

Poor Appetite in Refugee Children

What is the issue?

Many refugees see poor appetite in children as a major problem. Parental experience of poor or no appetite in the past has only been when children have been ill. Limited access to food has meant that their children have normally always been hungry. In Australia, when children lose their appetites parents become extremely anxious and may follow their child all day, offering food. In some cases children are force-fed.

What are the causes of poor appetite in children from refugee backgrounds?

Coping with a new environment

The experience of moving from one country to another can be traumatic for adults and children. There are added traumas when that move does not come from a willingness to translocate, but rather comes from necessity because of the threat of persecution or violence.

Many children from refugee backgrounds have seen and/or experienced torture and trauma and can suffer from a range of mental health conditions including post-traumatic stress disorder and depression. Given this, and the new experiences facing the child, such as having travelled long distances, attending school, learning a new language, and coping with a new, different urban environment, a loss of appetite may be one symptom to be expected.

If poor appetite occurs early in the settlement phase, it is important to stress that it will take some time for children to become familiar with their new surroundings and the new foods. Once they become accustomed to their new way of life their appetite will usually return.

Physical and psychological

Other causes of poor appetite include intestinal worms, iron deficiency anaemia, malaria, inherited blood disorders, and psychological issues such as issues relating to family dynamics, depression and stress. All these possible physical and psychological issues need to be investigated.

Changes in growth patterns

The appetite centre in the brain controls appetite and this governs how much a child will eat based on energy and growth requirements. When children experience growth spurts, that is, a period of rapid growth, appetite will return, only to decline again when growth plateaus out.

From about the age of 12 months up to approximately five years of age, children do not grow as fast as infants in their first year of life. Weight gain slows from about 7.5kg in the first year to about 2-2.5 kg in subsequent years. This results in a comparative loss of appetite that is characterised by the child not eating very much and not being hungry. If activity levels and growth are within normal parameters there is no cause for concern.

Reduced physical activity

In their countries of origin, many refugee children spent much of their time out of doors engaged in some form of physical activity. In Australia, children tend to spend a lot more time inside watching television or playing with toys. Refugee children are also often told to stay inside, as parents are unsure of their new surroundings and its relative safety. The resulting decrease in physical activity can also result in a loss of appetite.

Changes in meal patterns:

Changes in meal patterns are very common on arrival in Australia. In many countries it is common to have two meals a day and either nothing, just fruit, or sips of tea in between meals. The same pattern may continue in Australia. However, the availability and consumption of juice, cordials and soft drink can be higher in Australia and a pattern of high intake of sugary drinks is common. High intakes of these fluids can significantly reduce appetite.

Increase in treat or "party" foods:

Continuous access to high fat and/or high sugar food treats often takes place in refugee families. Some parents try to make up for the long periods of food deprivation suffered by the family by regularly providing foods considered to be of high status. A high intake of treats or "party" foods reduces appetite for the main meals of the day.

Dental caries

For some refugees, particularly those from parts of Africa, the Middle East, Asia and Eastern Europe, poor oral health is a significant contributor to poor appetite. Lack of access to public health measures such as fluoridated water and regular teeth cleaning in their countries of origin, combined with the high consumption of sugary drinks means that children and adults can experience high rates of dental caries.

What can be done?

Fluids

For younger children filling up on fluids is a common reason for a reduction in appetite. However, for older children and adults who have just arrived and who do not feel like eating it is important to maintain an adequate fluid intake.

- Ascertain the types of fluids consumed by younger children.
 - Ensure only get 2 glasses of milk per day and that these are given between meals rather than with meals.
 - Juice is not required and it is better to eat the fruit. However, if juice is consumed, ensure that only one glass is given per day and that this is half juice and half water.
 - Soft drink is often consumed in large quantities and has a detrimental impact on appetite and dental health. Soft drink should only be available once a week (at the most).
- Many refugees are concerned about the safety of water from the tap. It is important to stress that water is safe to drink from the tap in Australia and is the best drink for children and adults especially during summer.

Food

Giving children small serves of food at mealtimes and snack times but not outside those times is the best way to combat small appetites. Offering food all day means that children are not hungry at the meal time and this can increase anxiety around food intake.

Activity

Families should be encouraged to take some form of physical activity every day. Activities such as; walking children to school, taking children to the park to play and sending children to play in the back yard should be encouraged. Television watching should be limited. Children should also be encouraged to participate in organised school or community sports such as soccer, basketball, netball, athletics or swimming.

When to seek help?

While a small appetite in young children is a normal part of growing up, parents should be aware of when there may be a problem.

Encourage parents to seek advice if their child:

- is listless, and constantly tired
- is not as active as they used to be
- keeps getting sick
- does not grow as well as other children their age

Resources

Targeting South Sudanese families:

- Appetite flip chart – English
- Appetite client information – English
- Appetite reader

Targeting Afghan families:

- Changing food habits flip chart
- Changing food habits client information – English, Dari