Nutrition Issues for Refugees in Australia

The nutritional status of refugees on arrival in Australia is not known. Refugees arriving in Perth can undergo a voluntary health check at the Migrant Health Unit. This unit mainly assesses infectious diseases such as tuberculosis, parasitic worms, hepatitis and malaria. There are, however, a number of nutritional issues that have been identified that impact significantly on the health of children and their performance at school. It is perhaps wise, however, to express caution at this point. Many refugee children have experienced great hardship. They may have seen and experienced significant levels of trauma, and children may live in families with parents who are themselves suffering. Nutrition issues add another dimension to these traumas.

The health status of refugees on arrival is often poor due to past food deprivation and prolonged periods with a sub-optimal diet. This includes experiences such as:
- lack of access to a safe water supply
- periods of food deprivation
- lack of availability of traditional foods
- psychological trauma
- disruption to family and cultural associations with food (Burns et al. 2000)

Community consultations with refugee groups and individuals in Perth have identified that:
- Many individuals and families have been in camps for up to 10 years or more. This means some children are born in camps and have never known any other life.
- Some women have not learnt how to cook or care for their families in a ‘normal environment’ since ties with their communities and families have been broken. There are no mothers, sisters, aunts or grandmothers to teach them the skills of day to day living.
- The food in the refugee camps usually included some wheat, rice, millet, maize or another cereal and oil with the addition of legumes. In some camps refugees could grow their own food, which added significantly to the nutrient intake. In some camps there were opportunities for work, resulting in extra money to buy additional food. These jobs were not always equitably shared among the camp population.
- Single women with children in refugee camps are the most vulnerable in terms of reduced food intake.
- There can be a big difference in coping skills when comparing families that have come straight from a tribal background who then lived in a camp for a number of years to those families that have also fled as refugees but have managed to live outside refugee camps. Families existing outside refugee camps have more of an idea of ‘western’ living and find it easier to adapt on arrival in Australia. Families coming from primarily rural backgrounds who have spent time in refugee camps seem to experience the most problems, especially if there is no adult male in the family. Everything about living in a western style country is new, including, handling money, using ATMs, shopping at supermarkets, budgeting, household chores and sending children to school.

After arrival in Australia common problems experienced include:
- difficulties in locating cheap supplies of traditional foods
- difficulty locating supplies of halal meats and identifying permitted halal foods
- foods having an altered taste and not being as fresh
- concern about more chemicals in food
- unfamiliarity with many fruits and vegetables available in Australia
- cost of familiar foods
- adjusting to the timing of the main meal
- unfamiliarity with the concept of packed school lunches
- pressure from children to include more ‘Australian foods’ in their packed school lunches
- change in shopping habits, from daily to weekly shopping trips
- running out of food
- women now having sole responsibility for food preparation (Burns et al, 2000)

After discussion with refugees and service providers there are a number of predominant nutrition issues that have been identified. These do not all apply to all refugees.
**Nutrition Issue #1: Iron Deficiency Anaemia**
Many refugees are arriving in Australia with iron deficiency anaemia. Anecdotal evidence suggests that about 20 to 25% of individuals arriving from Africa have anaemia. There are a number of reasons for this including, previous and prolonged periods of food deprivation, blood diseases such as thalassaemia, previous bouts of tuberculosis and malaria, and multiple pregnancies.

Iron deficiency in children and adults lead to tiredness, lethargy and dizziness (Australian Iron Status Advisory Panel 2002). These are common and non-specific symptoms, which can also be due to other causes. Iron deficiency in children can adversely affect cognitive and psychomotor development as well as leading to behavioural changes, such as lethargy, irritability and an inability to concentrate.

See the information paper on [Iron Deficiency in Refugees](#) for more information.

**Nutrition Issue #2: Food Insecurity**
Food security is defined as access by all people at all times to sufficient food for and active an healthy life. This food should be able to be acquired in socially acceptable ways. Food insecurity has been identified as a major issue for refugees with a number of underlying causes.

See the information paper on [Food Insecurity](#) for more information.

**Nutrition Issue #3: Poor Appetite**
Poor appetite is another area of great concern to new arrivals. The refugee experience itself, the cultural transition, the high incidence of accompanying post traumatic stress, depression, intestinal parasites, iron deficiency anaemia and reduced physical activity can all lead to poor appetite.

Poor oral health is another factor that impacts negatively on appetite. Poor oral health may have been caused by poor access to public health measures such as fluoridated water, poor access to dentists, torture, long periods of food deprivation causing nutritional deficiencies and a high intake of sugary drinks especially among infants and children.

See the background paper on [Poor Appetite in Refugees](#) for more information.

**Nutrition Issue #4: School Lunches**
School lunches are a new concept for many new arrivals. Often in their country of origin children either came home to eat lunch or lunch was provided at school. School hours may not have been as long as they are in Australia and lunch was the main meal of the day eaten at home. Parents and children may require access to information and support to help them adjust to the cultural transition of providing lunch at school.

See the background paper on [School Lunches for Refugee Children](#) for more information.

**Nutrition Issue #5: Vitamin D Deficiency**
Some refugees are at high risk of Vitamin D deficiency. Those with dark skin and/or who cover the majority of their bodies, such as women who follow the Islamic faith, are at high risk. The children of women who were vitamin D deficient during pregnancy will also be Vitamin D deficient. Vitamin D deficiency leads to rickets in children and osteomalacia or early onset osteoporosis in adults.

See the background paper on [Vitamin D Deficiency in Refugees](#) for more information.

**Nutrition Issue #6: Changing Food Habits**
Coming to a new country is a difficult transition especially when there is a huge disparity in living conditions compared to your country of origin. Coping with a change in food habits is one of those transitional difficulties. Refugee families need to be supported to find foods they are familiar with and to continue cultural food habits for as long as possible. In addition, they require information on those foods that could potentially be detrimental to health.

New arrivals have a wealth of knowledge and information relating to food and nutrition and we have much to learn from them. Children often have a more intimate knowledge of how foods are grown and prepared compared to many Australian children. There are many opportunities to draw on this knowledge in the classroom.

See the background paper on [Changing Food Habits for Refugees](#) for more information.

**References**


The Victorian Foundation for Survivors of Torture Inc. 2000, *Easing the transition, a resource guide for health and settlement workers supporting those recently arrived in Australia to maintain a healthy diet and lifestyle*. The Victorian Foundation for Survivors of Torture Inc, Food and Nutrition Project for Recent Arrivals from Refugee Backgrounds, Parkville, VIC