



Chapter 3.8

The “hand-to-mouth” existence of homeless youths in Toronto

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With homelessness recognized as a growing problem in many developed countries, “the homeless” have become an increasing focus of nutrition research and intervention. Problems of insufficient food access (Antonides & Tarasuk, 1998; Burt et al., 1999; Children’s Sentinel Nutrition Assessment Program, 2005; Gunderson et al., 2003; Khandor & Mason 2007; Whitbeck et al., 2006) and nutritional vulnerability (Cohen et al., 1992; Darmon et al., 2001; Evans & Dowler, 1999; Gelberg et al., 1995; Johnson & McCool, 2003; Langnase & Mullis, 2001; Silliman et al., 1998; Tarasuk et al., 2005; Wolgemuth et al., 1992) have been documented among homeless groups in many affluent Western nations. Ethnographic research findings suggest that homeless individuals live a “hand-to-mouth” existence, locked in a daily struggle to meet their immediate needs for food and shelter (Dachner & Tarasuk, 2002; Hagan & McCarthy, 1997; Wingert et al., 2005). Their nutritional vulnerability has been linked to the inadequacy of meals served in soup kitchens or shelters (Burt et al., 1999; Cohen et al., 1992; Darmon et al., 2001; Johnson &

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McCool 2003; Silliman & Wood, 2000), but there has been little examination of the role of other food acquisition strategies.

In 2003, we undertook a study of 261 homeless youths in Toronto to characterize the extent and nature of their nutritional vulnerability (Tarasuk et al., 2005; Gaetz et al., 2006; Li et al., 2008). Most youths we interviewed existed outside the “social safety net,” obtaining money through the informal (and often illegal) economy and living in public spaces. Dietary assessments (results of which have been reported elsewhere) indicated that most had inadequate intakes of folate, vitamin A, vitamin C, zinc and magnesium; additionally, more than half of the young women in the sample had inadequate intakes of iron and vitamin B12 (Tarasuk et al., 2005). Here we examine the relationship between chronic food deprivation and food acquisition practices among this sample to gain a fuller understanding of their vulnerability.

Talking to homeless youth

Data collection occurred between April and October 2003. Youths were eligible to participate if they were: (a) 16–24 years of age; (b) not pregnant; and (c) without stable, secure housing arrangements, defined as having spent 10 or more of the previous 30 nights sleeping in a temporary shelter, indoor or outdoor public space, or friend’s place, because they had no place of their own.

Six drop-in centres and 28 outdoor locations where homeless youths “hung out” (e.g., under bridges or in abandoned buildings, parks, or garages) in downtown Toronto were identified as recruitment sites. Drop-in centre workers were contacted to obtain estimates of the number of eligible youths using their facilities, and field observations were conducted to estimate the number of homeless youths in each outdoor area. Quotas proportional to these estimates were developed for each site, assuming a target sample of 240 youths (120 male, 120 female).

Because the number of homeless youths in any location at any time was relatively small, random sampling was not feasible. Instead, interviewers systematically approached each youth they encountered at each site. Of the 483 youths approached, 170 were deemed ineligible (68 percent because they failed to meet the criteria for unstable housing, 24 percent because they were over 24 years of age, 4 percent because they were

Valerie Tarasuk, Naomi Dachner, Blake Poland, and Stephen Gaetz
3.8 The “hand-to-mouth” existence of homeless youths in Toronto

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pregnant, 4 percent for other reasons), 40 declined to participate, and 12 were subsequently dropped from the study (11 because they were found to be duplicates and one because of data quality concerns). A final sample of 261 youths was achieved, reflecting an 83 percent participation rate. Of the final sample, 70 percent were recruited from outdoor locations.

Participants were interviewed when recruited and a time and location for a second interview was arranged. Out of 261 youths in the sample, 195 (75 percent) completed second interviews, and 91 percent of these occurred within 14 days of the first interview. Both interviews included a multi-pass 24-hour dietary intake recall, but the first interview also included an interviewer-administered questionnaire designed to capture sociodemographic characteristics, living circumstances over the previous 30 days, frequency of alcohol and drug use over the previous 30 days, food security, food acquisition strategies, and strategies used to obtain drinking water. Food security was assessed using the 30-day Food Security Module and a 6-month measure adapted from the Household Food Security Survey Module (Bickel et al., 2000).

From a review of earlier studies of homeless youths in Canada (Baron, 1989; Dachner & Tarasuk, 2002; Gaetz, 2004; Gaetz & O’Grady, 2002; Hagan & McCarthy, 1997; McCarthy & Hagan, 1992), we identified five means of food acquisition common among this group: (a) purchasing food with money obtained through activities like panhandling; (b) obtaining food from other people (passersby or those with whom they had some relationship); (c) obtaining food free of charge or at nominal cost from charitable meal programs; (d) stealing food; and (e) retrieving food that had been discarded by others.

To characterize participants’ use of charitable meal programs, we asked how often in the previous seven days they had obtained meals from a soup kitchen, drop-in centre, shelter, or mobile van (the primary routes through which food assistance is dispensed to homeless individuals in Toronto). To determine their use of other strategies, we developed a series of closed-ended questions to ask how often over the previous 30 days they had engaged in specific activities to get food when they had no food or money for food; frequency was recorded as “never,” “sometimes,” or “often.” The questionnaire was pilot-tested on a sample of 25

Valerie Tarasuk, Naomi Dachner, Blake Poland, and Stephen Gaetz
3.8 The “hand-to-mouth” existence of homeless youths in Toronto

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homeless youths to ensure the acceptability and comprehensibility of all items.

Data analysis

To classify food security status over six months, we applied the thresholds used to classify adult food insecurity in U.S. population surveys (Bickel et al., 2000; Nord et al., 2006). Food security over the previous 30 days was assessed in terms of chronic food deprivation, defined as reporting three or more of five conditions (i.e. skipped meals, ate less than you felt you should, felt hungry but did not eat, cut the size of meals, went a whole day without eating) for 10 days or more during this period.

We used logistic regression to compare food security prevalence rates by gender and identify personal characteristics associated with chronic food deprivation over the previous 30 days, considering age (under 19 years, over 19 years), duration of homelessness (less than one year, more than 1 year), education (completion of grade 12 or not), frequent drug use (defined as using crack, cocaine, speed/crystal, opiates, glue, gasoline, tranquilizers, hallucinogens or ecstasy every day or several times per week) over the previous 30 days, and consumption of alcohol every day or several times per week over the previous 30 days.

We also used logistic regression to examine the association between chronic food deprivation and reported problems obtaining water to drink, the frequency of program use, considering rare (0-2 days) and frequent (6-7 days) use over the previous seven days, and the frequent use of other specific food acquisition strategies (defined as “often” using the strategy in the previous 30 days). Because youths’ food acquisition patterns and experiences of chronic food deprivation differed by gender, all analyses were stratified.

Experiences of food deprivation and food insecurity

Sample characteristics are summarized in Table 1. Almost all youths had been food-insecure over the previous six months and most experienced severe food insecurity (Table 2).

Valerie Tarasuk, Naomi Dachner, Blake Poland, and Stephen Gaetz
3.8 The “hand-to-mouth” existence of homeless youths in Toronto



Table 1: Sociodemographic characteristics and present circumstances (%) : homeless youths, Toronto, Canada, 2003

		Males (n = 149)	Females (n = 112)
Age	16–18 years	20	38
	19–24 years	80	62
Ethno-racial identity	White	84	77
	Black (African/Caribbean)	6	5
	First Nations, Inuit, Metis, Other Aboriginal	7	13
	Other (Asian, Latin American, etc.)	3	5
Education ¹	Grade 8	14	13
	Grade 9–11	63	71
	Grade 12 or more	24	16
Time since leaving home	2 months	12	18
	3–6 months	11	18
	7–12 months	8	8
	>12 months	68	56
Place where previous night had been spent	Outdoors	56	67
	Friend's place	21	22
	Squat ²	8	4
	Shelter	8	4
	Other ³	7	3
Main source of income in previous 30 days ⁴	Panhandling or squeegeeing ⁵	56	54
	Theft or drug trade work	22	13
	Sex trade work	6	19
	Government transfers	7	3
	Selling items (handicrafts, etc.)	4	4
	Money from family or friends	3	4
	Paid employment	1	4
Frequent heavy drug use in previous 30 days	Yes	34	45
	No	66	55
Consumption of alcohol every day or several times per week in previous 30 days	Yes	48	43
	No	52	57

1. Generally, youths in Canada complete Grade 12 at the age of 18 years.

2. Squats are makeshift shelters in abandoned buildings.

3. Included jail, Internet cafe, bathhouse, hotel, “with client” and “own place.”

4. Two males reported no source of income.

5. The practice of washing the windows of vehicles stopped at intersections and then asking motorists for money.

Valerie Tarasuk, Naomi Dachner, Blake Poland, and Stephen Gaetz
3.8 The “hand-to-mouth” existence of homeless youths in Toronto

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Over the previous 30 days, 43 percent of females and 28 percent of males experienced chronic food deprivation. Severe food insecurity and chronic food deprivation were more prevalent among females. Chronic food deprivation appeared unrelated to youths’ age or education level. There was also no relationship between the duration of homelessness and chronic food deprivation among males, but the odds of chronic food deprivation among females who had been homeless for a year or more was higher than for those who had become homeless more recently. Females who reported consuming alcohol daily or almost daily had higher odds of chronic food deprivation, but no similar association was observed for males. Frequent heavy drug use was not associated with chronic food deprivation.

Thirty-two per cent of females and 48 percent of males reported problems obtaining drinking water. For males, this was positively associated with chronic food deprivation, but no significant association was observed for females. The most commonly reported sources of drinking water were fast-food restaurants and washrooms (Table 3).

Relationship between chronic food deprivation and food acquisition strategies

In the previous 7 days, 87 percent of males and 89 percent of females had made at least some use of charitable meal programs, with drop-in centres the most common source of meals (Table 4). The frequency with which youths used meal programs was unrelated to their experiences of chronic food deprivation.

When they needed food over the previous 30 days, almost three-quarters of youths panhandled and about half stole food, but neither strategy was associated with chronic food deprivation for males or females (Table 5). Over the previous 30 days, 44 percent of males and 47 percent of females had borrowed money from someone to buy food; the median amount of money borrowed was \$15. The behaviour was associated with chronic food deprivation for females, but not males. Further indication of the pervasive vulnerability associated with indebtedness came from youths’ reports of putting off paying for other things as a way to free up money for food. Almost half reported such behaviours in the

Valerie Tarasuk, Naomi Dachner, Blake Poland, and Stephen Gaetz
3.8 The “hand-to-mouth” existence of homeless youths in Toronto



previous 30 days, and youths who often postponed payments had significantly higher odds of chronic food deprivation (Table 5).

Approximately half of the youths surveyed had eaten food discarded by others, and almost half reported getting free day-old food from fast-food establishments at some point in the last 30 days. The latter strategy was not linked to chronic food deprivation, but for both males and females, the odds of reporting often eating discarded food increased if they had experienced chronic food deprivation over this same period (Table 5).

Table 2: Food security status over previous 6 months and previous 30 days (%): homeless youths, Toronto, Canada, 2003

	Males (n = 149)	Females (n = 112)
Food security over previous 6 months		
Food secure	9	6
Moderately food insecure	18	9
Severely food insecure	73	85
Chronic food deprivation over previous 30 days		
Yes	28	43
No	72	57

Table 3: Reported sources of drinking water*: homeless youths, Toronto, Canada, 2003

Source	Proportion reporting use (%)	
	Males (n = 149)	Females (n = 111)**
Fast-food restaurants, coffee/doughnut shops	36	46
Washrooms (in food outlets and public places)	32	43
Public drinking fountains	36	24
Other people (friends or acquaintances)	28	30
Social service agencies (e.g. drop-in centres, outreach vans)	17	36
Purchased bottled water	22	27
Outdoor locations (e.g. lawn-watering devices, outdoor taps at gas stations, private residences)	13	10

*Because respondents could report more than one source, values do not add to 100%.

**Data missing for one female.

Valerie Tarasuk, Naomi Dachner, Blake Poland, and Stephen Gaetz
3.8 The “hand-to-mouth” existence of homeless youths in Toronto

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Table 4: Frequency of meal acquisition from charitable food assistance programs over previous 7 days: homeless youths, Toronto, Canada, 2003

Number of days in last 7 days when 1 meal was obtained	Proportion reporting use (%)				
	Shelters	Soup kitchens	Outreach vans	Drop-in centres	Any program
Males (n=149)					
Never	83	62	51	32	13
1–2 days	8	19	28	29	27
3–5 days	3	10	13	32	38
6–7days	7	9	9	7	21
Females (n=111)*					
Never	86	73	39	25	11
1–2 days	6	18	33	24	22
3–5 days	4	8	24	46	57
6–7 days	3	1	4	5	11

*Missing responses for one female.

At times when they needed food, it was not uncommon for youths to seek out the company of others who could provide it. Approximately half of the youths reported going to a friend or relative’s place to eat, and one-quarter of youths reporting “hanging out” with people just because they had food (Table 5). The frequent use of these strategies was associated with chronic food deprivation for males, but not females. Eleven per cent of males and 23 percent of females had exchanged sex for food or money for food in the previous 30 days, but the frequent use of this strategy was associated with chronic food deprivation only among females (Table 6).

Valerie Tarasuk, Naomi Dachner, Blake Poland, and Stephen Gaetz
3.8 The “hand-to-mouth” existence of homeless youths in Toronto



Table 5: Frequency of use of food acquisition strategies over the previous 30 days (%): homeless youths, Toronto, Canada, 2003

	Males (n = 147)			Females (n = 112)		
	Often	Sometimes	Never	Often	Sometimes	Never
Panhandled to get money for food	46	25	29	57	16	27
Stole food	15	32	53	16	41	43
Postponed payment of rent, debts, etc.	15	37	47	10	36	54
Got free day-old food from restaurants	9	32	59	7	39	54
Ate food discarded by others	21	28	50	18	25	57
Went to a friend's or relative's place for food	11	52	36	10	49	41
“Hung out” with people because they had food	5	19	75	7	20	73
Traded sex for food or for money for food	5	6	89	11	12	78

Table 6: Strategies employed to acquire food routinely or in times of desperation: homeless youths, Toronto, Canada, 2003

Routine strategies

- Going to charitable meal programs .
- Panhandling to get money for food
- Getting free day-old food from restaurants
- Stealing food

Desperate strategies*

- Postponing payments of debts, rent, etc.
- Eating food discarded by others

Males only:

- Going to a friend or relative's place for food
- “Hanging out” with someone just because they have food

Females only:

- Trading sex for food
- Borrowing money for food

*Food acquisition strategies associated with significantly increased odds of chronic food deprivation over the previous 30 days.

Valerie Tarasuk, Naomi Dachner, Blake Poland, and Stephen Gaetz
3.8 The “hand-to-mouth” existence of homeless youths in Toronto



Nutritional vulnerability and poverty

This study of homeless youths was undertaken to characterize the extent and nature of their nutritional vulnerability. The portrayal of food insecurity that emerges from our research differs markedly from the phenomenon commonly assessed among domiciled groups. The youths reported much higher levels of food deprivation than are typically observed in general population surveys (Health Canada 2007), highlighting the extreme vulnerability that comes with homelessness and the abject poverty that underscores this condition.

In addition to problems of food deprivation, many youths reported problems getting sufficient drinking water. Similar findings emerged from a recent study of street-based sex workers in Miami (Kurtz et al., 2005). Without housing and with insufficient funds to purchase bottled water, homeless people are forced to rely on public sources of water or negotiate access to private supplies. In urban settings such as Toronto, access to public washrooms and drinking fountains has become increasingly limited because of concerns about cost and liability. Thus inadequate and insecure access to drinking water is an added dimension of food insecurity among homeless populations.

The ways in which homeless youths endeavoured to manage their food needs reflect a "hand-to-mouth" existence, characterized by the use of a wide diversity of strategies to obtain small amounts of food for immediate consumption. Many of these strategies were stigmatizing and unsafe; some were illegal. Our examination of the relationship between youths' use of specific food acquisition strategies and their level of food deprivation suggests that some strategies such as eating food discarded by others are acts of extreme desperation, whereas other behaviours like panhandling and stealing food are routine (Table 6). Although other researchers have not differentiated homeless youths' food acquisition behaviours in this way, the fact that similar behaviours have been reported by others (Hagan & McCarthy, 1997; Wingert et al., 2005; McCarthy & Hagan, 1992) suggests that our findings are characteristic of homeless youths in this country.

Although many youths in this study routinely used charitable meal programs, this practice did not protect them from chronic food depriva-

Valerie Tarasuk, Naomi Dachner, Blake Poland, and Stephen Gaetz
3.8 The "hand-to-mouth" existence of homeless youths in Toronto

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tion, nor did it obviate the need for them to acquire food in other ways as well. These findings highlight the need for a better "safety net" to help youths meet their basic needs. In our qualitative research with homeless youths, they complained about the infrequent service, limited meal hours, and need to travel considerable distances to attend different charitable meal programs at different times of the day or week (Dachner & Tarasuk, 2002; Gaetz et al., 2006). Our subsequent inventory of local charitable food provisioning efforts confirmed that meal services for those outside the shelter system are, for the most part, intermittent and uncoordinated (Dachner et al., 2009), and the food served is generally of limited quantity and nutritional quality (Tse & Tarasuk, 2008). While the establishment of ad hoc, charitable food programs for homeless individuals is a testament to community concern and resourcefulness, our research results argue strongly for a more coherent response.

Our examination of youths' food acquisition strategies highlights the gendered nature of homelessness, a phenomenon documented elsewhere as well (Ensign & Bell, 2005; Gaetz, 2004; Khandor & Mason, 2007; McCarthy & Hagan, 1992; Roy et al., 1999). Other research with street youths has found that males generally earn more than females and are more likely to operate independently, whereas females tend to engage collectively, both in money-making and in living arrangements (Gaetz, 2004). Consistent with this research, we found that using social relationships as a means to acquire food was routine for females, but such behaviour indicated desperation for males. Nonetheless, female youths may engage more in high-risk, exploitive relationships, trading sex for food when they are desperate.

In conclusion, the pervasiveness and severity of food insecurity experienced by homeless youths in the present study and their desperate means of food acquisition highlight the urgent need for more effective responses to food insecurity among this group. While more work could be undertaken to improve youths' food access through charitable meal programs in the community, we worry that this would amount to "treating the symptom" rather than the problem. Homeless youths' food acquisition behaviours reflect the extreme desperation of their situations, providing a moral and public health imperative to find solutions to the problem of youth homelessness in Canadian cities.

Valerie Tarasuk, Naomi Dachner, Blake Poland, and Stephen Gaetz
3.8 The "hand-to-mouth" existence of homeless youths in Toronto

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Valerie Tarasuk, Naomi Dachner, Blake Poland, and Stephen Gaetz
3.8 The "hand-to-mouth" existence of homeless youths in Toronto

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Valerie Tarasuk, Naomi Dachner, Blake Poland, and Stephen Gaetz
3.8 The "hand-to-mouth" existence of homeless youths in Toronto

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Valerie Tarasuk, Naomi Dachner, Blake Poland, and Stephen Gaetz
3.8 The "hand-to-mouth" existence of homeless youths in Toronto

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