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Food Pantries and Stigma: Users' Concerns and Public Support

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Abstract. This study compares the perception of stigma measured as social distance between users ($n = 40$) and non-users ($n = 202$) of local food pantries in the Upper Midwest. Utilizing the concept of social distance to measure social disapproval and stigma with a new Food Pantry Stigma Scale, these nonprobability results indicated that users' perception of stigma was significantly higher than the non-using public (Cohen's $\delta = 1.56$). These findings suggest that public support for need-based use of local food pantries in the Upper Midwest is substantially higher than those facing food insecurity anticipate.

Keywords: food pantry, food insecurity, stigma, social distance

According to the U.S. Department of Agriculture, there were 15 million food insecure households in America in 2017 (Coleman-Jensen, Rabbitt, Gregory, & Singh, 2018a). Less than half (41.3%) of the food insecure households participated in any federally sponsored food program that year (Coleman-Jensen et al., 2018a). Additional analysis indicated that only 31.2% of food insecure households with incomes under 185% of the poverty line received food assistance from a local food pantry in 2017 (Coleman-Jensen, Rabbitt, Gregory, & Singh, 2018b). Explanations for the underutilization of federal and local food support programs vary in details, but generally identify administrative/bureaucratic difficulties, lack of information, costs/transportation, and stigma as primary barriers to applying for food assistance (David, 2017; Fong, Wright, & Wimer, 2016; Fricke et al., 2015; Lens, Nugent, & Wimer, 2018; Vancil, 2008). This study explores in more detail the role of stigma as an explanation for nonparticipation in food programs using a new scale developed specifically for local food pantry usage.

Literature Review

Erving Goffman (1963) understood stigma to be “the situation of the individual who is disqualified from full social acceptance” (Preface). Although unrelated to food insecurity, Baumberg's (2016) attempted to quantify stigma perception relation to in-work tax credits, jobseekers allowances, employment and support allowances, income support for single parents, and housing benefits is useful. With a quota sample intended to mimic a national sample ($N = 2,601$), he found relatively high rates of overall stigma (27.2%) understood in three manifestations, summarized by David (2017) as personal stigma (devalued self-identity), stigmatization (devalued by others), and claims stigma (shame felt from the process of claiming benefits). Aspects of all three manifestations of social disapproval that lead to stigma appear regularly in the food assistance literature in relation to receipt of public assistance (Algert, Reibel, & Renvall, 2006; Edin & Lein, 1997; Handler & Hasenfeld, 2007; Rogers-Dillon, 1995; Secombe, 2010; Snow & Anderson, 1987).

More recent qualitative studies confirmed that stigma remains a significant barrier to participation in food programs (Fong et al., 2016; Fricke et al., 2015; Greer, Cross-Denny, McCabe, & Castogivanni, 2016; Lens et al., 2018; Vancil, 2008). This reluctance to participate due to stigma extends to parental reluctance to enroll children in free school breakfast programs (Askelson et al., 2017), college students who are food insecure (El Zein, Matthews, House, & Sherlutt, 2018), and even those who are homeless (Snow & Anderson, 1987). Some literature has documented escalating usage of local food pantries (Berner, Ozer, & Paynter, 2008; Garasky, Wright-Morton, & Greder, 2004; Greenberg, Greenberg, & Mazza, 2010), but only Nooney et al. (2013) has speculated that the increased need-based usage of local food pantries may be indicative of decreased stigmatization of their use. In contrast, David (2017) suggested that psychological barriers to food supports “are three times greater than barriers of time and effort” (p. 14).

Theoretical Framework

The concept of social distance forms the theoretical framework for this study. The concept of social distance is anchored in Simmel’s understanding of the stranger as one who exists in constant tension, always being new and unable to assimilate fully (Simmel, 1971/1908). Park (1924) understood social distance to be a measure of intimacy and understanding or lack thereof, and through his encouragement, Bogardus (1928) developed one of the first psychological attitude scales to quantify this distance as it applies to cross-racial group attitudes (Wark & Galliher, 2007). The quantification of social distance using modified Bogardus-type scales as a means of measuring stigma has proven over time to be easily generalized to other contexts. It is used regularly in contemporary research, and has been used in relation to the mentally ill, religious groups, ethnic groups, racial groups; disabled people, people with specific diseases, homosexuals, nationality groups and finally, occupational groups (Berger, Ferrans, & Lashley, 2001; Renius et al., 2017; Wark & Galliher, 2007). A typical Bogardus-type scale is 5-7 items with increasing levels of distance usually anchored with the most intimate *would marry* and the most distant *would have to live outside my country*. As the desire for social distance from specific others increases, the specific others are stigmatized. Accordingly, this study operationalizes stigma or the lack thereof as the desired social distance one group prefers in relation to another.

This study compares the stigmatization of food pantry usage by comparing the social distance from food pantry users desired by a majority rural, Midwestern public sample with the expectation of social distance from a sample of food pantry users. In this manner, we anticipate being able to compare the degree of intended stigmatization toward food pantry users by a rural public against the stigma felt by food pantry users themselves. Findings may prove useful in understanding reluctance to utilize food pantries and may suggest avenues for mitigating this reluctance.

Method

Procedures and Participants

After IRB approval of the study methodology and instrumentation described below, three student researchers collected survey data from food pantry users ($n = 40$) at a single local food pantry in Nebraska and solicited online responses from friends and family (i.e., the non-user public) to the same questionnaire ($n = 202$). Nonprobability, cross-sectional responses were collected from January 31, 2018 through March 21, 2018. At the request of the food pantry director, two versions of the one-page questionnaire were provided with the assistance of the campus Department of Foreign Languages that provided a Spanish version. Eleven respondents completed the Spanish version. Responses from food pantry users were manually entered into SurveyMonkey and reviewed for accuracy. Online respondents entered data directly into the same SurveyMonkey collector. Missing data resulted in listwise deletion. Statistical analyses were conducted in IBM SPSS Statistics version 25.

Instruments

Respondents were asked to provide basic demographic information that included biological sex, hometown population, race/ethnicity, age, marital status, highest education level, state of residence, and identification of a rural, urban, or suburban childhood. Comparison of the user and public demographics are provided on Table 1. According to Chi Square tests, nonusers of the food pantry were significantly more likely to be women, to live in communities between 2,501 and 50,001 people, to be White, and to have higher education levels than users of the food pantry. No significance differences were reported in marital status, state of residents, and childhood home.

In addition, respondents completed two versions of a new instrument, Food Pantry Stigma Scale. This 10-item, Likert questionnaire (1 – *strongly disagree* to 5 – *strongly agree*) was developed by adapting the 12-item HIV Stigma Scale (Renius et al., 2017) that was designed following Bogardus (1928) to measure the stigmatization of HIV by quantifying the social distance people prefer in association with someone who has HIV. Five items were slightly altered versions of Renius et al.'s items, and five were developed for the Food Pantry Stigma Scale including the two reverse scored items. Differences in the terminology for user version and non-user public version were minor. For example, the first item for food pantry users was “I have stopped socializing with some people due to their reaction to me using a food pantry” and the corresponding item for the general public was “I have stopped socializing with some people because they used a food pantry.” Internal consistency of each version of the new Food Pantry Stigma scale was adequate (user version $\alpha = .869$, public version $\alpha = .736$). Validity of the new scale has not been established, but an exploratory factor analysis of the merged user and non-user public responses produced a single factor solution explaining 45.426% of the total variance with factor loadings between .372 and .820. The Kaiswer-Meyer-Olkin Measure of Sampling Adequacy (.869), and Bartlett's Test of Sphericity ($\chi^2(45) = 908.461, p < .001$) were adequate. See Table 2 for user items and factor loadings.

Table 1

Demographics of Respondents by Group

Variable	Users				Public			
	<i>n</i>	%	M	SD	<i>n</i>	%	M	SD
Biological Sex*								
Male	10	25.0			23	11.4		
Female	30	75.0			179	88.6		
Hometown Population*								
Under 2,501	20	52.6			60	30.5		
2,501-50,001	6	15.8			61	31.0		
Over 50,000	12	31.6			76	38.5		
Race/Ethnicity**								
White	30	75.0			196	97.0		
Other	10	25.0			5	3.0		
Age			41.7	13.5			39.7	15.9
Marital Status ^{ns}								
Single	10	25.0			72	33.6		
Married/Cohabiting/ Formerly Married	30	75.0			130	64.4		
Education Level**								
No High School	5	12.5			1	0.5		
High School	4	10.0			8	4.0		
Some College	10	25.0			80	39.6		
College Degree	14	35.0			79	39.1		
Graduate Degree	6	15.0			34	16.8		
State of Residence ^{ns}								
South Dakota	7	17.5			50	24.8		
Contiguous	30	75.0			124	61.4		
Further Away	2	5.0			28	13.9		
Childhood Home ^{ns}								
Rural	17	42.5			107	53.0		
Urban	10	25.0			32	15.8		
Suburban	10	25.0			60	29.7		
Other	1	2.5			3	1.5		

Variation in frequencies are due to missing data. Chi square tests indicate significant differences above as * - $p < .05$; ** - $p < .001$; ns – not significant.

Table 2

Factor Loadings for Exploratory Factor Analysis with Principal Component Extraction of Food Pantry Stigma

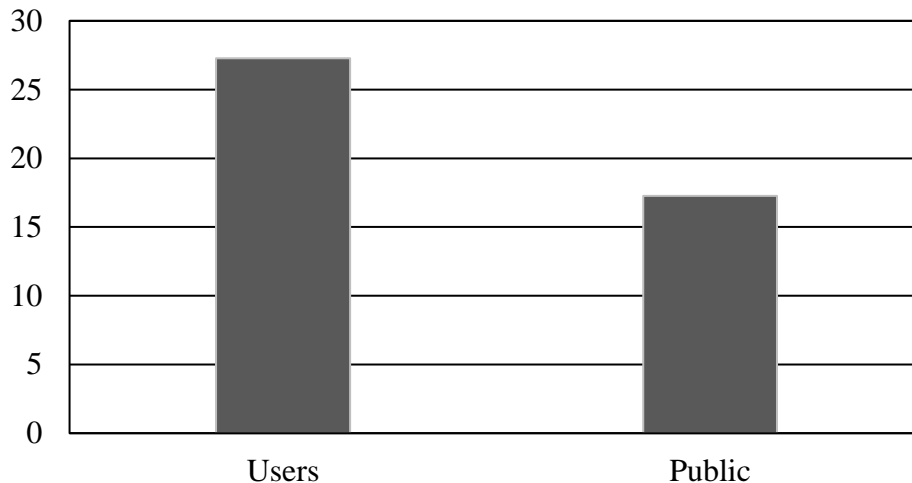
Scale Item	Stigma
I have stopped socializing with some people due to their reaction to me using a food pantry.	.714
I am very careful whom I tell that I use the food pantry.	.524
I feel guilty because I use the food pantry.	.372
I fear losing friends and facing rejection because I use a food pantry.	.757
Some people avoid interacting with me after finding out I used a food pantry.	.771
I feel I'm not as good as person as others because I used a food pantry.	.682
I do not mind people in my neighborhood knowing I use a food pantry. (R)	.625
I have not had any trouble with people knowing that I use a food pantry. (R)	.681
I work hard to keep that I use a food pantry from others.	.679
As a rule, telling others I used a food pantry has been a mistake.	.820

R indicates that item is reversed scored.

Results

Users ($M = 27.28$, $SD = 7.77$) reported higher perceptions of stigma than the non-user public ($M = 17.27$, $SD 4.73$), but both samples reported average levels of stigma below the mid-point on the Food Pantry Stigma Scale. Skews were modestly positive, .233 and .520, respectively, with 66.7% ($n = 26$) of users and 98% ($n = 196$) of the public reporting below the mid-point of the Food Pantry Stigma Scale. Independent t -tests found that the higher stigmatization reported by users was statistically significant [$t(43.639) = 7.77$, $p < .001$, $\delta = 1.56$] (see Figure 1). The effect size magnitude of the differences in reported perceptions of food pantry stigma was quite large ($\delta = 1.56$) suggesting more than 1.5 standard deviation difference between reported perceptions. Post hoc analyses of demographics found no statistically significant relationships between public scores on the Food Pantry Stigma Scale and demographic variables. Biological sex, hometown population, race/ethnicity (0 – White, 1 – Other), age, marital status, level of education, state of residence (0 – South Dakota, 1 – contiguous state, 2 – further away), and description where the respondent grew up (0 – rural, 1 – urban, 2 – suburban) did not explain public respondent scores.

Figure 1. Group Comparison of Mean Food Pantry Stigma



Independent *t*-test comparison was significant, $p < .001$.

Discussion

This study explored differences in the perception of stigma and social disapproval for use of a food pantry between those who used a food pantry and those who have not. Although neither group reported high levels of desirable social distance between users and the public, the magnitude of difference in perceptions was quite large. A food insecure individual sharing the same perception of social disapproval as voiced by the users in this study would substantially overestimate the degree of stigma potentially incurred by accessing a local food pantry. Contemporary qualitative studies continuing to identify stigma as a barrier to use of food pantries by the food insecure may be over-generalizing from somewhat rare, individual cases of social disapproval (David, 2017; El Zein et al., 2018; Fong et al., 2016; Greer et al., 2016; Lens et al., 2018). An alternative explanation might be that the sense of self-reliance and self-sufficiency that is central to rural culture tends to take precedent in the food insecure over the rural sense of community (Daley, 2015; Smalley & Warren, 2012). Attempts to mitigate the perception of stigma for those who are food insecure might profitably address both concerns – emphasizing the high level of community support for those in need as well as heightening the sense of community in general.

We could identify only one other study assessing public attitudes toward food insecurity in the U.S. (Ward et al., 2018) which tended to confirm our findings regarding public attitudes toward use of food pantries. Using exploratory and confirmatory factor analysis, Ward et al., found seven factors explaining attitudes toward food insecurity. Only one factor included blame, and overall respondents ($N = 1,013$) tended not to blame those in need with an average blame rating of 3.13 on a 5-point scale.

Limitations of this study stem primarily from the limited geographical network of food pantry users at one location, the nonprobability sample of users and non-users, and the scarcity of comparable data sets associated with user and non-user respondents. Generalization of our

results should be approached with care, and we especially note that these results are least likely to apply to urban contexts or to rural contexts outside of the Upper Midwest.

With these limitations in mind, we tentatively conclude that people facing food insecurity in the Upper Midwest should be encouraged by our findings. There is more public support for need-based use of local food pantries than those in need may believe. Potential user concerns over social disapproval and its related devaluation and shame may be unnecessary in light of the degree of public support indicated by this study.

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