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Abstract
Good Food for New Arrivals is a nutrition program that aims to improve the knowledge and skills related to health and nutrition amongst newly arrived refugees to Perth, Western Australia. This paper provides background on the program and the community participatory approach used to understand nutrition issues for refugees and the subsequent development of appropriate resources. Good Food for New Arrivals is an example of a successful health initiative that develops health information while at the same time facilitating social inclusion and the maintenance of cultural integrity.

Introduction
Good Food for New Arrivals was a three year nutrition program undertaken in Perth (2001-2004) and funded through the National Child Nutrition Program, Commonwealth Department of Health and Ageing. It has since been re-funded for four years by Family and Community Services under the Stronger Families Stronger Communities ‘Invest to Grow’ Strategy. As a nutrition program, Good Food for New Arrivals has as its primary aim the improvement of knowledge, attitudes and skills relating to health and nutrition amongst parents and children who are newly arrived refugees to Australia. This paper provides background on the program, the community participatory approach used to understand the relevant nutrition issues for refugees and the development of appropriate resources. The program highlights the importance of actively involving individuals and communities at all stages of the project and the subsequent ramifications this has for improving access to health information.

There are a number of significant stressors when moving to a new country, especially one in which the cultural, language, religious and social frameworks are fundamentally different from the country of origin. These stressors include the loss of kin and kith networks, learning new ways to behave in certain situations,
understanding the new country’s norms and ideals, and accessing health, welfare, language, education and employment services (Bates and Linder-Plez 1990; Rice 1999; Ager et. al 2002). Settlement services are largely focused on reducing the impact of these stressors and facilitating connectedness with family, ethnic communities, friends and the wider Australian community (Brough et al 2003). However, in discussions of settlement services what is often overlooked is the pivotal role played by food in aiding social inclusion, re-establishing cultural and religious practices and in regaining a sense of identity (Burns et al 2000). Food is not only essential in fostering relationships between family and community members but also in providing opportunities for individuals, families and communities to shape their identity. Consequently, when moving to a new country food becomes imperative in maintaining a link with the past, forging bonds in the present and renegotiating a future. Good Food for New Arrivals is, therefore, an opportunity to identify and highlight the importance of food, and the inclusion of refugees as active agents rather than as passive recipients in health promotion.

Background
Recent research indicates that recently arrived refugees have significantly compromised health, exacerbated by a lack of access to and understanding of mainstream health services (Murray and Skull 2005; Davidson et al. 2004a; Davidson et al. 2004b; Allotey 1998). The nutrition status of refugees on arrival in Australia, as defined by anthropometric measures, indices of food intake and biochemical measures, is largely unknown. Indications are, however, that iron and Vitamin D status are particularly compromised (Skull et al. 2003; Mason and Diamond 2001; Karr et al. 2001). Paying attention to the influence of cultural factors in delivering and accessing health services and messages has been widely considered as essential in ensuring ongoing equitable access to health services (Thomas 1998; Rice 1999). Good Food for New Arrivals addresses some of the key facets required of a health system operating in a multicultural environment including culturally sensitive training and strategies to minimise communication barriers (Reid and Trompf 1990; Rice 1999; Samson 1999).
Good Food for New Arrivals has been developed as a dual nutrition education program. In other words, it exposes refugees to mainstream health advice regarding food and nutrition access, at the same time educating health professionals on culturally specific food, nutrition and health practices. The process results in education and health promotion resources that combine the cultural health expertise of refugees with the knowledge of mainstream health providers.

Two primary groups of refugees were included in the first phase of the Good Food for New Arrivals program - South Sudanese and Hazara Afghan. The South Sudanese are the largest group of refugees being settled under the Humanitarian program in Australia with the numbers of Sudanese in Western Australia increasing five fold in the last three years (DIMA 2006). The second group, Hazara Afghan, were included in the program as many were “onshore” asylum seekers and, at the time, had limited access to services. In addition, the Hazara were essentially a newly emerging community in Western Australia, with the settled community being mainly from the Pashtun majority. These two groups were targeted because of the cultural gaps between their countries of origin and Australia, their status as newly established or emerging communities and the perception by service providers of greater health needs compared with other arrivals.

Developing nutrition resources – a community participatory process

The extent and nature of issues around food in the South Sudanese and Afghan populations living in Perth, Western Australia were determined via a needs assessment. The Good Food for New Arrivals team engaged with individuals, largely women, from these communities to fully explicate the issues. A deliberate decision was made to broker access to communities through already established groups such as English classes, playgroups, cooking, sewing and women’s groups. In some instances access had to be negotiated through a number of gatekeepers before consultations and ongoing involvement in the program could commence. Accessing groups in this way had a number of advantages including that participants were already in
environments in which they felt safe, child care arrangements were in place and trust with key agencies was established.

Information was collected using a form of “yarning”, a form of communication which required a two way stream of information, that is, facilitators answered questions about issues at the same time as asking questions. From these consultations the key nutrition issues identified were: not being able to access food; poor access to familiar foods; confusion regarding school lunches; poor appetite; and anaemia. Initially, when working through how best to deliver information community members were keen for “somebody to talk to them”; that is, for a professional to provide information, in person, on an ongoing basis. However, given the lack of community based nutritionists and the discrete nature of the funding this was not sustainable. As a result, the Good Food for New Arrivals team used a community participatory approach to develop written nutrition resources that could be used by community members and a range of professionals already engaging with refugees.

This community participatory approach to resource development is summarised in Figure 1. In this cycle, which occurs more than once, the needs assessment informs the development of resources which are developed and redeveloped first with key members of the community and then with larger groups from the community. Service providers have input only after the community has made all the major decisions. Using this process the community used story telling to talk about nutrition issues in ways that reflected the reality of their current situation and their level of understanding of those issues and of health generally.

When the materials were being developed, illustrations were used extensively to support the text and to convey the story for those with low literacy levels. Artists worked with community members to develop illustrations that reflected the way the community wanted to be seen. Decisions regarding the translation of the resource material also resided with the community. Materials developed with the South Sudanese were in English – a decision related to the politics of using certain languages and the fact that many languages in use are not written. Materials developed with the Hazara Afghan community were translated into Dari.
Identified issues around food and nutrition

For each of the issues identified by communities the Good Food for New Arrivals program developed a range of strategies. All developed materials were designed to integrate into currently available services already accessed by refugees including English classes, migrant health services and intensive education centres located in selected primary and high schools\(^6\).

*Poor access to familiar foods*

Upon arrival refugees are exposed to a wide range of foods, some of which they recognise, and many others that are in packaging that is unfamiliar. Finding foods they recognise and have experience incorporating into their regular eating patterns can take time and often requires the development of community connections.

To assist in finding familiar foods the Good Foods for New Arrivals program constructed a list of foods commonly used and where they could be found. In addition to being used by the communities these lists were given to settlement service providers to inform the provision of food in the first week of arrival. The
development of a series of food cards and worksheets for English classes assisted in the establishment of vocabulary for both familiar and unfamiliar foods. The importance of being able to source foods and ingredients is highlighted in Caroline's story in Box 1. Her story exemplifies the importance of familiar foods as essential in retaining a sense of who it is you are and where you belong.

Box 1: Caroline's story

Caroline is South Sudanese. When we met her, she had been in Australia with her husband and children for seven years. She loved Australia and had learnt English well and was now helping other South Sudanese women. When we consulted with Caroline's sewing group we brought with us millet flour. Millet flour is used to make the South Sudanese staple *asida* – a stiff porridge. Caroline had not been able to find millet flour since coming to Australia. We gave her our bag and told her where she could buy more. Three months later at a South Sudanese welcome party Caroline greeted us with enthusiasm. "Thank you for the millet flour", she said. "I now make *asida* every day and now I am Sudanese again and my family is Sudanese again".

**Food insecurity**

Food security is defined as access to enough nutritionally adequate, safe and culturally relevant food for an active healthy life (FAO 2003). In a small exploratory study undertaken at the Association of Services for Torture and Trauma Survivors (ASeTTS) seven in ten refugees who were using the services of ASeTTS, had run out of food since coming to Australia. This compares with a national rate for all Australians of five in one hundred (Gallegos, Ellis and Wright in press). Food insecurity is a complex issue and the reasons for refugees not having ongoing access to food include: insufficient or late welfare payments; sending money to assist relatives overseas; large bills; inadequate transport; physical disability; mental health issues such as post traumatic stress disorder or depression. What also emerged was a
high degree of shame associated with not being able to feed one's family.

The program developed a written resource that outlined the issues and gave information on where to find emergency relief. It is recognised that these measures are inadequate and work continues to be undertaken to develop whole of community strategies that ameliorate the stigma attached to running out of food.

**School lunches**

For many refugees sending their children to school for six hours without a meal break at home is a novel experience. Many are unsure about what should be sent to school, and parents are subjected to considerable lobbying from children about what other children consume. This situation is no different from that experienced by other Australian families. In order to encourage the use of cultural foods and to ensure adequate nutrition Good Food for New Arrivals, in conjunction with communities, developed a series of pictorial posters which suggested appropriate and nutritionally balanced lunch box options.

**Anaemia**

Iron deficiency anaemia is a significant nutritional deficiency in refugees. Moderate anaemia can result in lethargy and lack of concentration, making English classes and the processing of new information difficult. Severe iron deficiency anaemia has been linked with developmental delay in children (ASE-TTS 2004a). Many refugees cease to take prescribed supplements due to the constipation that ensues as a side effect. The other main advice given to combat iron deficiency anaemia, increased meat consumption, is often possible due to financial constraints. In the South Sudanese community, tea consumption, which interferes with iron absorption, was also identified as an issue. In developing the story about anaemia for the resource, community members combined their knowledge about cultural practices to ensure cultural foods high in iron were included and that the social significance of tea drinking was retained. Service providers incorporated the concept that refugees return to their doctor after their initial blood test for ongoing monitoring. In this way a story developed that was included in a flip chart for use by health
professionals and clients, together with an accompanying leaflet, and a reader for English classes. This approach was also used to develop resources on poor appetite and changing food habits.

**Conclusion**

In addition to increasing the availability of nutrition resources that reflect cultural food practices this program also highlighted the benefits of including refugee communities in the process of resource development. Drawing on the talents, opinions and skills of the community there is a shift in the power differential – community members are no longer simply the recipients of advice but instead play an active role in the framing and delivery of that advice. Having survived war zones, torture and trauma, refugee camps, detention centres and hazardous journeys refugees are able to draw on their significant knowledge and culture to create healthy environments in their new homes. Good Food for New Arrivals is an example of how a health initiative can facilitate social inclusion and the maintenance of cultural integrity.

**References**


Notes

1 Good Food for New Arrivals is the responsibility of the Association for Services to Torture and Trauma Survivors (ASeTTs) and is currently managed by Ms Natalie Vicca.

2 The second phase of Good Food for New Arrivals is targeting a wider range of African communities on issues around breastfeeding and introduction of solids. It is also targeting a diverse range of communities who practice Islam with regard to Vitamin D status for women who wear the hijab.

3 From 1996-1999 numbers of Sudanese settling in Western Australia were 116; from 2000-2002 this increased to 388; from 2003-2005 numbers increased again to 1622 (DIMA 2006).

4 “Yarning” is used as a method of informal collection of information which is widely accepted within the Indigenous community. Participants choose to
take part and sessions are usually held at locations acceptable to participants.

5 There are over 150 languages in use in South Sudan. African Arabic is the most widely known but due to the political situation in the Sudan the community did not want this language to be used. The translation process used was extensive. Accredited translators were used in the first instance; translations were returned to key community members and altered to reflect understanding of the material.

6 All Good Food for New Arrivals resources can be accessed through www.assetts.org.au