

**CUISR:**

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Community – University Institute for Social Research

***“We Did It Together”:  
Low-Income Mothers Working  
Towards a Healthier Community***

**by Shardelle Brown**



*Building Healthy Sustainable Communities*

## **Community-University Institute for Social Research**

CUI SR is a partnership between a set of community-based organizations (including Saskatoon District Health, the City of Saskatoon, Quint Development Corporation, the Saskatoon Regional Intersectoral Committee on Human Services) and a large number of faculty and graduate students from the University of Saskatchewan. CUI SR's mission is "to serve as a focal point for community-based research and to integrate the various social research needs and experiential knowledge of the community-based organizations with the technical expertise available at the University. It promotes, undertakes, and critically evaluatea applied social research for community-based organizations, and serves as a data clearinghouse for applied and community-based social research. The overall goal of CUI SR is to build the capacity of researchers, community-based organizations and citizenry to enhance community quality of life."

This mission is reflected in the following objectives: (1) to build capacity within CBOs to conduct their own applied social research and write grant proposals; (2) to serve as a conduit for the transfer of experientially-based knowledge from the community to the University classroom, and transfer technical expertise from the University to the community and CBOs; (3) to provide CBOs with assistance in the areas of survey sample design, estimation and data analysis, or, where necessary, to undertake survey research that is timely, accurate and reliable; (4) to serve as a central clearinghouse, or data warehouse, for community-based and applied social research findings; and (5) to allow members of the University and CBOs to access a broad range of data over a long time period.

As a starting point, CUI SR has established three focused research modules in the areas of Community Health Determinants and Health Policy, Community Economic Development, and Quality of Life Indicators. The three-pronged research thrust underlying the proposed Institute is, in operational terms, highly integrated. The central questions in the three modules—community quality of life, health, and economy—are so interdependent that many of the projects and partners already span and work in more than one module. All of this research is focused on creating and maintaining healthy, sustainable communities.

Research is the driving force that cements the partnership between universities, CBOs, and government in acquiring, transferring, and applying knowledge in the form of policy and programs. Researchers within each of the modules examine these dimensions from their particular perspective, and the results are integrated at the level of the Institute, thus providing a rich, multi-faceted analysis of the common social and economic issues. The integrated results are then communicated to the Community and the University in a number of ways to ensure that research makes a difference in the development of services, implementation of policy, and lives of the people of Saskatoon and Saskatchewan.

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## **ABSTRACT**

Low-income mothers typically have limited resources with which to respond to the multiple demands that they face. The resulting stress affects not only their well-being, but also that of their children. Health promotion programs for low-income mothers tend to focus on developing skills and knowledge in areas such as parenting and cooking. While this kind of personal skill development is important, it does not address more fundamental determinants of low-income families' health. Furthermore, after acquiring new knowledge, skills, and confidence through participation in these kinds of programs, some women may wish to shift their focus outward, to develop a more critical analysis of social structures that have contributed to their situation, and to take action to address structural factors that affect their health. The project's purpose was to bring together low-income mothers of preschool-aged children who had experience in skill development programs and wanted to learn more about making their communities healthier places in which to live.

## **INTRODUCTION**

Low-income mothers typically have limited resources with which to respond to the multiple demands that they face. Health promotion programs for this group tend to focus on developing skills and knowledge in areas such as parenting and cooking. While this kind of personal skill development is important, it does not address more fundamental determinants of health. This project's purpose was to bring together low-income mothers of preschool-aged children who wanted to learn more about making their community a healthier place to live.

## ***METHODS***

In May 2000, two groups of low-income mothers (seven to eight women in each) who had previously taken part in skill-building programs began meeting in Saskatoon, along with two facilitators. Onsite childcare and transportation were provided. Over six weekly meetings, the women talked about their communities and the changes that they would like to see, shared their experiences and ideas, and learned how to plan actions. They took photos of their communities with single-use cameras and created two large murals depicting community influences on health.

In September 2000, the women resumed meeting as a single group, with attendance varying from three to eleven. The murals were presented to invited guests. Next,

the women decided to focus on poverty as a key determinant of their problems. They shared their stories of living in poverty, and facilitators provided information about poverty's prevalence and causes. Finally, the idea arose of putting their stories and other material from the project into a book. The remaining sessions were spent planning and working on the book. They met nineteen times between September 2000 and June 2001.

Participant age ranged from early twenties to late thirties. Most had two or three children, and about two-thirds were single parents. About half were Aboriginal. Most received social assistance, while a few had part-time paid employment or income from a partner. Some owned their homes; others rented apartments or houses of varying quality, mostly in the inner city. Several had recently left abusive relationships. Thus, while all self-identified as "low-income mothers," their living situations varied considerably.

### ***FINDINGS***

This project's findings include what was learned about the mural creation process; the women's thoughts about, and experiences with, healthy and unhealthy communities; factors that support low-income mothers' participation in their communities; and the causes, effects, and modifiers of "parenting in poverty."

### ***MURALS***

The murals' purpose was to engage the women in a group activity that would result in a visual representation of healthy and unhealthy elements of the communities about which they had been discussing. The women selected clippings from a variety of printed materials, including photos that they had taken, arranged them onto a large sheet of paper, and added their own words. Both groups depicted unhealthy aspects of communities on the left side of the mural and healthy elements on the right. One group then bridged the two sides with concepts such as "understanding," "creativity," "hope," and "involvement."

The women greatly enjoyed working together on this activity. Assembling images of their communities' positive and negative aspects was satisfying, and many felt that it helped deepen their understanding of the issues and how to address them. They were proud of this tangible accomplishment and eager to share it.

In September 2000, the two groups showed their murals to members of the Community/Research Team who had not been directly involved in the meetings and another guest from Saskatoon District Health. The women spoke about how the project had given them hope and lessened feelings of isolation; how they had enjoyed working together with women from different backgrounds; how much they wanted to work to improve their communities; and what the murals meant to them. The guests responded enthusiastically to the murals and presentations.

## ***HEALTHY AND UNHEALTHY COMMUNITIES***

In addition to the murals’ visual representation of healthy and unhealthy communities, this report contains a summary of their thoughts on this topic. Above all, participants emphasized the importance of a healthy social environment—the way that people treat each other and work together. They spoke of having control over their communities; treating each other with respect and courtesy; freedom from violence and discrimination; a sense of belonging to and responsibility for their community; co-operation, sharing, and caring; valuing children and elders; and creating a place for healing. In terms of economic environment, participants described a community in which all members have adequate incomes and access to basic necessities, where amenities such as grocery stores, clinics, and schools are conveniently located, and people work together to do things better, in ways that do not necessarily cost more. Finally, participants wanted a physical environment that is attractive and safe (e.g. playgrounds free of broken glass and needles; streets that can be crossed safely). They stressed the importance of affordable, secure, well-maintained, and uncrowded housing.

While those living in Saskatoon’s inner city found their communities to be generally unhealthy, participants from other neighbourhoods also reported problems. These included neighbours not knowing or caring about each other, discrimination against Aboriginal individuals, and lack of access to special programs and services offered in core neighbourhoods. Low-income families who live in more advantaged neighbourhoods may avoid many inner city social and physical problems, but they often pay a price of greater stigma and racism.

## ***SUPPORTS FOR PARTICIPATING IN COMMUNITY***

While all participants wanted to help move their communities toward the above described vision, they found taking action to be a challenge. Even participating regularly in this project was difficult for many. They identified a number of influences on their ability to participate effectively in their communities. These ranged from the practical, such as awareness of opportunities, time, and skills, to more complex psychological factors, including self-confidence; believing one has the right to ask for better treatment and that change is possible; communication, conflict resolution and other skills; and having a stable enough life to free up energy for social action.

Within this project, regular attendance was hampered by a variety of factors related to participants’ parenting responsibilities, their need to earn money, and family instability, both immediate and extended. Participants found it hard to work on project activities on their own for similar reasons.

## ***CAUSES AND EFFECTS OF PARENTING IN POVERTY***

In this report, participants' experiences are synthesized in two diagrams. **Figure 1** (p. 24) portrays factors that typically lead to a woman becoming a low-income parent. The path usually, but not always, begins with her childhood. Growing up in poverty, in an unstable family, increases the likelihood of ending schooling prematurely, especially if an unplanned pregnancy occurs. Lack of support from the child's father and addiction to alcohol or drugs further impede a woman's chances of returning to school or finding work. Later in life, a mother may end up in poverty if she chooses to care for her children full-time or is unable to find acceptable work, her partner is unable to support the family adequately, or she is a single parent with unreliable child support. Community factors such as schools' support for pregnant and parenting students, access to childcare, and level of social assistance provided to parents of young children without paid employment can strongly influence whether an individual's circumstances lead to "parenting in poverty."

**Figure 2** (p. 26) shows the physical and mental health consequences of parenting in poverty. Parents are unable to provide their children and themselves with a healthy diet. They are forced to live in inadequate and often unsafe housing in dangerous, unhealthy neighbourhoods, or pay more than they can afford to live somewhere better. Low-income mothers often have poor self-esteem, which is reinforced by a reliance on charity and/or social assistance, and feelings that they are not giving their children the kind of upbringing that they deserve. They get little recognition for doing a good job as mothers. On the contrary, they are frequently criticized, stigmatized, and devalued. They have few opportunities for respite from parenting, especially if they are single, and constant demands of caring for small children makes it hard for them to always be the best parent possible.

## ***SITUATIONS AND RECOMMENDATIONS FOR WOMEN'S HEALTH POLICY AND PROGRAMMING***

Eight specific situations have been identified with associated recommendations for women's health policy and programming. These deal with the following areas:

- Providing adequate financial support (whether through social assistance, wages, or a combination) to enable families to meet their basic needs.
- Providing greater recognition of and respite from parenting, including financial support for parents caring for young children.
- Enabling all parents to access childcare that meets their standards if they are employed outside the home or taking classes.
- Increasing availability of safe and healthy housing for low-income families and strengthening communities in which they live.



- Offering effective programs to prevent and treat addictions in low-income communities.
- Supporting low-income mothers to develop skills required for engaging in social action.
- Reducing the stigma associated with being poor in a materialist society.
- Making “the system” more accessible and responsive to low-income individuals.
- Enabling all low-income families to access helpful services and programs without stigmatization, and increasing community members’ control over such programs.

## ***CONCLUSIONS***

This report concludes with participants’ reflections on the project. The main factors that they valued were having an opportunity to talk about issues with other adults and share their personal concerns and feel understood; the group’s general harmony and productivity; and, above all, production of something tangible, the book of stories, about which they took great pride.

## **BACKGROUND**

To understand the context in which this project developed, it is important to have information on the extent and nature of poverty among families in Saskatoon, and concepts and previous work that influenced the project’s approach.

### ***POVERTY IN SASKATOON AND SASKATCHEWAN***

In 1996, Saskatoon had a 28.3% poverty rate, similar to that of other major cities on the Prairies. Certain groups had much higher rates of poverty than others. Aboriginal individuals, who make up at least 8% of Saskatoon’s population, had a 64.9% poverty rate. The proportion of single-parent families in poverty was almost as high (60.8%) (Ross et al, 2000).

Saskatchewan’s provincial government has recently made changes in its income security programs to emphasize helping people on social assistance enter the workforce. Three new programs have been implemented: the Saskatchewan Employment Supplement, which boosts the income of poor working families or those receiving child or spousal maintenance; the Saskatchewan Child Benefit, which replaces the children’s allowance for families on social assistance with additional support for low-income working families; and Family Health Benefits, which covers dental, optometric, and some other health services, as well as prescription drugs for children, and, to a lesser extent, parents, in families receiving either of the other two benefits (Government of Saskatchewan, n.d.).

A recent report by the Canadian Council on Social Development (Jackson, 2001) concludes that these programs appear to have been successful in reducing both the rate and depth of poverty among Saskatchewan families, particularly when compared to Alberta and Ontario. As a result, the 1998 poverty rate for single-parent families in Saskatchewan (one in five) was “the lowest rate in Canada by far.” At the same time, the report notes that, “Saskatchewan is hardly ‘generous’ in terms of its welfare incomes, which are far below the poverty line and have fallen from 1993 to 1999 because of the impact of inflation on social assistance benefits.” Thus, the main beneficiaries of these new programs are working-poor families, while those dependent on social assistance are, if anything, worse off.

### ***PROJECT HISTORY***

This project’s vision arose from the demise of a program aimed at providing social and nutritional support to low-income mothers of preschool-aged children in Saskatoon. “Healthy Start” ran from 1992 to 2000 and was funded by a variety of sources. Groups met weekly to cook together, share daily experiences, and perform crafts or other activities. Over time, more options were offered, such as parenting education, a personal growth course, and group leadership training. Several women who took leadership training started to lead Healthy Start groups in pairs.

Healthy Start ended for several reasons, notably a lack of adequate, on-going funding, problems with organizational structure, and membership burnout. However, its steering committee and community worker recognized the potential of the women who had become co-leaders and their desire to build on skills that they had acquired. Together, they envisioned a new project that moved beyond social support to community action, and obtained funding to make it a reality. Healthy Start’s former steering committee became this project’s Community/Research Team, its community worker was hired as the main project facilitator, and several co-leaders contributed to the proposal writing and later joined the project as participants.

### ***CONCEPTUAL FRAMEWORK***

The central concept on which this project is based is one of empowerment, or “the capacity to define, analyze and act upon problems in one’s life and living conditions” (Labonte, n.d.b, p.5). Power or control over factors that shape one’s life is increasingly recognized as a fundamental health determinant. Indeed, health promotion is commonly defined as “the process of enabling people to increase control over the determinants of health and thereby improve their health” (World Health Organization, 1998). Labonte suggested that any of the following spheres of health promotion practice can contribute to empowerment: personal care, or developmental casework; small group development; community organization; coalition building and advocacy; and political action. In other words, action need not be at the community level to be empowering, as is sometimes

claimed; both direct services to individuals and small support groups can be important contributors to empowerment (Labonte, n.d.b).

Research is gradually adding to our understanding of the empowerment process. For example, Lord and Hutchison (1993) interviewed 55 individuals who had experienced powerlessness in their lives. They found that impetus to empowerment included being involved in a crisis or "life transition," acting on anger or frustration, responding to new information, and building on inherent capabilities. Support from others—practical and moral, as well as mentoring—was critical in expanding empowerment. Participation in activities, groups, or social actions was another key process. It reduced isolation, enabled people to make a contribution, and helped them feel more competent.

This project aimed to nurture participants' empowerment in as many ways as possible. A small group format was used as the project's basis, recognizing the potential of the group to help participants feel connected with others, obtain and provide support, broaden their understanding, and develop "power-with"—"the energy and optimism we create when we act together" (Kuyek et al, 1995, p.4). However, rather than focusing solely on participants' own concerns, the goal was to help them broaden their perspective, to move beyond enhancing coping with the challenges of their lives to changing conditions that make their lives so challenging. As Travers argues, "'Helping' people to cope with their environments without addressing the sources of inequities within the social structure accepts that they are destined to continue to work with only limited resources. In effect, it endorses the current distribution of social goods within society and sanctions an unjust order" (Travers, 1997, p.345).

Project activities were based largely on two closely related approaches: popular education and participatory action research (PAR) (Freire, 1973; Arnold et al, 1991; Arnold et al, n.d.; Maguire, 1987; Barnsley and Ellis, 1992; Smith et al, 1993). Arnold and colleagues (1991) defined popular education, or education for social change, as "an approach to education that is in the interests of oppressed groups. We involve people in a process of critical analysis so they can, potentially; act collectively to change oppressive structures. The process is participatory, creative, and empowering" (p. 5). PAR is an "inquiry by ordinary people acting as researchers to explore questions in their daily lives, to recognize their own resources, and to produce knowledge and take action to overcome inequities, often in solidarity with external supporters" (Dickson, 2000, p. 560).

Numerous projects have used these approaches to increase participants' empowerment. Travers (1997) described a participatory research process focusing on nutritional inequities with participants in a weekly informal women's coffee group at a community drop-in Parent Center. She explained that for the first few months of the project, "the women simply talked"(p. 349). This was valuable in more than one way:

By listening to others talk about how they dealt with and overcame an experience similar to their own, they learned coping strategies from one another. Even more important, however, each woman began to realize that she alone could not be fully responsible for creating the difficulties she faced, as so many people were facing similar problems for which she could have no responsibility. Recognizing the possibility of common origins of their problems, they began to build hope toward working together for solutions. Almost imperceptibly, the group sessions progressed from complaining sessions to consciousness-raising sessions (p.349).

Over time, the group developed a sense of common purpose and identified a specific issue that they wished to research: comparing food pricing in low-income versus middle-income areas. On the basis of their findings, they took action by writing to grocery stores and political leaders. Travers concluded that, in spite of practical constraints to action, the group's "participation engendered a sense of accomplishment and power" (p.354).

Another project, "De Madres a Madres," (McFarlane and Fehir, 1994) involved Hispanic women living in Houston, Texas. It began by training volunteer mothers to work with at-risk pregnant women, offering support, caring, and providing information. By this project's third year, a drop-in centre for women had been set up and volunteer mothers become more involved in decision-making. Over the next two years, the centre became a focus for the whole community, and coalitions were formed with other agencies. Eventually, the volunteer mothers took over as program managers, obtained over \$100,000 in funding, and extended their mission beyond pregnant women to the family unit. These projects are just two illustrations of what women can accomplish given enough time and support, even in the face of oppression.

This project wanted to go beyond the usual reliance on words for education and analysis (e.g. written materials, oral presentations, group discussions) by incorporating visual methods. Photography is one such method that has been used as a tool for consciousness-raising and social change. One of the first organizations to employ this approach was "Shooting Back," whose aim was to empower children at risk by teaching them photography skills. Projects have been carried out with children living in a homeless shelter (Hubbard, 1991) and Native American youth on reservations (Hubbard, 1994), in each case producing a book of photos, poetry, and prose. Caroline Wang has used a process called "photovoice" with diverse groups of women to achieve three goals: to record and reflect the community's strengths and concerns; to foster critical dialogue about personal and community issues through discussion of the photographs; and to influence policymakers (Wang and Burrism 1997; Wang, 1999). In Toronto, a group of low-income women called "According to Us" used photography to explore issues in their lives, share their stories with others, and work for social change (LaFontaine, 2001).

They produced exhibits on violence against women and portraits of community activists. The group's facilitator explained:

Through photography women have been able to express issues about their social reality and work for social change in ways they have not done before. ... A wider audience has heard their voices, from the women in their communities who are struggling with the same issues, to the thousands of women from across Canada at the World March of Women in Ottawa. The effect is twofold: not only are the women in the group empowered by addressing issues that are important to them, but they deal with it in a way that helps others in their community as well (Wang and Burris, 1997, p.7).

Another visual method is collage, usually incorporating magazine and newspaper clippings. In British Columbia, a PAR project called "Women and Poverty" organized eight focus groups with diverse groups of women living in poverty, followed by a day-long workshop with participants, and development of action plans (End Legislated Poverty, 2001). In the focus groups, participants shared their experiences of living in poverty both verbally and in the form of collectively created collages. Thus, visual methods such as photography and collage can help participants expand their skills and use their creativity to communicate in a complementary form that is sometimes more powerful than words.

Because the groups in the Saskatoon project were newly-formed and most participants had no experience with social action of any type, a good deal of time was initially spent on group development and education. However, throughout this process, women's own experiences and knowledge were drawn from to provide additional information when it seemed helpful to expand their understanding. This is consistent with popular education's principles and with Lord and Hutchison's (1993) principles of empowerment, which emphasize building on people's strengths and recognizing their existing knowledge. In time, as the women decided to focus on the core issue of poverty, more aspects of PAR were incorporated.

## **METHODS**

### ***PERSONNEL***

Kathryn Green, as principal investigator on this project, worked with the main facilitator, Jeanette Davenport, to plan the sessions. She attended each meeting, took notes and in some cases, tape-recorded discussions, and brought material back to the group for reflection. Arnolda Dufour co-facilitated the spring sessions, but took other employment over the summer, and so, for the remainder of the project, Jeanette (and occasionally

Kathryn) led the sessions, which involved making brief presentations and facilitating discussions. Shardelle Brown, a Master's student in the Department of Community Health and Epidemiology at the University of Saskatchewan, coordinated the project's practical aspects through an internship funded by the Community-University Institute for Social Research. She helped recruit participants, coordinated (and sometimes assisted with) childcare, prepared snacks for participants and their children, arranged cabs for women who needed transportation to meetings, and phoned regularly to remind them of meetings. She also attended each session.

The Community/Research Team served in an advisory capacity, providing input on various issues that arose during the project's course. Two to three women provided childcare for participants at each session.

### ***RECRUITMENT OF PARTICIPANTS***

Names of potential participants were collected from members of the Community/Research Team who were associated with other programs attended by low-income mothers. These included Collective Kitchens, Healthy Start, and parenting classes. Women who were residents of second-stage housing (i.e. women who had left abusive relationships and previously lived in a shelter) were also informed. Participants were low-income mothers, with at least one child aged six years or younger, possessing experience as a member of a small group, and would likely be able to commit to regular attendance and active participation in the project. Those who referred participants were also asked to recommend women who had leadership training, had played a leadership role in their group, or were believed to have strong potential for taking on such a role.

Women whose names were provided were contacted by telephone or delivered letter, and invited to an introductory meeting on 12 May 2000. Seventeen women attended. The project was explained and all were interested in participating, with eight signing up for one group and nine in the other. Another three women joined the project at the second or third meeting.

### ***PARTICIPATION***

While the project endeavoured to have ten women in each group, this goal was not realized. In the spring, the number of women attending each group ranged from four to seven in Wednesday's group and five to eight in Friday's. However, a core group of women in each group attended regularly (i.e. missed no more than one meeting): five on Wednesday and six on Friday. Aboriginal women's participation was high, but distribution across the two groups differed markedly. Among steady attendees, Wednesday's group had one Aboriginal participant, while all but one in Friday's group were Aboriginal.

In fall 2000, when meetings resumed as a single combined group, attendance was fairly high, with an average of eight women at each session. From January 2001 onward, numbers dwindled to between three and six, until the very end, when attendance picked up again. The same core group of eleven who had attended regularly in the spring continued to come, when able, through to the fall, and then two stopped coming because of crises in their lives. Three women attended almost every meeting. The irregularity of others was not due to disinterest, but other reasons, including employment, illness (their own or children's), family problems, attending school, and participating in other social action groups.

The eleven women who made up the core group of regular attendees were in their twenties and thirties, and had one to four children. Six were Aboriginal; seven were single parents. During the year, four had paid employment at least some of the time. One had a partner with paid employment, and all but three received partial or full social assistance. Their housing situations ranged from home ownership (some with a local social housing program's assistance), to renting a unit in a low-income housing complex or regular rental (the latter of which generally involved several moves during the course of the project; all but three of the women moved at least once during the year). Three had recently left abusive relationships and continued to experience disruptions in their lives. Thus, while all self-identified as "low-income mothers," their living situations varied considerably.

### *ACTIVITIES*

Group meetings began the week following the introductory meeting and continued weekly until 23 June 2001. Each meeting took place at a church that donated use of its space. After these initial six sessions, the project ended for the summer. When it resumed in September 2000, the two groups began meeting together as planned and with the women's agreement. Although each group, by then, had a distinct identity, the women got to know each other over time and "social boundaries" between the two groups largely disappeared. From September until the end of June 2001, the group met nineteen times, including two mostly social get-togethers (a start-up barbecue and a Christmas gift exchange).

The six spring sessions followed a tentative plan developed by Jeanette Davenport, the main facilitator, in consultation with Kathryn Green. Each session lasted two-and-one-half hours. Sessions began with a "check-in," which could be quite lengthy as women shared challenges and crises that they had faced in the previous week, and ended with a closing circle. Objectives in this period were to help the women begin thinking and talking about the meaning of "community" and factors in their communities that affected their well-being and that of their children; to expand their skills in planning and taking action for community change; and to develop mutual understanding and support within each group.

Activities of the first six sessions are listed in **Table 1**, which demonstrated that some variation regarding particular needs and interests occurred between the two groups in Sessions 2-5. It was hoped that the women might be able to identify a common issue that they wished to tackle on which they could then work. However, participants came from different parts of the city and had varied concerns, so it was difficult to agree on a single issue to address. Two individuals in the Wednesday group were assisted in identifying some initial steps they could take on issues that they were interested in as an illustration of the “mind-mapping” method of planning actions. However, neither of them was able to make much progress in carrying out these steps. This led to a valuable discussion of factors that impeded change, and the additional supports that women needed to help make change in their communities.

Meetings in fall 2000 and winter/spring 2001 were more irregular. Only two meetings were planned for fall, but when the budget allowed for considerably more, content was allowed to evolve from the group’s interests. Concurrently, progress was hindered by participants’ irregular attendance.

After presenting the murals to the Community/Research Team, the group discussed “where to go next.” The group concluded that poverty was the core problem underlying all other concerns, and decided that they would like to focus the rest of their time on that issue. It was agreed that the women would share their experiences of growing up and/or currently living in poverty, and that information would be provided to the group about the prevalence and causes of poverty to help them develop a better understanding of the problem. After they had shared their stories, an idea arose of putting them and other material from the project (such as photos of the murals) into a book. The remainder of the sessions were spent planning the book and working on its content.

The group discussed which audiences for whom to write, the book’s goals, and its content. The women decided that the book’s core would be their stories, supplemented by a brief description of the project; some facts about women and poverty; a section on misconceptions and stereotypes (and refutation of the same) that many hold about the poor; a summary of changes that the women would like to see in their communities; and suggestions of what people can do to help and where they can get more information. Kathryn drafted these additional sections and brought them to the group for feedback and approval. The group brainstormed titles and decided to call their book, *Telling It Like It Is: Realities of Parenting in Poverty*.

Initially, Kathryn typed up each woman’s shared stories and returned them for revision or elaboration. The women worked on these during several group sessions. They found it hard work, not only because they did not have a great deal of writing experience, but also because of the painful memories that came up as they reviewed their lives. When it was suggested that Kathryn or Shardelle could meet with and interview them individually, they preferred this approach, and interviews were carried out



with the women still participating at that time. After Kathryn transcribed their stories, the women made revisions until they were satisfied. They also chose pseudonyms, as well as any "facts" and photos that they wished to appear with their stories. The book is to be printed in fall 2001 and the group will meet again then to plan and carry out a media event to celebrate and draw attention to its publication.

**Table 1. Project Activities, May-June, 2000**

<b>Session</b>	<b>Wednesday Group</b>	<b>Friday Group</b>
<b>1</b>	Introductions Developed group ground rules Shared experiences of community Facilitator presented information on healthy communities, followed by discussion Single-use cameras handed out	
<b>2</b>	Presentation/discussion on children's needs and barriers/supports in meeting them Discussed communities based on location vs. common interests Reflected on the group's progress Participants named their priority issues	Presentation/discussion of children's needs and barriers/supports in meeting them Discussed communities based on location vs. common interests Reflected on the group's progress Sought feedback on whether participants would rather work in their neighbourhood or as a group addressing common issues
<b>3</b>	Mind mapping of two priority issues (traffic safety and parents' lack of involvement in children's sports) to identify first steps participants could take	Discussed what participants need in the community to support them as women and mothers Mind mapping (brief)
<b>4</b>	Discussed actions taken (or not taken) since last week Planned mural Facilitator presented on resistance to change	Shared photos Planned mural
<b>5</b>	Shared photos Worked on mural	Worked on mural
<b>6</b>	Finished and reflected on murals Discussed what participants need to make change in their community Planned for the fall	

In addition to group sessions, three participants, as well as Kathryn and Jeanette, attended a meeting in June 2001 with three senior administrators from provincial Social Services, who were carrying out a gender analysis of the Department's current "re-design." Recommendations from this report were shared, with emphasis on those with particular relevance to Social Services, and seemed to be well received. It was a unique experience for participants to be in the position of sharing their experiences and opinions with this department.

**Table 2** describes specific activities carried out in this period. As with earlier meetings, each session began and ended with a sharing circle in which the women talked about what had been going on in their lives and how they were feeling.

### ***RECORDING AND REFLECTING***

"Data" used to produce the findings described below were collected in several ways. Kathryn, the project's lead researcher, took extensive notes at each session, as well as tape-recorded some discussions. She also typed up all the material recorded on flip charts during the sessions.

As described above, when the issue of poverty was addressed, most participants shared stories of their childhood and current life. Later, Kathryn reconstructed their stories based on transcripts of their interviews, what they had written themselves, and other information shared during group sessions. Photographs that most of the women took with the single-use cameras and the murals that each group developed constituted a source of visual data. Some of their photos were added to the murals, and photos of mural sections were featured in the book.

Finally, near the end of the project, Kathryn summarized much of the discussion in the form of two diagrams. She presented these to the group and explained how she had created the figures. Participants suggested some additions and generally validated the diagrams as accurately reflecting their experiences. One woman commented, "They totally explain me! I like seeing everything up there, all the little bits of my life—I've never thought about it that way before."

## **FINDINGS**

This project's findings or outcomes take a different form than those of a more conventional research study. They are presented here under the following sub-headings: Murals; Healthy and Unhealthy Communities, Supports For Participating in Community, and Causes and Effects of Parenting in Poverty.

**Table 2. Project Activities, September-April, 2001**

<b>Session</b>	<b>Activities</b>
<b>1</b>	Start-up barbecue
<b>2</b>	First joint meeting; shared and discussed murals Planned how to present murals to Community/Research Team
<b>3</b>	Showed murals and described experiences in the project to Community/Research Team
<b>4</b>	Added some more to murals, based on previous week’s experience
<b>5</b>	Discussed next steps; decided to focus on poverty as key issue
<b>6</b>	Discussed breach of confidentiality that occurred within the group; achieved resolution
<b>7</b>	Christmas gift exchange and celebration Discussed the strengths of low-income mothers
<b>8</b>	Participants shared their stories, from childhood to present time
<b>9</b>	Participants shared their stories, from childhood to present time Discussed idea of producing a booklet based on the stories
<b>10</b>	Facilitator presented information on prevalence and causes of poverty among women in Canada Discussed who profits from people being poor, and the extra costs of being poor
<b>11</b>	Reviewed material covered previous week for those not present then Discussed possible goals, audience, and content for the booklet
<b>12</b>	Decided on goals, audience and content
<b>13</b>	Developed mind-map for producing booklet: what steps do we need to take to accomplish this? Began to work on stories
<b>14</b>	Worked on stories
<b>15</b>	Worked on stories
<b>16</b>	Reflected on analysis of causes and consequences of parenting in poverty
<b>17</b>	Revised stories; reviewed other content for book.
<b>18</b>	Revised stories; reviewed other content for book.
<b>19</b>	Revised stories; reflected on whole project.

### ***MURALS***

As noted in the Tables above, each of the original groups developed a large mural depicting aspects of communities that influenced health. The women created these murals by selecting clippings from newspapers, magazines, and other printed materials, as well as photos that they had taken themselves, and glued these onto a large sheet of black

paper, then added written words and phrases. Six sessions were spent planning, making, reflecting on, and presenting these murals.

The murals' purpose was to engage the women in a group activity that would result in a visual representation of the elements of communities that the previous three weeks had been spent discussing. It was suggested that the groups develop a mural around the role of communities in health, but, beyond that, content was left up to them. The Wednesday group divided their mural into three general sections: the left-hand side depicts some of the problems that they currently experience in their communities; the right-hand side shows what they would like to see; and the middle is a "yellow-brick road" bridging the two, its bricks labeled with such concepts as "understanding," "creativity," "support," "hope," and "involvement." The Friday group's mural dealt with a range of issues, including racism, self-care, violence and abuse, addictions, poverty, and recreation, with "problems" clustered on the left half and "solutions" or "positive aspects" on the right.

The mural development process was interesting to observe. Initially, most of the women were enthusiastic about the idea because they wanted to "do something other than talking." Two who had made collages before were especially keen, while others were a little more hesitant because they questioned their own "creativity." However, once planning the murals began, everyone became energized and excited, sharing ideas of what they could bring, where pictures could be found, and what the mural might look like. (As it turned out, facilitators supplied most of the materials for the collage because demands in participants' lives made it difficult to carry through on their ideas during the week.)

The women worked on the murals with great concentration. The Wednesday group worked collectively from the start because of their design choice; in the Friday group, each participant began developing an issue of particular interest, and then, as they learned what each person was working on, shared collage items that they thought others might want to add to their piece. A participant from this group commented, "The parts I did are what I believed in. Seeing other girls' work makes me think that's what's most important to them. Everyone has their own way of seeing things."

Creating the mural affected the women emotionally. One participant commented that she began feeling hurt and angry after working on a "problem" section for some time, and so she moved to the "positive" side of the mural to balance her emotions. Similarly, another said, "It feels powerful—how we went from the unhealthy and worked towards the positive, how we'd speak and feel the intensity of the negative things. The conversation got lighter as we moved to the positive—our hearts became more free, more positive—but it was still intense. This is the change we all want to see, for ourselves and for society."

Participants spoke strongly about how much they enjoyed working together on a

joint project with other women in their group. This activity seemed to help them feel like part of a collective with a shared goal, especially for those who did not know each other before. As one woman said, "It's great to see how this process flowed, how we all worked together. It feels wonderful, wonderful. It's been a long time since I've been in a group where I feel something's being accomplished. If more of society could work together like we did, things would go a lot better!"

As well as enjoying the process, the women were proud of this very tangible accomplishment and felt that it helped deepen their understanding of issues. One said, "We did a good job! I feel confident because we all worked on this and we all have a good idea of what's going on and how to make a better lifestyle for us and our children. I have a better insight about how to make things better." Another added, "It's speaking to me, what I feel inside." Another participant felt that the mural was "a good way to express what was on my mind, about the safe and unsafe things in my neighbourhood. It gave me ideas on how to make it safer for my kids. I feel proud."

Having produced these murals, the women were eager to share them with others. They hoped that they could be used to stimulate discussion and action, and, perhaps, enable them to gain some recognition for their work. One woman said, "I want to know what we're going to *do* with it; I want to get to that part." Some time was spent discussing what could be done with the murals. Ideas ranged from displaying them in a public space (e.g. hospitals, clinics, shopping malls) to showing them to politicians and community workers. One participant expanded on suggestions that others had already made, saying that she would like to "get some recognition, get on the news, put our names in the newspaper, like, our mural and us standing by it holding it up, so they'll know we're trying to do something." At the same time, some expressed concern about how much could be expected of the mural to accomplish: "I know everyone hopes everything can be the way we want it to be, like, no more bad things, but it's hard. Some day I hope these good things [shown on the mural] will happen."

At the last meeting in spring 2000, the women agreed that they wished to share their murals with the Community/Research Team and a few other guests. The two groups came together at the first meeting in September and showed their murals to each other. They were interested to note both similarities and differences. One woman from the Wednesday group was upset to realize that, in contrast to the other mural, her group's included nothing on racism: "the whole Aboriginal thing. It's something that's important to me. How did we forget this?" But, later, a participant from Friday's group observed that, "what we missed out is in the Wednesday group's mural."

The following week, three members of the Community/Research Team, as well as another member of Saskatoon District Health's Community Development Team, attended the presentation. The murals were on display and each participant present shared something about her background, commented on some aspect of the mural, and/or de-

scribed what taking part in the project meant to her. Some excerpts from their comments included:

Just getting together and talking about our communities gave me hope that there are others out there who care.

I loved doing the mural, but I would like to see it happen. It's time we started doing something about [problems in the community].

It was a great insight how a group of women, total strangers, can work together and cooperate on a goal, and make it wonderful and exciting. How much can be accomplished by a healthy group with a goal! To learn from one another—we all have different interests and backgrounds, thoughts and opinions. How exciting to bring them all together in a group.

It was very exciting to work on the mural. I like how the positive comes shining through—it outweighs the negative.

I found the project really interesting. I was invited to come to this because I've been involved in many other projects. I wanted to better myself and make a better world for my children. I come from a broken home, so I don't know what it's like to have a healthy home. It just feels good to know I'm not alone.

The guests responded enthusiastically to the women's murals and presentations. One said, "I think the murals are awesome, visually very appealing. I like the mix of your own words, over photos and words from the media." Another commented, "This [a photo someone had taken of a drug dealer's house] tells me that you are brave women—you're not intimidated to say what is what. You're not just going to stand back and take what's there." A third said, "The murals are much more than I expected; [they're] really moving. I can't quit looking at them. I'm very impressed." The meeting ended with a lively discussion of possible next steps for the group, which was returned to at the next meeting.

While making and showing the murals were positive experiences, this method had some limitations. For one, the murals became so large (approximately 1 x 4 metres) that they were cumbersome to store, transport, and display. There were also some "technical" difficulties finding ways both to keep collaged materials securely affixed (espe-

cially when the murals were stored rolled up) and to attach them to different types of walls for viewing. Use of magazines as a primary source for images created an awareness of their unrealistic depictions of life. It was hard to find pictures of “real” women and families, and some participants felt that they would have liked more local material. (This was compensated for, in part, by also using tourism brochures, but these, of course, included only positive images.) Some felt that the process had been too rushed and they would have liked more time, so another session was used to add some “finishing touches” after the meeting with Community/Research Team.

While the women and Community/Research Team had a number of ideas as to what more could be done with the murals, it was decided not to pursue these activities because, as explained earlier, the women opted to explore the core problem of poverty more fully. As it turned out, one purpose that the murals served was to help the women focus on poverty as their key concern. Seeing the range of problems included on the murals and reflecting on them seemed to enable participants to recognize that “everything leads back to poverty.” The facilitators were also concerned about challenges involved in organizing the kinds of meetings and public displays of the murals that the women had envisioned, and questioned how effective these actions would be on their own in achieving change. It was believed that limited resources would be better put to use helping participants deepen their understanding of poverty. It is planned to use the murals in communication activities stemming from this project. For example, as mentioned earlier, sections of the murals are to be included in the book, and the murals themselves will be displayed at the book launch.

### ***HEALTHY AND UNHEALTHY COMMUNITIES***

The topic of (un)healthy communities was a central focus of the six meetings in spring 2000 and one which was returned to many times throughout the rest of the project. For example, during the “check-in” activity in which each meeting began, participants often voiced their frustrations, fears, and anger arising from conditions in which they and their children live. The murals represent graphically many of the negative (and potentially positive) aspects of communities that the women have experienced. Additionally, a summary of their thoughts about this topic is presented here.

The facilitators presented the idea that a community can be considered to have three main dimensions: social, economic, and physical (the natural and constructed environment) (Labonte, n.d.a). Participants considered the following to be important elements of a healthy community within each of these dimensions.

#### *Social Environment*

Members of a healthy community:

- Have control over their lives and a say in what happens in their community, rather than have people from outside the community control it;

- Treat each other (adults and children) and their property with respect and courtesy;
- Do not discriminate against others on the basis of race or other characteristics;
- Work out their differences non-violently, so that everyone feels safe in their home and neighbourhood;
- Feel a sense of belonging, take responsibility for their community, and work together to make it a better place;
- Help and care for each other, do things together, co-operate, and share ideas and resources;
- Take responsibility for their children and get involved in their lives, as well as watch out for other people's children;
- Respect and value their elders, who are actively involved in the community;
- Create a place for healing, including dealing with substance abuse and violence among adults and youth.

#### *Economic Environment*

- Everyone who wants paid employment has it, with adequate incomes.
- The following basic necessities are readily accessible and affordable for all families: housing (see *Physical Environment* below), healthy food, public transportation, childcare, and telephone service.
- Amenities (e.g. grocery stores, clinics, schools, instead of bars, bingo halls, and pawnshops) are conveniently located in neighbourhoods.
- Grassroots organizations and advocates that work on behalf of low-income people are properly funded.
- People work together to do things better, and in ways that do not necessarily cost more (e.g. clothing swaps, childcare exchanges).

#### *Physical Environment*

- Parks and playgrounds are safe and attractive, and free of garbage, broken glass, needles, and used condoms.
- Effective traffic controls enable pedestrians to walk safely and easily.
- Everyone has access to housing that is affordable, safe, secure, kept in good condition, and meets their needs in terms of space.
- General environment (houses, shops, schools, green space) is pleasant and attractive.
- Air, water, and soil are kept clean.



Participants placed greatest emphasis on community’s social dimension, even those who lived in areas with considerable economic and physical problems. In addition to these three dimensions of environment, participants mentioned programs and services that support and nurture healthy communities. They emphasized a need to effectively publicize programs and events in the community, as they had often missed out on opportunities because they were unaware of them. Furthermore, they felt it important for communities that have made positive changes to share strategies and results with others, so that community groups can learn from others’ successes.

Most participants lived in Saskatoon’s “core [inner-city] neighbourhoods,” which are least likely to be characterized by those positive elements listed above. However, those who lived in other neighbourhoods also experienced them as less than healthy. Highlighting the importance of social factors, one woman commented, “In my community, I don’t see needles, drug dealers, and stuff like that, but I don’t see *anything*. I don’t feel I belong. It’s not like where I grew up [in a small town]—there’s nobody else who cares about my kids or knows their names.” Another woman spent a large proportion of her income to live in a neighbourhood where she and her children could feel safe, and yet, as one of the only Aboriginal families in the area, they felt discriminated against by neighbours and classmates. In contrast, in the inner city, where there are a high proportion of Aboriginal families, there are growing opportunities in schools and other settings to learn about Aboriginal culture and traditions. Furthermore, those living outside the core area lacked access to special programs and services offered in these neighbourhoods. They felt that programs such as hot school lunches and reduced school fees should be available in all areas of the city, and that low-income families should not be required to risk stigmatizing their children by having to ask for special treatment.

### ***SUPPORTS FOR PARTICIPATING IN COMMUNITY***

All participants were interested in working with others to move their communities closer to the vision described above, and frequently voiced their desire to “do something, not just talk about it.” Indeed, the promise of action was what attracted them to this project. Their prior involvement in community action ranged from “a great deal” to “hardly any.” Over the project’s course, especially as they found themselves frustrated with the challenges of making changes, the group discussed the barriers faced to acting on their interest in community participation, and what they felt would support them in doing so.

The women identified the following as factors that influence their ability to participate effectively in their communities:

- Awareness of opportunities;
- Level of confidence (in particular, not feeling that they deserve to ask for improvements in their community) and fear of what people would think of them;
- Communication, conflict resolution, and other skills;

- Previous experiences with participation, both positive and negative—for example, being let down when programs that they were involved in were cut due to lack of funding;
- Time, which is greatly influenced by family responsibilities (especially having young children) and difficulty finding childcare that they could trust and afford;
- Partner’s support or demands;
- Financial and other types of stress.

Observations of the women’s involvement over the course of this project also provided insight into the challenges that they face in participation. Women invited to join the project were recommended by Community/Research Team members who had personal knowledge of the women and believed that, based on their prior experience in group-based programs, they would be able to make a commitment to this project and attend regularly. All the women who attended the introductory meeting indicated that they were interested in the project and signed up for one of the groups. However, as attendance figures indicate, their capacity to follow through on this commitment varied.

Attrition is not surprising given the realities of participants’ lives. As noted previously, absences from meetings were due to a wide range of valid reasons related to parenting responsibilities, a need to earn money, and, in many cases, family instability (both immediate and extended). Some women felt uncomfortable leaving their children with childcare workers hired for the project because they did not know the workers or had had negative experiences with babysitters in the past. Their social environment’s unpredictability and complexity undoubtedly contributed to some women’s poor attendance in spite of their real interest and desire to participate in the project, and efforts to make attendance as easy as possible (e.g. by providing both quality childcare onsite and a childcare allowance when participants were unable or unwilling to bring their children; by arranging a taxi service for those needing transportation; and by providing substantial, healthy refreshments for participants and their children).

Even among those who attended, stressors of their daily lives sometimes limited their ability to participate effectively as originally envisioned. Although it was made clear from the start that this project was about looking outward into the community, rather than examining and dealing with their own lives, the women’s reality could not be ignored. They brought their worries, fears, anger, and sadness to the meetings, and appreciated having an opportunity to share their difficulties and successes with the group. As the groups developed, the women were able to offer support and sympathy to each other. However, this sharing took time from other planned activities, and was compounded by some women’s difficulties to arrive on time. Often they appeared exhausted, resulting from rushing to get themselves and their children ready and to the meeting. Frequently, they had had no time (or, perhaps, resources) to fix themselves lunch and were grateful for provided snacks.

Sometimes, after hearing about the kind of week that women had had since the previous meeting, it was felt that it would be more appropriate to simply provide a comfortable cot on which to lie down, a cup of tea, and soothing music, rather than expect a discussion about the very stressors that they had just described. However, the women invariably commented on how glad they were that, in spite of the required effort, they had come to the meeting. They appreciated the project because it got them out of the house, gave them a break from their children, provided an opportunity for sharing their joys and concerns, allowed them to focus on issues that they cared about with like-minded women, and reassured them that they were not alone.

Ideally, participants would take skills and knowledge that they acquired during the group sessions and put them to use during the week, become involved in other organizations, or begin to take the first steps towards making change in their community. But, once again, the unpredictable nature of their lives was a major constraint. In a given week, any number of crises could arise, shifting attention from community action to more immediate concerns. It was soon realized that it was unreasonable to expect participants to work on any project activities on their own. For example, the women were invited to take photos of their community with the cameras provided in the first week so that the film could be developed and the photos shared in the third week. However, this turned out to be a much more complicated and drawn-out process—cameras went missing (sometimes permanently) other people used them, or they were used to take photos of subjects other than for their intended purpose. (Eventually, though, most who took cameras managed to take some photos of which they were very proud.) Similarly, in the project’s last part, some tried working on their stories at home, but with little success. Usually, the only time that they had to themselves was after their children were in bed, by which time they felt too tired, especially since they found writing their stories emotionally draining.

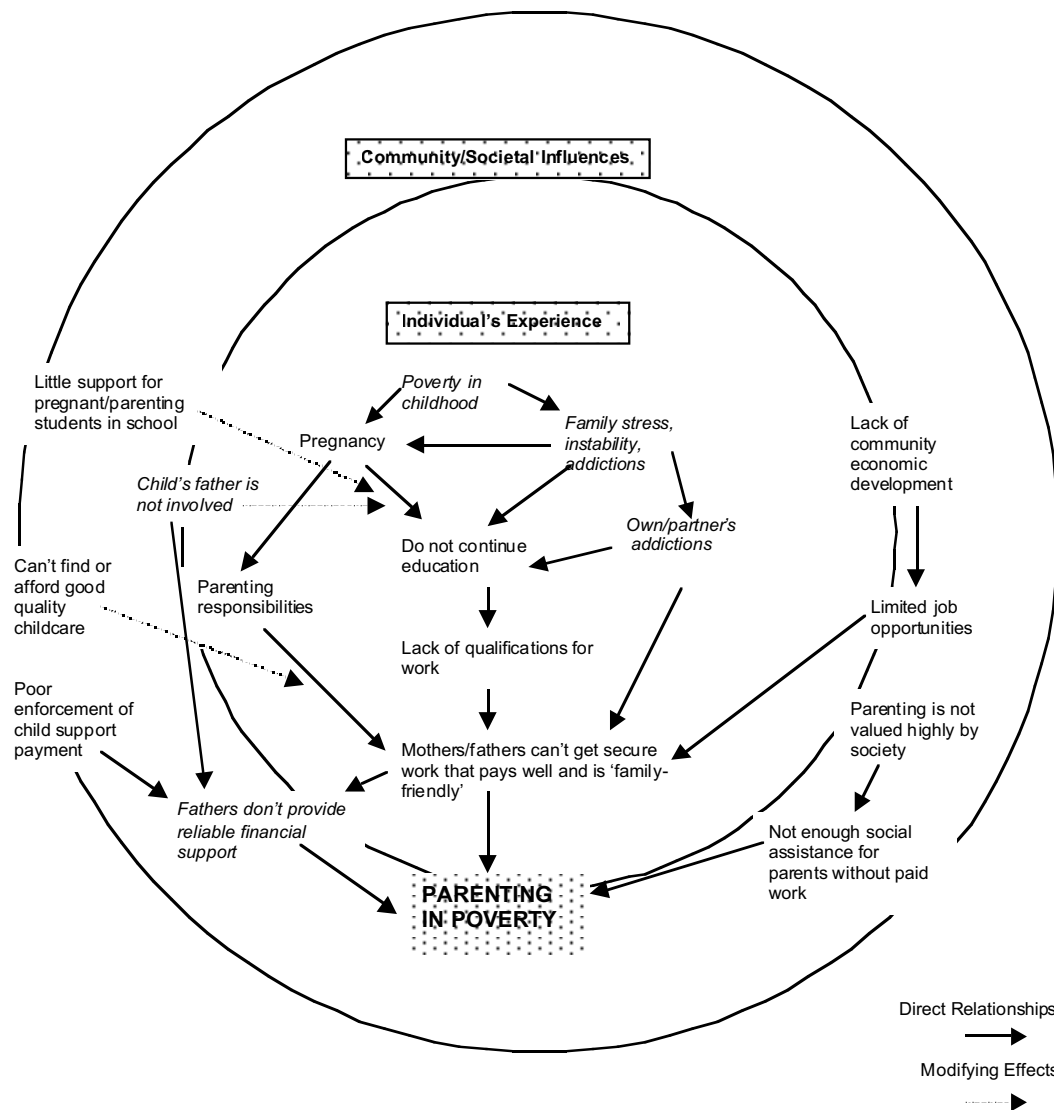
In summary, women who participated in the project were motivated by a determination to make their community a better place in which to live for themselves and their children. However, the strain of caring for young children in poverty left them with little time or energy for social action outside of project meetings. They identified a number of factors needed in order to be more active in making change, ranging from the practical, such as awareness of opportunities, time, and skills, to more complex psychological issues, such as having the confidence to confront those with greater power, believing that one has the right to ask for better treatment and that change is possible, as well as having a stable enough life to free up some energy for social action. The hope was that, sooner or later, each woman’s life circumstances would allow her to put to use skills, knowledge, and experience gained through this project.

## CAUSES AND EFFECTS OF PARENTING IN POVERTY

**Figures 1 and 2** were developed to synthesize the experiences of the participants and others like them who are parenting in poverty. The content is based on shared stories of the women’s upbringing and current lives.

**Figure 1** depicts factors that typically lead to a woman becoming a low-income parent. It should be noted, however, that participants’ experiences were quite diverse. For example, many grew up in difficult circumstances, including extreme poverty, abuse and neglect, and inconsistent caregiving, while some did not experience

**Figure 1. Causes of parenting in poverty**



poverty in their childhood. Some became mothers in their mid-teens, while others delayed childbearing until their mid-twenties. Some were in stable, long-term relationships, while others had had multiple relationships and their children had little or no contact with their fathers. Some had never had regular employment, while a few had had steady jobs before or after their children were born.

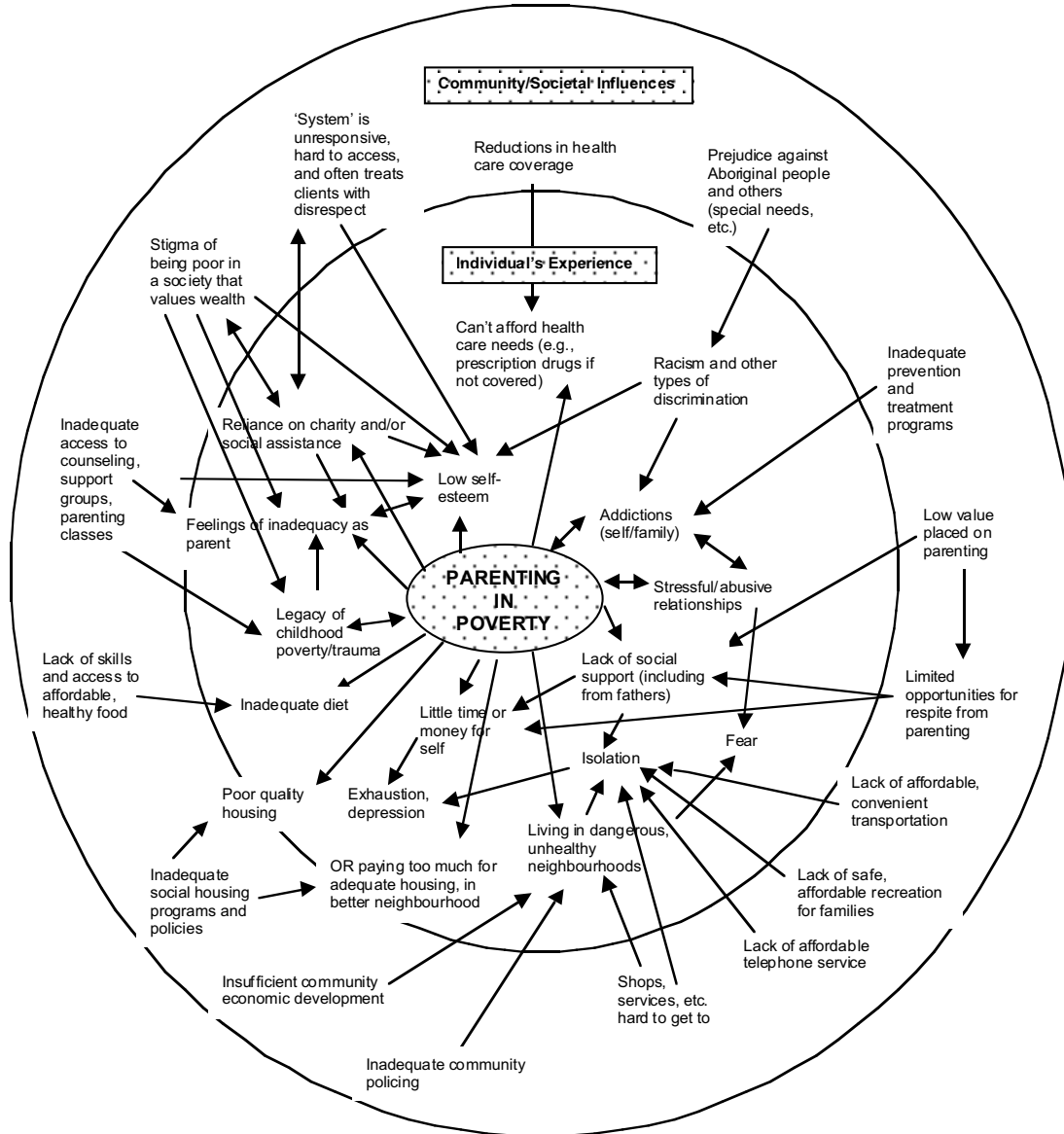
In **Figure 1**, connections shown by solid lines indicate direct relationships, while dashed lines represent modifying effects (e.g. the impact of parenting responsibilities on an individual’s ability to find work is modified by their access to affordable childcare). The italicized factors are those that did not apply to all the participants. The inner circle represents the chain of events in an individual’s life, while the outer circle contains influences at the community or society level that impact an individual’s circumstances, either negatively (as shown here), or—potentially—positively. For example, providing daycare in high schools can enable adolescent mothers to continue their education, as can a partner’s support. Thus, given adequate support and opportunities in the community and broader society, factors in the inner circle need not lead to parenting in poverty.

The path towards parenting in poverty usually begins with an individual’s upbringing. As mentioned previously, most participants grew up in a family that was not only poor, but also, in many cases, dealing with other stressors, such as marital breakup and substance abuse. Some spent time in residential school or foster care, or were raised primarily by grandparents or older siblings. These difficult circumstances increased the likelihood that an individual would end schooling prematurely. An unplanned pregnancy in adolescence, especially when the child’s father is unsupportive, makes it even more difficult for her to either find paid employment or return to school to improve her qualifications. Addiction to alcohol or drugs may be another factor working against a woman desiring to make changes in her life.

Even those without difficult upbringings or an early start to parenting may end up parenting in poverty. This may occur when mothers choose not to work outside the home in order to look after their children full-time, or are unable to find acceptable work; have a partner who does not have a job that pays well enough to support the family adequately; or are single parents, with unreliable child support from their children’s fathers. Access to quality childcare is a prerequisite for women wishing to either return to school or work. Because of their determination to ensure that their children have a better upbringing than they did themselves, they may be reluctant to leave them with caregivers whom they perceive as strangers. This is particularly true for those who have experienced inconsistent caregiving, abuse, or neglect in childhood. Most participants considered parenting responsibilities in the early years of their children’s lives to be paramount, and planned to defer pursuing other activities (school or work) until their children were older. The key determinant of parenting in poverty in this case is the level of social assistance provided to parents of young children without paid employment, reflecting the value placed on parenting by society. Current social assistance rates in

Saskatchewan for single parents or couples with children provide only enough to support families to 60 percent of the poverty level (National Council of Welfare, 2000).

**Figure 2. Effects and modifiers of parenting in poverty.**



**Figure 2** uses a similar format in the inner circle to represent the consequences of parenting in poverty, as well as some common correlates that interact with poverty to create greater challenges (indicated by double-headed arrows coming out of the central ellipse). As in **Figure 1**, these effects may be made either worse or better by factors at

the community and societal level, as shown in the outer circle. At the meeting in which the women were shown these diagrams, they developed a list of programs and services in Saskatoon that attempt to address some of these factors. For some, like counseling, recreation, access to food, addictions, and social housing, participants were able to identify a number of resources. However, they criticized the quality or accessibility of many of these programs, or that the providers were “outsiders” and unaccountable to the community. The women were unaware of any current interventions regarding telephone service, transportation, the stigma of being poor, the low value placed on parenting, and community policing.

As **Figure 2** demonstrates, parenting in poverty has many negative consequences for physical and mental health. Parents are unable to provide their children and themselves with an adequate diet. Furthermore, they are forced to live in inadequate and often unsafe housing in dangerous, unhealthy neighbourhoods, or pay more than they could afford to live somewhere better. Participants described housing problems such as crowding, inadequate security, poor heating control, malfunctioning appliances, including gas leaks, and unresponsive and/or harassing landlords. Participants cited physical hazards such as heavy traffic and broken bottles and needles in the playgrounds, and even greater social hazards, including violence, bullying, and widespread substance abuse and harassment by johns and pimps. These neighbourhoods are the opposite of the healthy community described earlier, with little sense of community and shared responsibility, and few convenient services, but an abundance of bars, bingo halls, and pawnshops, limited opportunities for family recreation, and few attractive aspects.

In terms of mental health, women raising children in poverty often have low self-esteem, which is reinforced by their reliance on charity and/or social assistance and feelings that they are not giving their children the kind of upbringing that they deserve. They get little recognition for doing a good job as mothers. On the contrary, they feel that they are frequently criticized, stigmatized, and devalued. They have few opportunities for respite from parenting, especially if they are single, and the constant demands of caring for small children make it hard for them to always be the best possible parent.

One participant commented that there are many parenting classes available that teach how to be a better parent in theory, but because there is little support to help parents take a break and look after themselves, it is hard for them to consistently put those skills into practice. If parents do not have relatives or friends who can occasionally look after their children, often their only option is to wait until they are in such extreme need of respite that they can access services such as crisis nurseries. Mothers may resist asking for this kind of help because they fear that it will reflect badly on their competence as parents and put them at risk of having their children removed by Social Services.

Because these women put their children first, they rarely spent money on them-

selves and felt guilty when they did. One participant described her pleasure at having been able to take her daughter out to a movie, but the only way that she could afford this was to not spend any money celebrating her own birthday. Addictions and abusive or difficult relationships (in the women's primary relationship and among extended family) both created additional stress and were themselves exacerbated by the strain of living in poverty. Finally, a great deal of emotional distress is caused by the stigma associated with being poor in a materialist culture. For example, parents may have felt inadequate because they could not afford toys that their children saw advertised on television. One participant appeared ashamed when she admitted that she sometimes spent her last three dollars on a glass of wine with friends rather than milk for her children, "because I want to keep up that appearance [of not being poor]—it's my pride."

All these conditions contributed to low-income mothers feeling isolated, afraid, exhausted, and depressed. That they continued, for the most part, to feel hopeful about their future and that of their children is testament to their personal strength.

## DISCUSSION OF FINDINGS

Many issues raised through the project have been mentioned in other reports on women in poverty. The following are selected works as they relate to the project's findings.

The importance of allowing sufficient time for personal sharing, support, and group development was noted. This meant allocating time at the start of each session for a "check-in," as well as trying not to rush the groups into social action before they were ready. Those working in empowerment processes universally emphasize both the heavy time requirement (Cameron and Cadell, 1999; Dickson and Green, 2001; Minkler, 1985) and value of group support. (Travers, 1997; Cameron and Cadell, 1999). Travers' project (1997) and "De Madres a Madres," (McFarlane and Fehir, 1994) both began slowly; participants only become involved in social action over time. Labonte comments that "this slow community-building process at the group level is not well understood by many program funders who ... virtually expect new groups to move into social action and public policy with externally demonstrable impacts within the first year" (Labonte, n.d.b. p. 59). Cameron and Cadell (1999), analyzing Parent Mutual Aid Organizations (groups for families on welfare that involve parents in planning and decision-making), found that a "focus on personal concerns, providing emotional support within a caring group environment, and supporting people in their efforts to make changes in their own lives all became essential empowerment processes" (p. 114).

In this project, women's closing comments (see "Conclusion") indicated the value that they placed on group support received at each meeting, and validated the time allowed for this. That the project funding was for only one year, however, gave a sense of urgency to the process. This was exacerbated by participants' insistence that they



wanted to do something about problems that they faced. While participants did not reach the point of identifying and taking action on a specific issue, they considered the production of their book of stories to be a tangible accomplishment, and were proud that they had been able to achieve that much in a year.

In terms of constraints to participation, other writers have commented on issues similar to those that the group encountered (Cameron and Cadell, 1999). In her empowerment project with low-income women, Travers (1997) noted that participants' actions were constrained by such practical factors as lack of child care, undeveloped writing skills, and few resources (e.g. typewriters, phones). Travers found that these limitations could be overcome through resources like a drop-in centre and sharing skills. She also noted that, "[I]t was unrealistic to expect many of the women to participate in meetings and organizing activities outside of the time spent at the center, as at home they were faced with a number of competing priorities for their time and energy" (p. 353). Travers discussed the possibility of other, deeper reasons for lack of participation, such as participants' fear of repercussions from the government if they became politically active; failure to realize the impact of their actions; and lack of response from those in power. These particular constraints did not arise in the Saskatoon project because, perhaps, the group did not engage in the same kinds of overt social action. However, Travers' concern that we must look beyond the most obvious factors that limit participation is shared.

Additionally, Travers' point that "there is danger in placing too much responsibility on the shoulders of those with the fewest resources and least political power to initiate change" (p. 354) resonated with the Saskatoon group's experience regarding a need for realistic expectations of low-income women's capacity for social action. At the same time, participants, like other groups, were adamant that they wanted to be involved in making change in their communities. Throughout the project, facilitators struggled with wanting to foster participants' skills development, yet recognized the limits to their time and energy. In a prior PAR project with Aboriginal grandmothers (Dickson and Green, n.d.), the same tension arose between a desire to facilitate self-reliance and participants' need for support.

VanderPlaat (1999) presented a means of viewing empowerment that may help those facilitating such projects deal with this tension. She discussed the danger of activists and scholars being so afraid of paternalistically "giving power" to others that they came to see their power as something negative, or needing to be stifled, thereby reducing their effectiveness as agents of change. She suggested that a relational approach to empowerment that recognizes that one is never just an "empowerer" or a person in need of empowerment could help overcome this problem:

The ability to be empowering or to support someone else's capacity to be empowering grows out of the mutual recognition that all of us can contribute to the construction of knowledge and social change

but that, in that process, all of us have a lot to learn. In a truly empowering process, everyone changes (VanderPlaat, 1999, p. 777).

In the Saskatoon project, each “staff member”—the facilitators, principal investigator, and project coordinator—was changed by their part in this endeavour. Staff learned from the women and from each other through sharing stories, knowledge, and skills. VanderPlaat (1999) argued that capacity to bring about social justice “remains oppressive if it is not harnessed to the realities of other people’s lives and experiences. Where our energies and talents are best expended and to what end can only be determined through relationship and connection with others” (p. 777). Time spent in group sessions, listening to the participants, and getting to know one another contributed to the formation of authentic relationships based on mutual respect, admiration, and caring. Future work cannot help but be shaped by this experience. In terms of the balance between self-reliance and support, participants’ reflections in the final meeting (see “Conclusions”) suggested success in combining skills and resources with experiences and needs to produce a satisfying outcome.

Finally, quantitative research confirms some identified factors as contributing to parenting in poverty, and augments this analysis with additional information. For example, a study of the dynamics of women’s poverty in Canada for 1993 and 1994 found that women, more so than men, tended to move into poverty when their family structure changed from a two-adult to a single-adult household. Similarly, women with less than a high school education were substantially more likely to be poor than more educated women, or than men with any level of education (Lochhead and Scott, 2000). The authors concluded that reducing poverty among women required fostering economic, social, and political equality. Their specific suggestions related to many of the factors portrayed in **Figures 1** and **2** here, including enrichment of social assistance benefit levels, recognition of the value of parents’ caring labour, providing a range of support services for all poor women (e.g. child care, subsidies for shelter, transportation and employment costs), addressing conditions in the low-wage labour market (e.g. raising minimum wages, extending benefits to non-standard workers), and encouraging a more equitable balance of power and resources within families and households.

Townson’s *Report Card on Women and Poverty* (2000) provided explanations as to why more women than men are poor. Women’s jobs, compared to men’s, are more often non-standard (part-time, temporary, contract, part-year, or self-employment) and therefore provide less job security and lower wages. Women are also more likely to rely on this type of work because of their caregiving responsibilities and a lack of adequate child care. Townson notes the importance of considering women’s family and society roles in order to fully understand poverty among women, such as access to income within a family and the impact of caregiving, homemaking, and divorce on women’s financial status.

## SITUATIONS AND RECOMMENDATIONS FOR WOMEN’S HEALTH POLICY AND PROGRAMMING

The following situations and recommendations were developed by Kathryn Green and then shown to the women for validation and refinement. They echo many recommendations arising from other recent projects on poverty in the prairie provinces, notably the Saskatchewan *Women and Poverty* project (Whyte et al, 1997), *Women, Poverty and Health in Manitoba* (Women’s Health Clinic, 2000), *Who Benefits* (Hanson et al, 2001), (a Status of Women-funded project on women’s unpaid labour), and *Poverty, People, Participation* by the Personal Aspects of Poverty Group in Saskatoon (1995).

### *Situation*

In our society, women and children—especially single mothers and their children—are especially likely to live in poverty. Social assistance rates in Saskatchewan are insufficient to prevent families from experiencing poverty. Furthermore, many families in which one or both parents are working at or near minimum wage also fall below the poverty line.

### **Recommendation**

- That social assistance rates and the minimum wage be raised to levels sufficient to enable all families in Saskatchewan to meet basic needs.

### *Situation*

Parenting is demanding work with long hours, no holidays, no pay, and little recognition. Low-income mothers frequently have fewer opportunities for respite than other parents, and even those who make great efforts at being the best parents possible feel unvalued and unappreciated. Current Social Services policies discourage parents from staying home with their children, even in the preschool period, reflecting a lack of value attached to parenting.

### **Recommendations**

- That Social Service agencies, community organizations, and schools develop more opportunities for parents to take time for themselves while their children are safely cared for (e.g. parent drop-in centers, support groups, recreation times for adults).
- That front-line workers in Social Services and health care be encouraged to acknowledge parents’ efforts to raise their children well.
- That discussions take place within religious institutions and women’s and other groups about ways that society can demonstrate that it truly values children, families, and parenting (e.g. advocate for improved parental leave policies, increased social assistance rates for families).

- That social assistance programs, in particular, acknowledge the critical importance of healthy child-rearing to our society by providing adequate financial support to parents who wish to care for their own children.

*Situation*

Parents of young children require some form of childcare if they are to work outside the home or attend classes. Childcare not only needs to be affordable, conveniently located, and accessible (in terms of hours, cultural sensitivity, suitability for children with differing abilities), but also must meet parents' standards if they are to feel comfortable leaving their children there. These standards may vary, depending on parents' values, upbringing, and other experiences. For example, a parent who experienced neglect and abuse as a child in foster care is likely to be unwilling to leave his or her children in the care of a stranger until a trusting relationship is established.

**Recommendations**

- That increased resources be devoted nationally, provincially, and locally to provide a variety of high-quality childcare services that are affordable and acceptable to parents.
- That Social Services and income tax policies regarding childcare acknowledge the appropriateness of a broader range of types of childcare (e.g. care by a relative).

*Situation*

Living conditions, in terms of both housing and neighbourhood characteristics, are a major health determinant. Most poor families in Saskatoon lack safe, healthy, stable living conditions. This is due to a combination of insufficient low-income, adequate quality housing and individual low income (whether through social assistance or employment).

**Recommendations**

- That existing social housing programs receive increased support, so that they are able to meet all low-income families' needs, and that more innovative approaches to housing (e.g. co-housing, co-operatives) be explored.
- That greater resources be devoted to community development in low-income neighbourhoods to enable them to become healthy communities that meet their members' needs.

*Situation*

Addictions, particularly to drugs, alcohol, and gambling, cause great disruption and distress to families, and contribute to marital breakup, family violence, and child neglect. In low-income families, addictions are part of a vicious cycle: poverty's stresses often feed addictions, and addictions further entrench poverty. Moreover, this cycle is commonly passed on from one generation to the next.

### **Recommendation**

- That effective programs to prevent and treat addictions be made widely available to low-income communities.

#### *Situation*

Many low-income mothers of young children are concerned about their communities and are motivated to work with others to make them healthier places for themselves and their families.

### **Recommendation**

- That opportunities be provided for low-income mothers to develop not only personal coping skills, but also those required to engage in social action. These include: critical analysis, researching issues, planning actions, communication, advocacy, and conflict resolution. Consistent participation, whether in social action training or social action itself, will likely require childcare provision, transportation assistance, and an ongoing facilitated support group. It must also be recognized that these individuals normally experience high levels of stress in their daily lives, which, at times, may make it difficult or impossible for them to participate effectively in their communities. An emphasis on social action should not preclude attention to meeting personal support needs, nor should the onus to develop healthy communities be solely on those most disadvantaged. Individuals and groups with more resources and greater capacity for social action share this responsibility.

#### *Situation*

The emphasis that our society places on consumption and accumulation of possessions, the stigma attached to being poor (particularly on receiving social assistance) and “poor-bashing” that frequently accompanies this creates considerable distress above and beyond the material impact of poverty for people on low incomes.

### **Recommendation**

- That community groups, religious groups, and anti-poverty organizations look for ways to help people critically examine, question, and challenge both the values of materialism and consumerism, and their attitudes and actions towards those living in poverty.

#### *Situation*

Parents living in poverty have a great deal of interaction with “the system” (Social Services, education, justice, health care). This interaction is frequently negative. Problems include a difficulty in accessing individuals, lack of continuity with people contacted, inconsistent information, disrespect, and a general lack of response to concerns and needs.

### **Recommendations**

- That sufficient resources be given to these sectors so that they are adequately staffed by individuals appropriately trained and capable of responding to clients' needs.
- That additional and ongoing training be conducted, using innovative methods (e.g. sharing circles with staff and clients) to help staff develop greater understanding of, and respect for, their clients.

### *Situation*

Many programs and services exist which aim to help ameliorate the harmful consequences of parenting in poverty. However, they tend to concentrate in the poorest neighbourhoods. As a result, low-income families living outside this core area either miss out on the benefits of these programs or are continually required to identify themselves as being “in need” in order to obtain “special treatment.” This can feel demeaning and stigmatizing. Moreover, many of these programs and services are controlled by individuals who have not experienced poverty themselves and are not members of the community that they serve.

### **Recommendations**

- That resources be increased to allow for expansion of programs and services that have been found to be effective in meeting low-income families' needs, to cover a wider geographic area, to increase awareness of their existence, and to devise ways to allow families access to special programs and services without stigma.
- That programs and services for low-income families include as much participation and control by clients as feasible, and that they be accountable to the communities in which they operate.

## **CONCLUSIONS**

The recommendations listed above call for action by those who have influence over policies and programs, as well as by a general public whose attitudes towards the poor and social policies play an important role in determining how society deals with poverty. The hope is that this report and book of stories will help foster a more complete understanding of both the difficulties of parenting in poverty and the strength and determination that parents bring to this struggle.

While the project's actual impact on low-income families remains to be seen, it clearly had an impact on the participants (as well as the staff). In the final meeting, the eight participants present were asked to reflect on their experience with the project, including what, if anything, they wished had been different. Their responses were entirely positive. The only suggestion for improvement offered by one woman was to have had more frequent meetings—as many as two or three per week.

Several participants commented on how much they appreciated just having a chance to share their lives with other women. They looked forward to having a break from their children and talking about issues of concern with like-minded adults.

Everything we did in group was beneficial; it was a stress-reliever to have someone hear our concerns, to feel understood ... I enjoy coming here, to get some time away from my kids other than at work. This is my time, for myself.

It was so nice to get out and come to group; I really liked the check-in, even if sometimes it did take over most of the session, [it was good] to be able to get it off our chest. ... In every group I've been a part of, where women come together to share their stories, it's given me hope and education.

When I first started, I didn't really know what we were going to accomplish, but I knew I needed the support. It was a lot of fun—I really enjoyed working on the mural, having the barbecue, just getting out of the house, having somewhere to go.

The women felt that this group had worked particularly well together, compared to other groups in which they had participated. Two Aboriginal participants specifically mentioned the bi-cultural aspect of the group.

It feels like the two groups [that met separately in spring 2000] really came together [when they merged in fall 2000] ... I really like this group; at the start there were these little groups of friends, but now we're all friends.

We did it together, from different walks of life, different ancestries or backgrounds. A lot of groups fall apart because of different lifestyles, so I'm glad this one stayed together. I feel we're close. ... What is colour? We can all pull together and accomplish things.

It's pretty proactive to be doing this [the book] after just one year; other groups can meet for a lot longer and not accomplish anything, especially in a cross-cultural context. It's pretty empowering.

Echoing this last statement, each participant emphasized how proud and impressed she was with how far the group had come and what they had accomplished. They espe-

cially noted the value of having produced something tangible (the book of stories) that they hoped would have an impact.

I think back over a year, and, holy! We've come to this point! We started off talking about stop signs; they seem so minor, and now we've come here.

Usually there's no completion to groups. It's nice to feel there's an end, a completion; it's actually going to come to something instead of just discussing it.

In [other groups], you'd half-solve everything, but more problems kept coming up. But because we chose poverty as our emphasis, we were able to focus on it and not keeping adding something new, so we really dealt with it. It's a really good feeling to complete something.

I'm proud I finally accomplished something, as well as my children and my sobriety. Here I've got something, that piece of paper, something solid ... I needed something in my life besides my kids and babysitting. I may not have my high school diploma yet, but I'll have that book—I did something!

For me, when I started this group, I didn't think I'd ever be part of making a book ... I'm really proud to have accomplished something like this in my life.

It's amazing we accomplished all we did. It's been very satisfying being part of something that's going to have a physical effect, something I can hold in my hand—the feeling of accomplishment.



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