

Food insecurity in Somali women living in Australia

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Migration and economic transition are associated with dietary change. Australia accepts both migrants and refugees from developing countries. Paradoxically these entrants may be vulnerable to both obesity and food insecurity. The current study aimed to assess changes in food habits, physical activity and body weight in Somali women who have come to Australia as refugees. The sample recruited was a convenience sample of 46. The method was a questionnaire administered by a bilingual interviewer in the subject's home. Twenty-four hour dietary recall was assessed with confirmation of portion size using models. Usual intake in both Australia and Somalia were assessed with a food frequency questionnaire (picture and photo) (1). Weight and height were measured using a portable scale and stadiometer.

The women had an average (SD) age of 35.9 (11.5) years. The majority were married (55%). The women had spent on average 2 years in Australia, they had spent at least 4 years in transit from refugee camps. Eight percent of the sample had a tertiary education, 25% had no formal education, 26% primary only and 35% had completed high school. The mean BMI was 27.4 (5.4) kg/m² (range 18.3–43.4). Fifty-four percent of the sample had a BMI > 25. Seventeen percent stated that they had lost weight since arrival in Australia, 38% reported that they had gained weight and 43% that they had maintained weight.

The mean (SD) energy intake was 4431 (1509) kJ, protein intake was 46.9 (21.2) g. Mean intakes of the micronutrients; iron 6.27 (2.9) mg, folate 142 (69.9) ug and zinc 6.2 (3.1) mg fell below the Australian RDI. Using a EI/BMI < 1.5 (2), 44 subjects could be classified as under-reporting dietary intake. But was this under-eating or under-reporting? It is possible that the women, influenced by cultural norms of slimness in Australia or not wishing to be stigmatised, under-reported. The alternate explanation is under-eating, particularly as 60% reported either losing weight or staying the same. Undereating may be due to deprivation mentality influenced by the refugee experience. It could also be that the intakes reflect food insecurity. Refugees and newly arrived migrants may have low incomes and financial family obligations in their countries of origin. The women may curtail their intakes to provide more food for their families. These findings suggest that migrants and refugees are a population vulnerable to food insecurity.

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2. Goldberg GR, Black AE, Jebb SA, Cole TJ, Murgatroyd PR, Coward WA, Prentice AM. Critical evaluation of energy intake data using fundamental principles of energy physiology. *Eur J Clin Nutr* 1992; 45: 569–581.