

Hunger, Malnutrition, and Poverty in the Contemporary United States

Some Observations on Their Social and Cultural Context

JANET M. FITCHEN

That malnutrition and hunger exist in the contemporary United States seems unbelievable to people in other nations who assume that Americans can have whatever they want in life. Even within the United States, most people are not aware of domestic hunger or else believe that government programs and volunteer efforts must surely be taking care of any hunger that does exist here. And, to some extent, the focus of American public attention on "Third World hunger" and the enthusiasm for mass media events to raise money for famine relief divert attention from hunger and malnutrition at home. After all, the television pictures of distended bellies, matchstick legs, and gaunt faces are from Ethiopia, not the United States.

In the United States, hunger can go unnoticed because there is little overt begging for food and little obvious starvation. In fact, people who are poor enough to qualify for government-issued food stamps may be seen in grocery stores purchasing not only basic, inexpensive staples but also such widely popular items as frozen pizza, potato chips, soda pop, prepared desserts, and sometimes a beef steak. With such purchases, low-income people may be seeking to satisfy subjective as well as metabolic aspects of eating, perhaps attempting to convert their perceived hunger into a sense of well-being or to affirm that they can live like other Americans. But in so doing, they may inadvertently be transforming their hunger into malnutrition and also hiding their hunger from public awareness. The public, observing such "luxury" items among the grocery purchases of the poor, concludes that if poor people can eat steak, then they must be neither very poor nor very hungry. And so the problem of hunger receives little serious public attention.

But the diet of Americans who are poor should be compared to the nutritional status and eating patterns of the rest of the American population rather than to the condition of starving refugees in Africa. Although hunger anywhere is fundamentally a metabolic

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Hunger in the population: in fact, surpluses continue to be regularly harvested. The outline below is an administrative. The provision of food assistance is simply to blame the situation.

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phenomenon with absolute dimensions, it also has important cognitive and relativistic attributes. Hunger in America, like the poverty that spawns it, must be understood in relation to the standards of living and eating in the surrounding society. In this article I argue that hunger is a significant problem in the United States today, in both its physical and its cognitive forms; and also that malnutrition, which is a more purely physical condition involving insufficient nutrients for growth and health, is a serious problem. I emphasize the need to understand the cultural aspect of hunger.

Hunger in the United States is not the result of insufficient foodstuffs for the total population; in fact, national food production is at unprecedentedly high levels, and farm surpluses continue to be a problem for the economy. It is, instead, a matter of some people regularly having inadequate access to sufficient food. And the recent increase in hunger outlined below is not solely a result of the policies and priorities of the present federal administration. True, the problem has been exacerbated as government programs providing food assistance to needy people have been cut back, altered, or eliminated. But simply to blame the current administration is to fail to understand the complexity of the situation.

To provide increased understanding of what hunger means in the American context and why this society has tolerated the continued existence of hunger and malnutrition in the midst of affluence, I look more deeply at the cultural dimensions of hunger, of eating, and of food assistance programs. I look not only at the people who go chronically underfed but also at the cultural context in which their hunger is embedded. The first part of the article presents the case that hunger and malnutrition do indeed exist in the United States, that they are closely associated with poverty, and that currently they are growing more prevalent. The main part of the article presents ethnographic data on the food and eating patterns of low-income people, suggesting that these patterns result both from the economic constraints of poverty and from the fact that the poor, despite their limited economic resources, follow many dominant American cultural ideas and practices. I indicate how these two sets of factors together shape eating patterns that may actually exacerbate malnourishment. In the following section I summarize prevailing American cultural assumptions about poverty and the poor, showing that these assumptions generate societal ideas about how the poor should eat. I then demonstrate that the same assumptions shape governmental policy and programs for food assistance. I conclude with the suggestion that in America there is a strong cultural belief, enshrined in government food assistance programs, that the poor should eat differently from other Americans because they are different: the poor should not buy steak.

Article outline

RECENT HISTORY OF HUNGER AND MALNUTRITION IN AMERICA

Hunger Is Closely Associated with Poverty

A brief overview of recent trends of hunger and poverty at the national level underscores the correlation between the two phenomena. In the 1950s it was widely assumed that the poverty and hunger of the Depression era had been totally eradicated by a combination of federal New Deal programs, the economic stimulus of World War II, and post-war economic growth. But in the early 1960s serious poverty was "discovered" in the midst of America's affluence: it was estimated that between 22 percent and 25 percent of the U.S. population was living in poverty.¹ The John F. Kennedy campaign and

The presidency gave public recognition to the extent and severity of poverty and to the hunger and malnutrition associated with it. In 1967, when a group of U.S. senators and teams of physicians toured some of the newly discovered pockets of poverty, they found staggering evidence of hunger and malnutrition. These forays into the underclass led to books and television documentaries that stirred public opinion and to congressional testimony that galvanized the government into action.² From the mid-1960s through the mid-1970s, a massive effort was undertaken to combat poverty through community action programs, job training, various compensatory educational programs (such as Head Start), regional development schemes, and so forth.

While the "war on poverty" was attacking some of the underlying causes of poverty that contributed to hunger and malnutrition, new food assistance programs were also developed to attack hunger directly. The commodity distribution program, which provided handouts of such commodities as lard, milk powder, cheese, and dried beans from federal stockpiles to those of the poor who could get to the pick-up stations, was expanded to reach more people with more food items. Later the program was replaced by nationwide food stamps as a more effective form of assistance.³ In 1969 President Richard Nixon, responding to the growing tide of public and congressional concern, declared to the nation that he would work "to put an end to hunger in America for all time." In a spirit of real commitment that surmounted entrenched opposition (see Kotz, 1969), Congress made adjustments in the new food stamp program to extend its benefits to a greater percentage of the needy. The federal program to provide free school lunches was expanded, advertised, and more adequately funded; and free breakfasts became available in many schools. A home-based nutrition education program was set up at the national level and implemented in all states, tailoring nutrition lessons to the exigencies of low-income living.⁴ Extra food assistance was made available to poor people with particular needs, such as pregnant or lactating mothers, infants, and small children.⁵

As a result of the combined effort to combat hunger directly and to attack the underlying problem of poverty, and with a generally strong economy, both poverty and hunger decreased significantly. The poverty rate fell dramatically from its 1959 level of approximately 25 percent, nearly 40 million people, to a 1979 low of just under 12 percent (using a constant definition of poverty with dollar levels adjusted for inflation).⁶ In 1977, when two Senate committees and a team of physicians restudied the same poverty pockets they had visited a decade earlier, they found real improvements in nutrition levels. Nationwide surveys conducted by the United States Department of Agriculture also found that although deficiencies of calories, calcium, iron, and vitamin C were still more common in low-income populations than in the general population, there was substantial improvement from 1966 to 1977 (Physician Task Force on Hunger in America, 1985: 68-69).

Recently, however, the figures on poverty, hunger, and malnutrition have deteriorated again. Nationwide, poverty rose to 13 percent in 1980 and to 15.2 percent in 1984—the highest level in two decades. Although by late 1985 the poverty rate had fallen back down to 14 percent, 33.1 million Americans were officially classified as poor. And there is little to suggest that the poverty rate will once again decline to the 12 percent level of 1979. The position of the poor relative to the rest of the society has also deteriorated recently, as is evidenced by the fact that the official poverty level for a family of four in 1985, \$10,989, was almost the same as the median national income in that same year,

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\$11,013 (Pear, 1986). Figures on the percentage of people below the officially defined poverty line, moreover, give no indication of how far below that income level people actually are; most observers report that many people are further below the line now than they were a decade ago. The poor are getting poorer.

If the poor are more numerous and poorer now than when this decade began, they are hungrier and less well nourished also, as two recent studies show. One was coordinated by the Harvard School of Public Health and compiled under the title *Hunger in America: The Growing Epidemic* (Physician Task Force on Hunger in America, 1985); the other, compiled by Public Voice for Food and Health Policy, is entitled *Rising Poverty, Declining Health: The Nutritional Status of the Rural Poor* (Shotland, 1986). The poor are less well fed now not only because of reduced purchasing power (due to increased food costs relative to wages and welfare benefit levels) but also because fewer of them are currently receiving government food assistance and those who do get assistance are receiving less of it. As a result of more stringent eligibility guidelines for the food stamp program, which is the major form of federal food assistance, the number of households receiving food stamps decreased by 6.1 percent from 1983 to 1984 (from 21,073,000 to 19,778,000 people)—while the poverty rate dropped a mere 0.8 percent (Physician Task Force on Hunger in America, 1985: 99). (Even among those who are potentially eligible, only about 60 percent actually participate in the program.) For those who do receive food stamps, the monthly allotments have been reduced. The stamp allotment has never been intended to cover all household food needs, but generally it has been thought to fill the gap between food a household can afford to purchase on its own and food it should have to approach minimum daily requirements for all of its members. At present, the food stamp allotments fill a smaller part of that gap: the average bonus level for a four-person household in 1984 was only \$147 (ibid.:91). Within the poverty population, specific groups who are at high risk for malnutrition now get less assistance than previously. For example, the number of children receiving free and reduced-price school lunches has decreased by 12 percent since 1980, according to United States Department of Agriculture figures (ibid.:98). Since most poor people lack food reserves, either in their bodies or in their cupboards, their being dropped from a government food assistance program or having benefit levels reduced is likely to have serious consequences for nutritional well-being.

Ample evidence of the recent increase in hunger and malnutrition appears throughout the Harvard study, including disturbing reports from pediatricians around the country. For example, doctors in Chicago report cases of marasmus (protein-calorie deficiency) and kwashiorkor (protein deficiency) reminiscent of the findings in the 1960s (ibid.:49-50). Children from low-income families continue to have high rates of anemia: in Minneapolis, 13 percent of the infants and 21 percent of the children among families applying for supplementary food assistance were determined by the Health Department to be anemic (ibid.:78).

Evidence of another kind comes from across the nation where in the last few years churches, volunteer groups, and local governments have found it necessary to set up soup kitchens, food banks, and other emergency food give-aways to supplement federal food assistance programs. Despite the rapid growth of such facilities, the number of people coming to each of them rose remarkably. In 1983 a random sample survey of 181 emergency food programs in the United States found that one-third of them had

experienced at least a 100 percent increase in one year in the number of people coming for food (ibid.:9). In the Boston area food pantries served about 13,000 people monthly in 1982, nearly 30,000 in 1984 (ibid.:14). In Alabama, the Birmingham Community Kitchens that had served only 1,200 meals in 1980 served over 130,000 in 1984 (ibid.:25). A recently completed survey in New York State indicated dramatic rises in the number of people regularly turning to such food sources, with 63 percent of the programs reporting an increase in people served from 1984 to 1985 alone and only 5.5 percent reporting a decrease (Cornell University and New York State Department of Health, 1985). It can safely be assumed that most of the people who are turning increasingly to these food sources do so because they cannot afford to eat sufficiently well on their own—because they are hungry.

Corroborating evidence of the worsening problem of hunger comes from human-service workers in various states and programs. Nutrition educators conducting lessons in low-income homes increasingly observe empty cupboards and refrigerators and see more families lacking food or resources for the next day's meals. Teachers in Head Start have told me that children are eating voraciously at school on Monday mornings. And volunteers who operate soup kitchens have felt it necessary to give their Friday diners an extra bag of food for the weekend.

Hunger Is Unevenly Distributed in the Population

Within the national figures, those population groups, geographic regions, and age ranges most likely to fall below the poverty line (such as blacks, Hispanics, Indians, members of households headed by women, and children) are also most at risk for being hungry and malnourished. Children, for example, are disproportionately hungry or malnourished due to poverty. With the poverty rate at about 15 percent in 1983, more than 20 percent of all children under eighteen were living in households below the poverty line (O'Hare, 1985:17). Probably at least 15 percent of all children in the United States routinely experience sufficient hunger and malnutrition to cause such problems as anemia and lowered resistance to infection. If malnutrition occurs early enough, is severe enough, or persists for long periods, many of these children may also suffer long-term consequences such as impaired brain development and stunted body growth.

The South as a region is vulnerable to poverty-related hunger; and blacks as a group are particularly vulnerable. Predictably, therefore, in Mississippi there is again, or still, a serious problem of hunger in the black population (Physician Task Force on Hunger in America, 1985:18–28). In many of that state's counties, 50 percent to 75 percent of the black population falls below the poverty line (Mississippi Research and Development Center, 1981). However, only slightly over half of the state's households potentially eligible for food stamps are receiving them. Low levels of welfare benefit and a 6 percent sales tax on food exacerbate the hunger problem among black Mississippians.

Closely associated with both poverty and hunger is a high infant mortality rate (number of children per thousand who die before reaching age one). Among some populations, especially low-income blacks, infant mortality has risen recently despite technological advances in neonatal care. For American blacks as a whole, the infant mortality rate is roughly equal to the national rate in Costa Rica; and the disparity between infant mortality rates for blacks and whites in the United States, currently at a ratio of 2 to 1, continues to grow. In Pittsburgh, Pennsylvania, a city recently dubbed in a national sur-

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vey one of the best places in America to live, the infant mortality rate among blacks is higher than in any other city in the United States, and nearly three times the rate for whites in the city (Physician Task Force on Hunger in America, 1985:72). The major causes of infant mortality in the United States are premature birth and low birth weight, which are closely associated with malnutrition of mothers, especially young mothers. Studies have shown that making supplemental foods available to pregnant women decreases the infant mortality rate by as much as 22 percent.⁷ Even for those infants of low birth weight who do survive, as for all other infants, inadequate nutrition may lead to or exacerbate mental, developmental, and physical limitations that cannot be erased later. Born of an undernourished mother and undernourished during its first years of life, a child is likely to grow up to repeat the cycle: hungry because poor, and poor because hungry.

EATING PATTERNS OF THE POOR

In any human population, hunger is embedded in the larger context of eating, and so to understand hunger we need to understand eating. Eating is not simply a matter of ingesting calories, proteins, vitamins, and minerals. And just as eating is a culturally shaped act, so too is hunger culturally defined and invested with meanings that may outweigh its metabolic or nutritional aspects.

The cultural dimensions of hunger among poor Americans can be elucidated by the use of ethnographic research methods, which are particularly well suited for examining such food-related patterns as food preferences, frequency, quantity, and regularity of eating, distribution of food within the household, attitudes about foods, and social interactions associated with food. Several years of participant-observation research among rural poor people living in pockets of poverty in upstate New York have given me ample opportunity to witness food-related activities, including shopping and cooking as well as eating, within the context of everyday life (Fitchen, 1981). My research focused on over forty families living in several rural depressed neighborhoods, with twenty families studied quite intensively. During frequent, unscheduled, drop-in visits in homes, I listened to many food-related conversations and observed innumerable interactions involving food.

I have since supplemented this ethnographic research about hunger and foodways in one poverty setting with both first-hand and indirect observation in other regions of the nation. Particular insight has come from conducting training workshops for EFNEP, the Expanded Food and Nutrition Education Program that is operated nationwide by Co-operative Extension to bring nutrition information to low-income homemakers. From discussions with hundreds of EFNEP staff who conduct lessons in the homes of low-income families, I have learned about nutritional conditions and food patterns among the poor of various regions and ethnic and racial backgrounds, for example, southwestern Hispanics, urban blacks in the Northeast and deep South, rural whites in the Northwest, Indians in the upper Midwest, and Samoans in Hawaii. The opportunity to accompany EFNEP outreach educators in several states as they conducted lessons in the homes of their low-income clients has enabled me to observe mothers and children interacting over food and to listen to women talk about their food buying and preparation. These observations, though brief, have added breadth to the case study research and have confirmed that the eating patterns observed in the smaller sample can indeed be generalized. Additional insight has come from years of interaction with various food assistance and antipoverty programs at the federal, state, and local levels.

Low-income people probably vary as much as any other population segment in the United States in terms of individual and family food behaviors. But there are also some important similarities, so we can generalize about eating patterns of the poor without doing violence to variations among individuals and between groups.

Eating Patterns Are Shaped by the Constraints of Poverty

Poverty obviously affects the total amount of money a household can spend on food. Although the amount spent by a poor household on food may be considerably smaller than what a similar-size household with more available money spends, the poorer household is likely to spend a greater percentage of its income on food. Some low-income people are able to supplement their food supply from noncash sources, such as fishing and hunting, vegetable gardening and gathering wild fruits, raising chickens or other animals, and of course food stamps, free school lunches, and other forms of food assistance. Most poor people also obtain additional food by using their social resources, for example, by trading services and goods with relatives and neighbors to obtain food or food stamps. But for most poor Americans, as in the population as a whole, the majority of food is purchased (cf. Whitehead in Douglas, 1984:112).

Poverty also affects the amount of food that poor people can obtain for their money or their food stamps. Because of the constraints of poverty, the foods purchased by America's poor often cost more than the same foods purchased by more affluent people. Most poor people generally lack the surplus cash needed to take advantage of sale prices or to buy in quantity. Furthermore, inadequate storage space and refrigeration at home necessitate frequent trips to the store and smaller-scale purchases, usually at higher unit prices. Limited cash for public transportation (where it is available) and the lack of private cars restrict some people to shopping in small neighborhood stores rather than in more distant supermarkets with lower prices. From the inner cities of the eastern seaboard to the small towns on southwestern Indian reservations, food may cost more for those who are poor.

The economic exigencies of poverty also determine the types of foods that people eat most frequently. Interesting (and tasty) variations certainly exist in the foods preferred by different poverty populations; but in their menu combinations, in cuts of meat used (ibid.:118), and in modes of preparation (Goode et al. in Douglas, 1984:148) the inescapable constraints of poverty tend to override ethnic and regional differences. Indeed, I have been struck by overall similarities in the diets of America's poor, from Maine to Hawaii, from Mississippi to Alaska. By and large, poverty diets nationwide appear to be excessive in starches, fats, and sugars while being deficient in any or all of meats and other proteins, vegetables and fruits, and milk products. Particular dietary excesses and deficiencies vary considerably, as do particular preferences within any single good group. For example, the main starch may be rice, potatoes, tortillas, or Indian fry bread, according to ethnic preference, but whatever the case the preferred starch constitutes the bulk of a diet that may achieve satiety but also produces malnutrition. As a consequence of these dietary similarities, diet-related health problems are also similar across different poverty populations. For example, obesity and adult-onset diabetes, both common in many low-income populations, have been reported as epidemic among the Zuni Indians, whose diet consists of an abundance of fats, sugar, and fast foods (Peterson, 1986). In Hawaii and American Samoa, low-income people are purchasing such high-fat, imported,

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and expensive starches as potato chips, a trend that EFNEP nutrition educators hope to reverse by stimulating new interest in the native, traditional taro, which is both cheaper and nutritionally better.

A common eating pattern in poverty populations across the nation is a marked periodicity in food consumption levels. Both purchase and consumption peak immediately after the paycheck, welfare check, or food stamps arrive. (Grocery stores may be especially crowded with customers using food stamps just after the first of each month.) Quantity and variety of food consumed subsequently taper down and level off, then take a nosedive in the last few days before the next check or stamp allotment. One mother I observed in Boston fried potatoes—with no accompaniment—for dinner for her four children on three successive nights at the end of one month. Even preschool children in the rural households I studied were fully aware of the check-to-check cycle of food availability: while examining bare cupboards, they eagerly listed treats they would ask for on payday. These periodic reductions in availability of food can create problems of both hunger and malnutrition, and EFNEP nutrition educators, who see this pattern frequently among their low-income clients, are attempting to help families stretch money, food stamps, and food to avoid the end-of-month hunger periods. There is some evidence that families receiving welfare, food stamps, and food assistance maintain relatively constant, if inadequate, nutrient intake throughout the month (Emmons, 1986).

The amount of food consumed also drops from time to time, when decreased income or unexpected expenses place additional strains on household finances. The unreliability of household income is only one source of fluctuations in food expenditures. Food is a nonfixed cost, and money set aside for food may go to the bill collector instead: one woman called this "eating light to pay for the lights." Human service workers, from nutrition educators to budget counselors, report that money allocated for food is often diverted to other uses when expenses increase unexpectedly, when debts become more pressing, or when income drops. Even personal family pleasure may sometimes come ahead of eating well, as long as the children are not complaining much.

The amount and quality of food that people eat is also frequently reduced by the necessity to stretch the household's food supply to feed extra people temporarily eating in or staying at the home. This sharing of food has been reported with increasing frequency in the last few years by nutrition educators in EFNEP in all states, and especially among black, Indian, and Hispanic populations. Although food sharing may temporarily diminish the food intake of the host household, it is an important coping strategy found in many poverty populations: it enables people to get through tight times by maintaining a system of reciprocity, an informal security network (Stack, 1974; Fitchen, 1981:106). Young children in families I observed were explicitly encouraged to share food and praised for food generosity; it was common to see an elementary school child bring home to share with a younger sibling a pocket full of cookies or candies from a party at school.

Another eating pattern found in diverse populations of low-income people is that food consumption is unevenly distributed within households. Although I collected no quantified food intake data in my case study to prove the point, observations during mealtimes and conversations with women indicated this tendency. When the cost of feeding a family must be eked out of a small income, always competing with other urgent needs, some individuals may go seriously underfed. Although the man of the household may receive ample quantities of food, for example, an older relative living in the house-

hold, perhaps an otherwise homeless person, may receive an insufficient amount of food. Some individual children routinely have insufficient access to food, through differential size or order of serving, outright denial of certain foods, or parental failure to accommodate a child's particular food needs. The vulnerable children are often those who occupy problematic positions within the household, for example children of a previous marriage or handicapped children. Some children may eat very little because of chronic untreated health problems, such as bad teeth, gastroenteritis, or anemia; but even if the health problem is addressed, the portions served may not be sufficiently increased as the child's health improves.

Even more common than the vulnerable child pattern is the phenomenon of the wife-mother who shortchanges her own food needs. In many poor households the woman eats only starches without any of the meats or vegetables she serves to the rest of the family. For herself, she may scrape the pot or lick the spoon and take whatever her children leave uneaten on their plates, but basically she eats just plain macaroni—or potatoes, or fry bread, or tortillas and beans. This pattern, which I observed during my field research, is recognized by EFNEP workers as one of the most common causes of nutritional problems among low-income women throughout the nation. It shows up clearly in the 24-hour food recalls, in which women enrolled in EFNEP are asked to record their own food intake. Many of these women proudly report that they have fixed a certain nutritious recipe for their children but admit that they did not eat any themselves. Although American women of other socioeconomic levels may also place the food needs and wants of family ahead of their own (see Whitehead in Douglas, 1984:126), "sacrificing for the sake of the children" has more deleterious nutritional consequences for poor women. It undoubtedly contributes to the observably high incidence of obesity, poor dental health, and generally low nutritional status of low-income women as compared to their non-poor counterparts and even to other members of their families.⁸

The perpetual condition of limited financial resources also affects when, where, and with whom people eat. Shortage of chairs, plates, or forks may mean that in many households meals are not taken with all members of the household assembled in one place or at one time. Some young children I observed were given or helped themselves to food off and on throughout the day: a nursing bottle filled with milk, juice, or soda pop or other artificially flavored sweet drink; a bowl of dry cereal; a peanut butter and jelly sandwich; soup eaten directly out of a can; doughnuts or a bag of potato chips. When a greater proportion of food is taken as snacks rather than meals, the result is apt to be a less well balanced diet, perhaps seriously so. In some homes, however, women went to considerable effort to cook meals, especially the evening dinner, and some were excellent cooks and ingenious at devising substitutes for ingredients or equipment they lacked. (One woman made her own bread, baking it in coffee cans in an oven that had been retrieved from the local garbage dump, propping the oven door shut with a stick.) But when financial or other problems overwhelmed these women, mealtime eating ceased to be planned, organized, or nutritionally balanced. During fieldwork, I was often able to gain a quick estimate of the current state of family life by observing or hearing about eating. For example, one woman in my sample was very conscious of nutritional needs and normally made a real effort to feed her family as well as possible. But during periods of parental depression or alcoholism, or marital violence, often brought on by money problems, each child helped herself from whatever happened to be in the cupboards.

Poverty also shatters on food. Many no food in the house years was boiled potatoes. The sense of deprivation to leave a lifelong malnutrition in the may cause some accidents regularly and become. Many of the mothers in childhood and including soda pop deprived. Thus for poor, the memory malnutrition in the

For all poor people get are exacerbated of keeping children on nutritious eating children's complaints filling but also desirability, sugar, and addressing the problem to turn to other devices however, may lead now is more pressing other hand, is delayed as well as unconscious to food by trading responding to cognition.

Food may also be problematic. Some young families seemed poor for something to eat ever foods were still be reassuring him absence is part of the items always remain bread, jam, peanut frequently among to keep a roof over security of a nurse the house, hide it,

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Poverty also shapes the eating patterns of the poor by generating anxieties that center on food. Many adults, in recounting their childhood, cited periods when "there was no food in the house and no way to get any" and when "all we had for supper in those years was boiled potatoes and the water they were cooked in—we called it potato soup." The sense of deprivation engendered by such food shortages in early childhood seems to leave a lifelong sensitivity to the problem of having sufficient and desirable food. It may cause some adults to eat beyond the point of satiety or metabolic need, to overeat regularly and become obese. Food anxiety often carries over to the next generation too. Many of the mothers in my study consciously linked recollections of food deprivation in childhood and a present desire to give their children whatever foods they request, including soda pop and potato chips, so that the children might never feel denied or deprived. Thus for people living a whole lifetime in poverty, as for many of America's poor, the memory of childhood hunger in one generation may be a factor leading to malnutrition in the next.

For all poor people, the constraints of having to feed a family on an inadequate budget are exacerbated by the fact that hunger is cognitive as well as metabolic. The necessity of keeping children reasonably satisfied despite the shortage of money may take its toll on nutritious eating. In one common management strategy a mother responds to her children's complaints about being hungry by giving them a food item that is not only filling but also desired and liked. A package of frosting-covered cupcakes (high in desirability, sugar, and cost, but low in needed nutrients) may quickly pacify a child, thereby addressing the perceived and expressed hunger of the moment and allowing the mother to turn to other demands on her time and attention. Repeated reliance on this strategy, however, may lead to long-term nutritional deficit for the child. But the child's fussing now is more pressing and immediate and cannot be ignored; malnourishment, on the other hand, is delayed, is not so readily apparent, and has a less clear cause. Consciously as well as unconsciously, mothers may be dealing with the problem of inadequate access to food by trading off between hunger in the present and malnutrition in the future. In responding to cognitive hunger, they are inadvertently contributing to physical malnutrition.

Food may also occupy people's attention more when obtaining enough of it is problematic. Some young children I observed during my studies of rural poverty-stricken families seemed preoccupied with food: when not actually eating or begging a parent for something to eat, they would stand for whole minutes at a time just looking at whatever foods were still in the cupboard or refrigerator. One such child seemed simply to be reassuring himself that there was something left to eat. Perhaps this visual reassurance is part of the reason, along with limited kitchen storage space, why many food items always remain out on the kitchen table: bottles of ketchup, jars of instant coffee, bread, jam, peanut butter. (Perhaps it is also a literal manifestation of a saying one hears frequently among low-income people: "We may be poor, but at least we have managed to keep a roof over our heads and food on the table.") Some babies cling to the learned security of a nursing bottle until they are three or four; some carry the bottle around the house, hide it, and return to it periodically throughout the day.

Food is the source or the center of considerable interpersonal friction in many low-income homes. Many of the young children's temper tantrums I observed were connected with a demand for food. Minor disputes between mothers and children often

revolved around the child's demands for something to eat and the mother's refusal—followed frequently by her capitulation. In many homes, arguments between spouses or lovers began over expenditures for food or the selection and preparation of foods. The most frequent form of this argument that I observed or heard about was a man castigating a woman for wasting "his" money on the purchase of some "unnecessary" food such as fruit juice, fruit, or vegetables. Food was sometimes used as a weapon (both literally and figuratively) in marital quarreling: a man who throws a plate full of food at his wife, a woman who punishes her man by preparing a dinner that she knows he dislikes. Where such food disagreements were common in the home, some children developed strong negative associations with all food and eating and ate very little even when food was available; other children, even in the same family, reacted in the opposite way, with an insatiable, voracious appetite.

Just as eating takes up a large portion of the budget and thoughts of low-income people, so also it occupies a large part of their actions. During the vast majority of my home visits in various poverty-stricken communities around the nation, at least one person in the household was eating. But it is not sheer physical hunger or metabolic need alone that fastens people's attention so much on food. Food and eating are enmeshed in feelings about self, interpersonal relationships, and dreams for the future, and these in turn are shaped by the surrounding culture.

Eating Patterns Are Shaped by General American Culture

As Mary Douglas (1984:3) has said, "unlike livestock, humans make some choices that are not governed by physiological processes. They choose what to eat, when and how often to eat, in what order, and with whom." As in any society, so in America, the definitions of acceptable and preferred foods are largely cultural. Contemporary food preferences that lean towards finger foods, fun foods, snack foods, and fast and convenient foods express basic American cultural values (Jerome, 1969). Low-income people express their membership in the society and their adherence to its dominant values through many of the same food choices that characterize the rest of the population. And so they, too, desire and purchase foods with these characteristics. Like most other Americans, poor people want to exercise "freedom of choice" in their food selection. (This is one reason why food stamps or vouchers for purchasing food at the grocery store are generally preferred to commodities.) In exercising this freedom, poor people select not only for price but also for desirability and therefore often purchase heavily advertised, status-invested foods "seen on television." Hence among the poor, as for the nation as a whole, diets may be high in processed foods, in sugars and fats, and in the category loosely termed "junk food."

The effect of junk foods on the nutritional status of the poor is probably worse than it is on the affluent. The well-to-do can afford both junk food and nutritious food; the poor can seldom afford both. The low-income parent who frequently succumbs to children's constant pleading for potato chips, soda pop, cheese-flavored puffs, and creme-filled cupcakes has no money left over for milk or carrots or apples. From the corner convenience store in inner-city Boston to the street vans parked by public housing projects in Honolulu, low-income parents have difficulty denying their children these advertised, desired products that are high in cost but low in nutritional value. One important factor contributing to the purchase of these products for children is the low self-image and

sense of failure of the population. Mothers their children's demand for food is economically costly and low self-image is attitudinal about poor responses received from them. It ranked "low self-esteem" as one of the reasons mothers have told researchers that their children as an attempt

Foods and drinks in other segments of the population, such as coffee, are more so. A cup of coffee almost every family was outweighed by its popularity, this cultural value also consumed in groups and relatives and neighbors.

Poor people also like celebrating. In rural areas, food consumption started in September. A can of cranberry sauce got made a child's favorite. Reading and lettering of lower cost. Women are able to the sense of what are missing.

If people ate ten dollars spent, then society. But poor preferences because. And so, to the detriment of stamps and their superior. Despite what low-income people eat, and status factors, and only sectors people would eat.

CULTURAL ASPECTS

Dominant Cultural Values and What They Show. Dominant American values influence the way the poor should eat. To a certain extent, the poor should eat.

sense of failure of the parent, a problem that seems pervasive in the American poverty population. Mothers with low self-esteem report that they have difficulty saying no to their children's demands for junk foods, even when they know that these foods are economically costly and nutritionally detrimental. (The association between poverty and low self-image is attested to by the responses of EFNEP outreach educators to a questionnaire about problems affecting the homemakers they teach. With over a thousand responses received from different regions of the country, I have found that the vast majority ranked "low self-esteem" as number one, two, or three in prevalence.) Single low-income mothers have told me that they are particularly vulnerable to buying treats for their children as an attempt to make up for the fact that the child has only one parent.

Foods and drink are as important to social interaction among the poor as they are in other segments of the American population—or any population. Some items, such as coffee, are more social than dietary. During field research, I was offered—and accepted—a cup of coffee almost every time I entered a home. The cost to the financially strapped family was outweighed in their minds by the importance of making this gesture of hospitality, this culturally prescribed presentation of themselves. In many homes, coffee was also consumed in great quantities whenever a family was going through some calamity and relatives and neighbors were dropping in to discuss events.

Poor people also reflect general American cultural patterns in their use of foods for celebrating. In rural poor households, I found, people were fully aware of the food choices and food consumption patterns appropriate for holidays and rites of passage. One woman started in September to use food stamps to purchase one Thanksgiving item each week: a can of cranberry sauce, a can of pumpkin, and so on. A mother on a very limited budget made a child's birthday more special by purchasing a "real" birthday cake, with icing and lettering on it, rather than buying the ingredients and making it herself at a lower cost. Women regarded the scrimping before and after these celebrations as preferable to the sense of deprivation felt when such socially prescribed foods of celebration are missing.

If people ate entirely on the basis of rational appraisal of nutritive value relative to dollars spent, then poor people could be convinced to ignore the preferences of their society. But poor people cling to and may even exaggerate dominant American food preferences because, despite their poverty, they are American—by culture if not by riches. And so, to the detriment of their own nutritional well-being, they may spend their food stamps and their scarce money on foods that are both expensive and nutritionally inferior. Despite what they may learn about nutritional needs and smart shopping, low-income people will continue to purchase convenience foods, snack foods, holiday foods, and status foods because they continue to classify themselves first of all as Americans and only second as poor Americans. If they could only accomplish it, most poor people would eat their way into the middle class.

CULTURAL ASPECTS OF THE RESPONSE TO HUNGER IN THE UNITED STATES

Dominant Cultural Values Shape Societal Attitudes about the Poor and What They Should Eat

Dominant American culture not only influences the foods poor people eat; it also influences the way the nonpoor think about eating, about poverty, and about what the poor should eat. To a considerable extent Americans are unaware of the impact of culture

on what they eat. When asked, most claim that their food selections are purely a matter of individual preference, a claim that fits well with the cultural emphasis on individualism and individual choice. Most are equally unaware of the multiple functions served by their own food behaviors. Because of this general oversight, the public seriously underestimates the cultural and psychosocial factors shaping food patterns of people who are poor; and so there is ample room for societal attitudes about poverty to shape ideas about what poor people should eat.

The American cultural system rests on a belief that in this land of opportunity, the individual can and should shape his or her own destiny. One corollary is a pervasive conviction that the poor are casualties not of society but of their own shortcomings. Poverty is a condition of individuals, not of society: people are poor, the assumption is, because they are lazy and won't work and because they spend their money foolishly, purchasing only for immediate gratification, with no care for the future. It is an article of faith that the opportunity to escape poverty exists; the responsibility of poor people is to seize that opportunity and pull themselves up.

These beliefs about poverty and poor people shape dominant societal beliefs about what and how poor people should eat. Because the poor have little money, they should eat rationally on a cost/benefit basis, where costs are measured only in dollars and benefits solely in terms of nutrition. If poor people would eat this way, then surely there would not be malnutrition and hunger in America. By this reasoning, just as poverty is the fault of the poor, so hunger and malnutrition are the fault of the hungry and malnourished. The proposed solution, then, is that poor people should change their eating habits:

- a. People who are poor should eat only the basics, consume only the foods needed by the body to maintain growth and health. (In fact, the official federal definition of poverty, and the determination of the poverty level, is based on a calculation involving the cost of a minimally adequate diet, actually 80 percent of it, assuming no expenditure for any foods other than minimal daily requirements.)
- b. Poor people should not waste their money buying convenience foods. (Since the poor are too lazy to work, it is thought, they have plenty of time on their hands. They should economize by spending their unused time making meals from scratch rather than purchasing the convenience foods that busy working people eat.)
- c. People who are poor should forego the favored, advertised, status foods, purchasing only cheap substitutes. (If people remain poor because they seek instant gratification, then to escape poverty they should learn to postpone pleasures for the future.)

These common public attitudes about poverty and what the poor should eat reveal a complete lack of awareness of the cultural aspects of eating. And they have important consequences, for they blend with our attitudes about food to shape the governmental response to hunger and malnutrition.

Cultural Attitudes about Poverty Shape Food Assistance Programs

The inadequacy of government food assistance programs goes deeper than the political conservatism of the present administration and the current constraints of budget deficits. The inadequacy exists—and is tolerated by the public—because of the ascendant myth

that any individual assumption that if they eat wrongly, decent, reliable for fear that guaranteed dependent on governmental effort, aversive concern that government growing up badly in the more culturally mental assistance.

Government assistance instrumentally in the discretion of the donors; food is used in government food assistance minimum income, programs give assistance and where it is given.

Government food fit of the people in industry and the assistance program entirely under the and subject to consumers, processors, programs as well, education for the poor needs do not claim Women, Infants, and with people's well.

Some government poor our leftovers also administered but was phased out to assist the poor in program was rein concern about reports program started with cheese food—and sonal and regional 1985 in an upstate could receive ever two five-pound blocks of any two of the 5 lbs. flour, or 2 1

that any individual who really wants to can overcome poverty and the accompanying assumption that if the poor are hungry and malnourished it must be of their own doing; they eat wrongly. Another deep and long-standing reason for the failure to guarantee decent, reliable food assistance to anyone who needs it may be a culturally generated fear that guaranteed food assistance (like guaranteed income) would create recipients dependent on government help. In a society that strongly favors independence and individual effort, aversion to creating dependence carries sufficient political appeal to outweigh concern that government food assistance is insufficient to prevent many children from growing up badly nourished, unhealthy, and poorly developed. When concern does rise, the more culturally appropriate solution involves voluntary efforts rather than governmental assistance.

Government assistance programs for the needy also reflect the fact that food is used instrumentally in our society. Early in life we learn that food is given or withheld at the discretion of the donor; food is a means by which we are controlled and can control others; food is used to reward and punish. So it is culturally appropriate that government food assistance is politically more palatable than the provision of a guaranteed minimum income, since the former contains an element of control over recipients. Food programs give assistance on their own terms: the donor determines what is given, when and where it is given, to whom, and under what conditions.

Government food assistance is neither shaped by nor solely conducted for the benefit of the people in need of food. In general, the interests and political power of the food industry and the agricultural sector of the economy exert a strong influence on food assistance programs. The food stamp program, the major form of food assistance, is entirely under the supervision of the United States Department of Agriculture (USDA) and subject to congressional and lobbying interests mostly representing agricultural producers, processors, and distributors—not the poor.⁹ The USDA controls other food assistance programs as well, including the free and reduced-price school lunches and nutrition education for the poor. However, the poor are not the USDA's major constituency, and their needs do not claim top priority. Among the major food assistance programs, only the Women, Infants, and Children program is under a federal department primarily charged with people's well-being, the Department of Health and Human Services.

Some government food assistance programs also contain an element of "feeding the poor our leftovers." Consider, for example, the commodity distributions to the poor, also administered by the USDA. Such a program was used in the 1950s and early 1960s but was phased out in the late 1960s when it was decided that food stamps would better assist the poor in obtaining food. In the early 1980s, however, the commodity distribution program was reinstated as a supplement to food stamps, ostensibly in response to concern about reports of increasing hunger in America. The new version of the food give-away program started with cheese—more accurately, with blocks of pasteurized processed cheese food—and was subsequently expanded to include other commodities with seasonal and regional variations, depending on availability and deliveries. For example, in 1985 in an upstate New York county, families who proved or declared their poverty could receive every other month, on a first-come-first-served basis, the following goods: two five-pound blocks of processed cheese, two one-pound blocks of butter, and a choice of any two of the following items: 10 lbs. cornmeal, 4 lbs. powdered milk, 3 lbs. honey, 5 lbs. flour, or 2 lbs. rice. Many low-income people have responded positively to the

give-aways, standing in lines at Salvation Army centers, churches, community halls, fire stations, and hospitals all across the nation to receive their generically packaged hand-outs.¹⁰ (There are also nongovernmental food give-aways, many organized by church groups, in which excess or unsold foods donated by manufacturers and distributors are given to poor people.)

The foodstuffs given out by the government are not exactly scraps from the tables of the affluent, but they are clearly the leftovers from the food production industry. They represent the overproduction that threatens to bring down the price received by the producer/processor, the "surplus" purchased by the federal government to keep it off the market. The real objectives of the commodity distribution program, it appears, are to reduce the supply reaching the market, to dispose of government-owned surplus commodities in a way that obviates long-term storage costs, and to reduce embarrassment over surplus in the face of reportedly growing hunger. Although the public may believe that food distribution is designed, funded, and carried out solely for the altruistic purpose of reducing hunger, one could easily argue that the beneficiaries include not only the hungry but also the well-fed.

CONCLUSION: THE RICH BUY STEAK AND THE POOR GET CHEESE

Hunger, eating, and helping hungry people to eat—each is a cultural as well as a metabolic phenomenon. Food is culturally embedded for both the affluent and the poor. Through food patterns, all Americans enact cultural values and conduct interpersonal relationships. Cultural preferences, group identity, social interactions, and psychological needs all shape food-related behavior, no matter what the income level. Poor people are also subject to the same general, systemwide economic and social factors that tend to prevent most Americans from getting maximum nourishment per dollar. Because Americans are captive consumers in a total food production system that emphasizes profits rather than national nutritional well-being (Silverstein, 1984), and because all Americans buy foods to satisfy a variety of needs beside caloric and nutritional ones (Counihan, 1985), few Americans are as well nourished as they could afford to be.

The problem is significantly worse for low-income people, however, because for them there is no cushion of good health to tide them over periods of inadequate eating. The chronically poor have little opportunity to eat both the nutritious foods and also the heavily advertised, status-invested, and culturally preferred foods available to the upper classes. If they opt only for nutritionally "sensible" and cheaper foods, and forego the foods "that everyone else eats," their perceived sense of deprivation will be as genuine and gnawing as are the pangs of an empty stomach. But if they give in to the pressures of advertising, to the desire to eat like other people, and to the pleading of their children, then they will remain nutritionally and financially shortchanged—and also criticized by societal opinion for their "wasteful spending." It is a difficult set of choices, choices that have to be made every day but provide no clear way to win.

Because poverty-stricken Americans are influenced by dominant cultural values as well as by financial exigencies and metabolic requirements, a low-income person may occasionally purchase a beef steak. When other shoppers and grocery store employees observe such a purchase, behavioral conventions may restrict immediate reaction to a stare, but subsequent comments are uniformly negative. That the grocery cart is filled mostly with macaroni, potatoes, and bread may go unnoticed. The image of a poor per-

son purchasing a steak the poor are living in their own fault, a result of

The purchase of money, however, is usually "inappropriate" way things are or on statement actually e of the poor. Buying cheese are familiar Americans, while or is a well-known che of these three pairs should be combine associated with buy with cheese.

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Adapted from a paper presentation, Buffalo, N.Y. Carole Counihan.

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2. Investigations in sored or directly the Senate Subcommittee of Inquiry (the documentary *H* from Washington
3. The Food Stamp foods (but no p allotted is deter

son purchasing a steak sticks in the public mind as undeniable proof that in America the poor are living in luxury. If the poor are hungry in this land, it is thought to be their own fault, a result of their unwise spending.

The purchase of a steak by a poor person represents more than just an "unwise" use of money, however, and it carries significance far beyond the act itself. It is also culturally "inappropriate" behavior, for it violates an implicit cultural statement about the way things are or ought to be: the rich buy steak and the poor get cheese. This cultural statement actually encompasses three significant oppositions. The rich are the opposite of the poor. Buying food is the opposite of getting or being given food. And steak and cheese are familiar opposites: a thick piece of red meat is an ultimate desired food for Americans, while ordinary, processed cheese, such as the government gives to the poor, is a well-known cheap substitute for meat. Rich—poor; buy—get; steak—cheese. Each of these three pairs is a culturally recognized opposition, and the first term of each pair should be combined with only the first term of the other pairs. Rich is appropriately associated with buy and with steak. Poor is appropriately associated with getting and with cheese.

Thus it is culturally fitting that the government gives handouts of cheese to the poor: by defining what they shall eat and how they shall obtain it, the "cheese give-away" also defines who the poor are. When a poor person buys a steak, she or he is committing a symbolic inversion, performing an action associated with the rich and acquiring a food appropriate only to the rich. If the poor person gets the steak with food stamps rather than with cash, the purchase further violates what is thought to be appropriate because it violates the notion of how certain categories of food should be obtained: luxury foods should not be obtained with food stamps. But whether the steak is obtained with money or stamps, steak for the poor is a notable transgression because it violates the idea that the poor are different from the rest of us. It mocks our sense of societal order that demands separation of rich and poor.

NOTES

Adapted from a paper presented at the annual meeting of the Northeastern Anthropological Association, Buffalo, N.Y., March 1986, as part of a symposium, "Feast or Famine," organized by Carole Counihan.

1. Michael Harrington stirred public and governmental concern with his *The Other America* (1962), which documented the high incidence of poverty. He stressed both the uneven distribution of poverty in the population and its invisibility. Journalist Nick Korz examined the politics of hunger and food programs (1969). The widely read works of anthropologist Oscar Lewis called attention to the intergenerational persistence of poverty. The untiring efforts of philanthropist-activist Robert Choate, of psychiatrist-writer Robert Coles (1969), and of political leaders such as senators George McGovern and Robert Kennedy contributed greatly to public awareness and demand for government action. Private foundations, such as the Field Foundation, were also instrumental in funding research and publicizing findings.
2. Investigations into the problem of hunger and malnutrition around the nation were sponsored or directly carried out by the Senate Select Committee on Nutrition and Human Needs, the Senate Subcommittee on Employment, Manpower, and Poverty, and the Citizens' Board of Inquiry (the last funded by the Field Foundation). In 1968 the powerful CBS television documentary *Hunger in America*, which was based on these investigations, brought action from Washington—despite sharp criticism from some in government.
3. The Food Stamp Program provides coupons that can be used like money in purchasing any foods (but no pet foods and no nonedible household supplies). The value of the coupons allotted is determined by household income and size. Booklets of coupons are issued monthly

- to eligible families. Originally participating households paid a set amount each month, calculated according to their income, and received an amount of stamps equal to payment plus the bonus level (based on income and the household size). Subsequently the cash payment has been eliminated, so households receive stamps equivalent to the bonus level alone.
4. EFNEP, the Expanded Food and Nutrition Education Program, has been active in all states for 15 years as part of Co-operative Extension (which transmits information about agricultural and household topics from the state land-grant colleges to the public). EFNEP uses the extension mode of education to carry information about food and nutrition directly to a low-income audience. Through EFNEP low-income people (usually women) receive training in food and nutrition and then conduct individualized lessons in the homes of program participants. Lessons include not only nutrition needs and nutrient values but also food selection, preparation, and handling. Funded by a combination of federal, state, and local money, the program has recently been jeopardized by a threat of complete withdrawal of federal money.
 5. This nationwide program, available in most counties of most states, is the Special Supplementary Food Program for Women, Infants, and Children, commonly known as WIC. Participating women are issued vouchers that are redeemable only on specified foods, such as milk, cheese, infant formula, infant cereals, and fruit juices.
 6. The official definition of poverty used by the federal government to count the poor, and by most federal, state, and local programs to determine eligibility and benefit levels for assistance, is a straight income definition adjusted to the number of people in the household. It is based on the cost of obtaining food that would provide only about 80 percent of minimum daily dietary requirements and assumes that people need three times this much income to meet minimally adequate nutritional levels and other basic needs as well. The poverty level thus calculated is adjusted periodically to reflect the cost of living. In 1970 the poverty level for a family of 4, for example, was about \$4,000; during 15 years of inflation it has been adjusted upward, reaching \$10,989 for the same size household in 1985. All 4-person households with less than that level of income are officially defined as poor.
 7. The Women, Infants, and Children program, WIC, has perpetually been underfunded and threatened with reduction in funds, which will mean longer waiting periods to obtain WIC benefits. For a single mother with little money to spend on food, a wait of just a few months before receiving WIC coupons for supplemental foods can have serious effects on her infant's well-being. For the pregnant woman, delay in obtaining WIC may affect the outcome of the pregnancy (premature birth, low birth weight). In many states the WIC program has lacked sufficient federal funding and staff to certify all those who apply. In New York State, as of March 1985, 16,300 low-income women who were pregnant and/or had young children were on the waiting list to obtain WIC benefits. Some states have recently had to reduce costs by dropping the eligibility age limit for children from six to three or below. In New Mexico only 28 percent of eligible infants and children could be served by WIC. Figures from Physician Task Force on Hunger in America, 1985.
 8. Roe, 1973, in a study conducted on rural and urban women in the same region, reports a high number of medical complaints and chronic ailments, as well as obesity, among the low-income women to whom her team administered questionnaires, physical examinations, and laboratory tests.
 9. See Kotz, 1969. When the Food Stamp program began, participants could not use their stamps to purchase any imported items. When it was seen that this regulation meant no coffee, tea, or bananas for the poor, the ruling was changed to allow imports if no domestic product were available. Thus tinned corned beef from Argentina could not be purchased with food stamps even when cheaper than its domestic counterpart. Even this restriction was subsequently dropped, but agricultural interests still prevail in shaping this program. Hence food stamps cannot be used to purchase essential kitchen cleaning supplies that might contribute to better health of the nation's poor: only food items are allowed.
 10. Some products given out in the current distribution are not necessarily nutritionally advisable for all recipients. "Pasteurized process cheese food" is not an allowable purchase on WIC vouchers because this product is felt to be inadvisable for pregnant/lactating mothers and small children. The elderly have been cautioned about their free cheese because of its sodium content. Nutritionists warn recipients that honey should not be given to babies; but with the ending of federal honey subsidies, this commodity will no longer be distributed.

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