other people in the community and there is physical and sexual abuse ... it just puts them in a tail spin and their emotional well-being is affected ... it just flows on to everything really, way down to meals and food and eating ... so with some kids it is fight for survival. (FP2)

It was generally agreed among the focus group participants that there was an acceptance of what is thought to be a problem among the vulnerable young people.

Vulnerable people, youth or adults, don't really know what their issues are... they accept it a lot more ... this is just how it has been, so it is very hard to create that as an issue when it has been accepted as life, I think. (FP4)

3.2.3. Potential Factors to Impact Youth Behaviour

When expressing their views about other factors that might influence the views and behaviours of the young people under study, the focus group participants emphasised the attachment to their friendship groups which was evident in the ways young people face hardship together. When they shared with each other, they tended to behave in the same way as "they see their mates as part of their connected family" (FP4). This kind of connectedness among the young as observed by the stakeholders could be useful in explaining the peer influence on daily diets that young people themselves expressed in their interviews.

Regarding ways to help improve food and health related behaviours of the vulnerable young people in the area, stakeholders emphasised education and modelling, which they believed were important in raising their awareness and changing their views. One focus group participant shared her experience in a community cooking program.

I had to be on a cooking team and peel a beetroot and slice it up, everyone was on a team and had an audience. A few hundred people were watching what we were doing with all the food and they all had a taste of it, free food to give out at the end of it as part of a meal, so we are hoping to sow the seeds. (FP2)

Leading by example of what was good behaviour and good choices, was believed by the stakeholders to play a role in improving the current situation in the community. Other community-based approaches were also suggested, including community BBQ, community healthy walk, or community gardens.

Maybe, community BBQs like I have seen a few around Burnie. Healthy communities have run a couple of things ... they did a healthy walk and they come back and have healthy lunch, healthy snack for people and families and give them ideas on how easy it is to make. (FP2)

4. Discussion

The findings of the study indicated vulnerable youth in the North-West of Tasmania were consuming food of low quality and experience food insecurity and poorer health. During times of limited food, the most frequently used strategy was to eat cheaper foods such as toast or noodles. Other popular ways of dealing with food shortages

involved a reduction in the quality and quantity of food, such as skipping meals, reducing meal sizes, cutting down on meat, or cutting down fruits and vegetables. Importantly, the affordability of healthy food was the most outstanding issue among the young people under study. Financial hardship and the high cost of food was identified as the leading cause of diet choice and food consumption behaviour, while in a number of interview participants indicated having gone without meals in the past year. This finding emulates the current literature where Madden [23] revealed patterns of food shortages among Tasmanians, particularly among those who were unemployed, underemployed or were in casual employment.

However, the vulnerability of young people in North-West Tasmania to food insecurity was determined by a combination of factors. Beyond the socio-economic barriers, such as low income, food choices and behaviours were also affected by the participant's relative low regard of food and health related issues as well as peer influence. In addition, many young participants were conscious of the connection between their health problems and their diets or lifestyles, yet this understanding did not guide behaviour. To this, Cockerham [24] states the decisions people make regarding diet and lifestyle choices reflects personal choice, but also other individual and societal variables, such life chances which include social class, gender and environment. For example, due to life chance or circumstance, such as dysfunctional environment and familiarity with hardships in life, many of the youth had come to accept food insecurity or any related issues as just 'part of their life' [24]. This was particularly evident when it was quite 'normal' not to have adequate food, the lack in quantity or quality of food was not a concern for many young participants as they had many other challenges which took precedence over issues of food security.

In addition to these findings, there was some discrepancy between what the young people were discussing and the comments made by stakeholders about youth food security. There was a shared view that young people, particularly those stakeholders were working with, did not care too much about food security as long as there was cheap and constant foods accessible. However, many of the youth interviewed indicated what a healthy meal constituted; how they desired having access to healthier foods; but distance, affordability and food preparation were inhibitory. This reflects the notion of what Bourdieu states as the distance from necessity, where those with limited resources eat what they can afford, whereas those with greater economic freedom eat what they enjoy [25].

In addition, it was felt that peer pressure played a role in determining what food was consumed by young people. It was felt their identity is attached to the group that they belong to and they tend to act in exactly the same way as their peers. However, as a product of culture, food and meals have been embedded in our routines of establishing social relationships with others [13]. Despite the vulnerability and dysfunctional environments the youth may be experiencing in the North-West, the data suggests that the social relationships youth have with each other are an extension or alternative 'connected family'. As such this collectiveness of shared norms, values and perspectives and plays a role in the overall on the behaviours of the group [24].

These social relationships are reinforced through the exchange of foods or having meals together and enhance the sense of social belonging and promoting social inclusion [26,27]. As such, although many young people were experiencing food insecurity, whether through life choices or circumstances, the study demonstrates these youth had the ability to create and develop their own community with strong social inclusion. When impacted by food insecurity they, as a group, have the propensity to impact the food security of others within the group [14,27]. The challenge is to provide education and modelling, not only to the individual but also to the group to promote increased food security.

5. Conclusion

The aim of this study was to examine what food security issues and challenges were being experienced by vulnerable youth in North West Tasmania. The project was especially designed to target those who were considered to be experiencing higher levels of socio-economic vulnerability. Rich information through qualitative data was obtained from the project, which provided useful insights into the current issues experienced by vulnerable youth. The most important finding was that a number of young residents in the areas under study were being threatened by or experienced food insecurity and related health conditions, which were influenced not only by socio-economic disadvantage, but also lifestyle choice and circumstance. However, it was shown that through social inclusion, many of the youth impacted the food security of each other when experiencing food insecurity. The findings of the project have many implications for those who involved in improving the lives and food security of vulnerable youth.

Acknowledgements

Competing Interests

None identified

References

[1]   Vozoris N, Davis B, Tarasuk V. "The affordability of a nutritious diet for households on welfare in Toronto". *Canadian Journal of Public Health*. 2002;93(1):36-40.

[2]   Russell DG, Parnell WR, Wilson NC, et al. NZ Food: NZ People. Key Results of the 1997 National Nutrition Survey. Wellington: Ministry of Health, 1999.

[3]   Nord M, Andrews M, Carlson S. Measuring Food Security in the United States: Household Food Security in the United States, 2005.

Economic Research Report No. 29. Washington, D.C.: USDA Economic Research Service, 2007.

[4] ABS. National Nutrition Survey: Selected highlights Australia 1995. Canberra: Australian Bureau of Statistics, 1997 Contract No.: Catalogue no. 4802.0.

[5] PMSEIC. Australia and Food Security in a Changing World. Canberra, Australia: The Prime Minister's Science, Engineering and Innovation Council, 2010.

[6] VicHealth. Food Security Fact Sheet. Melbourne: VicHealth, 2007.

[7] McCluskey K. Food security in Moreland: A needs assessment. Melbourne: Merri Community Health Services, 2009.

[8] Burns C. A review of the literature describing the link between poverty, food insecurity and obesity with specific reference to Australia. Victoria: Victorian Health Promotion Foundation, 2004.

[9] Australian Institute of Health and Welfare. Australia's Health 2010 - The twelfth biennial health report of the Australian Institute of Health and Welfare. Canberra: Australian Government, Australian Institute of Health and Welfare; 2010 [cited 2011 20 September].

[10] Meedeniya J, Smith A, Carter P. Food Supply in Rural South Australia: A Survey on Food Cost, Quality and Variety. South Australia: Eat Well SA, 2000.

[11] Rose D. "Economic determinants and dietary consequences of food insecurity in the United States". *Journal of Nutrition*. 1999;129:517s-20s.

[12] Schubert L, Gallegos D, Foley W, Harrison C. "Re-imagining the 'social' in the nutrition sciences". *Public Health Nutrition*. 2011:f1-8.

[13] 13. Delormier T, Frohlich KL, Potvin L. "Food and eating as social practiceunderstanding eating patterns as social phenomena and implications for public health". *Sociology of Health & Illness*. 2009;31:215-28.

[14] Dean WR, Sharkey JR, Johnson CM. "Food insecurity is associated with social capital, perceived personal disparity, and partnership status among older and senior adults in a largely rural area of central Texas". *Journal of Nutrition in Gerontology & Geriatrics*. 2011;30:169-86.

[15] Flanagan K. Hard times: Tasmanians in financial crisis. Hobart: Social Action and Research Center, Anglicare Tasmania 2010.

[16] Madden K. Bread and Board: when the basics break the budget. Hobart: Social Action and Research Centre, Anglicare Tasmania, 2004.

[17] Madden K, Law M. The Tasmanian community survey: Finacial hardship. Tasmania: Tasmanian Anglicare; 2005.

[18] Australian Institute of Health and Welfare. Remoteness classifications 2011 [cited 8 January 2011].

[19] DEEWR. Small area labour markets Australia - December quarter 2011 Commonwealth of Australia; 2011 [cited 2012 April 20].

[20] Neville I. Overview of the North West/Northern Tasmania Priority Employment Area. 2011 [cited 2012 April 20]; Available from: http://www.deewr.gov.au/Employment/LMI/RegionalReports/TAS/Documents/July_2011_LAUNCESTON.pdf.

[21] ABS. Census of Population and Housing: Socio-Economic Indexes for Areas (SEIFA), cat. 2033.0.55.001. 2008 [cited 2012 April 20].

[22] QRS International. Nvivo 9.0. Melbourne: QRS International Pty Ltd; 2012; Available from: http://www.qsrinternational.com/#tab_you.

[23] Madden K. Blue collared: The shrinking world of work in Tasmania. Hobart: Social Action and Research Centre, Anglicare Tasmania, 2003.

[24] Cockerham WC. "Health Lifestyle Theory and the Convergence of Agency and Structure". *Journal of Health and Social Behavior*. 2005;46(1):51-67.

[25] Bourdieu P. *Distinction: A social critique of the judgment of taste*. Cambridge, MA: Harvard University Press; 1984.

[26] Lupton D. "Food, memory and meaning: the symbolic and social nature offood events.". *Sociological Review*. 1994;42:664-85.

[27] Locher JL, Yoels WC, Maurer D, Vanells J. "Comfort foods: An exploratory journey into the social and emotional significance of food". *Food and Foodways*. 2005;13:273-97.