

Food security among asylum seekers in Melbourne

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For many asylum seekers living in the community, a lack of access to employment, social services and government financial assistance leads to an increased risk of food insecurity. Food and nutrition insecurity refers to the inability of a household to access a sufficient quality and quantity of nutritionally adequate and safe foods, or the inability of individuals to acquire foods that are socially or culturally acceptable.¹ The Food and Agriculture Organization (FAO) of the United Nations describes 'four pillars' of food security: availability, access, utilisation and stability, all of which come under an overarching right to food.² Food availability is the physical availability of food in markets, farms or through donations; and food access is one's ability to produce food or acquire it, so this pillar also requires sufficient infrastructure and financial resources.^{3,4} Food utilisation, refers to one's access to cooking equipment and the ability to safely prepare food.^{3,4} The final pillar, stability, refers to one's ability to obtain food over time.

Food insecurity can also exist when some members of a household limit their intake of food to provide more food to other household members, and can exist with or without hunger.⁵ There are few regular measures of food insecurity in Australia. When included in national surveys, food security is limited to a single item asking whether there were times in the past 12 months that a person had run out of food or could not afford to buy more food. The most recent National Health Survey to include this question, conducted in 2004, found

Abstract

Objectives: This research explores food insecurity among asylum seekers who are members of the Asylum Seeker Resource Centre (ASRC) in Melbourne, Australia.

Methods: Structured person-assisted questionnaires were conducted with 56 asylum seekers. The questionnaires examined issues around access to food, cultural appropriateness of available food, transport issues, use of the ASRC Foodbank and questions about general health.

Results: Findings suggest that: 1) almost all asylum seekers in this study were food insecure; 2) most of the asylum seekers using the ASRC Foodbank have no access to food other than that provided at the centre; and 3) the reason that most asylum seekers are food insecure is related to structural problems associated with limitations imposed by different visas.

Conclusions and implications: The ability of asylum seekers to achieve food security is limited by their restricted access to welfare and government or work-related income. Given that the current policy situation is likely to continue, providers such as the ASRC will find continuing demands on their services and increasing pressures to provide more than a 'supplemental' food supply.

Key words: foodbank, food insecurity, temporary protection, refugee, asylum seeker

that 5.1% of respondents were identified as being food insecure.^{6,7} Given recent economic uncertainties and policy changes that have negatively affected the weekly income of vulnerable populations within Australia, this figure may be an outdated underestimate. A recent study of food security in the Australian city of Brisbane, using the more sensitive USDA 18-item short form food security screening questionnaire, found food insecurity to be as high as 25%, with those in socioeconomically disadvantaged areas with lower household income and multiple adverse health outcomes more likely to experience food insecurity.⁸

There is a large body of evidence highlighting the negative impacts of food insecurity on health. Food insecurity has been found to be related to poor general health,^{9,10} poor nutrition,^{11,12} poor cardiovascular health,¹³

poor mental health,^{14,15} increased odds of being hospitalised,¹⁶ behavioural problems,¹⁷ poor developmental outcomes in children¹⁸⁻²⁰ and an increased risk of chronic illnesses.¹³ For women, food insecurity has also been associated with higher likelihood of being obese.^{21,22} While those on low incomes, the unemployed and people living in insecure housing have been found to be most at risk of food insecurity,^{7,23,24} an individual may experience food insecurity for a variety of reasons. These reasons may include a lack of resources (financial resources or other resources such as transport); a lack of access to nutritious food or food at affordable prices, or a lack of access to food due to geographical isolation; and a lack of knowledge about a nutritious diet.²³

While there has been a significant amount of research that has investigated vulnerability

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as a predictor for food insecurity,^{25,26} limited research has investigated the food security status of refugees and asylum seekers. The research that is available suggests this group is at risk of food insecurity, both with and without hunger. The key influences of this risk include the conditions accompanying the temporary visas with which this population are granted, most significantly those that restrict financial aid and opportunities for paid work. They also include the limits that are placed on English language classes. For example, in a study of refugee families with children under the age of five who had lived in London for less than two years, all families were found to be food insecure and around 60% were experiencing hunger, a finding attributed to a lack of social welfare.²⁷ A more recent study investigating food insecurity in recently arrived Liberian refugees in the US found that 85% of families were food insecure and almost half experienced hunger; and those experiencing food insecurity were most likely to be on lower incomes and receiving some food aid, and to be among those who reported difficulties with shopping and language.²⁸ A Western Australian study investigating food insecurity and the associated socio-demographic factors in a group of newly arrived refugees found that most participants reported running out of food. While this finding is consistent with those of other studies of refugees; this study highlights that the most common reasons for running out of food were related to household and transport bills, sending money 'home' and poor budgeting skills.²⁹

The current study explored issues related to food security in asylum seekers who were members of the Asylum Seeker Resource Centre (ASRC) in Melbourne, Australia, and builds specifically on the earlier work of O'Reilly and colleagues³⁰ at this site. This organisation has a co-located Foodbank, providing food to those asylum seekers in need. The ASRC Foodbank works on a 'supermarket model' – food is on shelves in a similar manner as they would be at a supermarket, allowing members of the ASRC (assisted by a volunteer) to choose their own groceries for the week. The Foodbank utilises a points system; members are allocated a number of points based on their income and family situation. This approach differs from other Foodbanks that, typically, offer users a pre-packaged food hamper.^{31,32} Allowing members of the ASRC Foodbank the opportunity to select their own groceries

has been incorporated into this model to allow the asylum seekers a degree of control over their food choices and to ensure, where possible, culturally appropriate food selection. About 150 families visit this Foodbank for their weekly supply of food. The asylum seekers who visit the ASRC are living in the community on temporary protection visas while they await their protection visa to be processed. Australia has a number of temporary protection visas. The most common are the Bridging Visa A (BVA), which is granted to individuals who enter Australia with a valid visa, e.g. a student, tourist or business visa, and then apply for a protection visa before their original visa expires; the Bridging Visa C (BVC), which is granted to individuals who apply for a protection visa after their original valid visa has expired; and the Bridging Visa E (BVE), which can be granted to both those asylum seekers who arrive in Australia with a substantive visa but apply for protection visa after their original visa has expired and any asylum seeker who has arrived by boat and has been released from detention to live in the community. Depending on when an asylum seeker arrived in Australia, they may have some entitlements to work.

The primary objectives of this study were to investigate the food security of those asylum seekers who visit the Foodbank to understand their food-related experience since being in Australia, and to investigate general issues around household hunger.

Method

Using a structured person-assisted questionnaire, this study explored asylum seekers' experiences of food availability, hunger and general health; and additional demographic information was sourced from the ASRC database at the completion of the questionnaire with members' permission. The structured questionnaires were administered over four days in January 2014 to a convenience sample of asylum seekers. The questionnaires were completed on-site at the ASRC with the assistance of one member of the research team. In total, 60 asylum seekers were approached to complete the questionnaire and 56 agreed to participate. While translators were made available, two of the asylum seekers who declined involvement indicated that they were uncomfortable speaking in English. The other two asylum seekers declined to participate

due to time constraints. All participants gave written consent and were informed that their answers would be processed anonymously. Three participants were provided a translation service.

The questionnaire included questions about the size of the household, level of education and date of arrival in Australia. To gain an understanding of the level of food security, the 7-item scale of the United States Department of Agriculture Food and Nutrition Service was used.^{33,34} This survey has been used in a number of studies of food insecurity in vulnerable populations.³⁵⁻³⁷ The instrument includes questions about whether the participant was worried that they would run out of food, or if they felt that they could eat a balanced meal with the food made available to them. It asks a number of indirect questions about hunger, e.g. asking if they cut the size of their meals or ever eat less than they think they should because of a shortage of food. This survey also allows for the differentiation of food insecurity both with and without hunger. Also asked were questions specifically around hunger, adapted from the work of Piwowarczyk and colleagues,³⁷ including questions about how many meals were consumed the previous day, if they had gone to bed hungry, and if weight had been lost because of insufficient food. Finally, questions were included asked about general health, adapted from the SF-8.³⁸ Two questions were removed (those addressing energy and daily work), as the ASRC felt that these questions might not suit the population. The questions asking for self-rated health and emotional health have been analysed and reported as separate questions. Combined, the questionnaire included 42 multiple-response questions and five open-ended questions, and took about 20 minutes to complete.

The data were analysed using basic descriptive statistics to characterise the sample. Categorical data were reported using simple frequencies and percentages while continuous data were presented as means, medians and standard deviations; the chi-square test was used to determine any relationship between variables. For this analysis, demographic variables were collapsed: Self-rated health was collapsed into four categories (excellent and very good; good; fair; and poor and don't know); countries of origin were collapsed into region, and continuous age data and travel data were collapsed into categorical variables.

In accordance with the method proposed by Bickel and colleagues,³³ the food security scores were combined to create one measure for level of food security. Following this method, the food security status of each individual or household is determined by responses to food security questions. Food security is classified as those individuals or households who report only one or two food security conditions, while food insecurity is classified as those individuals or households who report three or more food security conditions. Food security with hunger is defined as those individuals or households where eating patterns have been disrupted because of insufficient resources (money or access to food). Approval from the study was obtained from the Deakin University Ethics Committee.

Results

Demographic characteristics

The general characteristics of the sample are detailed in Table 1; these characters match the general demographic characteristics of the total membership of the ASRC. Most participants were from Africa (n=23, 41.1%), mainly Ethiopia; and Asia (n=22, 39.3%), mainly Pakistan and Sri Lanka; with fewer participants from the Middle East (n=10, 17.9%), mainly Egypt; and Europe (n=1, 1.8%). Most of the participants were male (n=32, 57.1%), with an average age of 35.9 years (SD 11.56), ranging in age from 19 to 67. The average length of time the asylum seeker had spent in Australia was 27.6 months (SD 21.6), with a range of 4.6 months to 121.8 months. The sample included 12 members (21.4%) who had children under the age of 18 in their care. More than half the participants were educated beyond high school (n=29, 51.8). One in five (n=12, 21.4%) indicated that they were current smokers. Most of the asylum seekers were temporary protection holders, holding either a Bridging Visa A (n=24, 42.9%) or a Bridging Visa E (n=17, 30.4%). Depending on the conditions associated with these visas, holders of these visas may or may not have rights to work. More than half (n=32, 57.1%) the asylum seekers who participated in this

study had no income, while 7% (n=4) had some income from work.

Most participants lived in households with four (n=12, 21.4%) or five (n=11, 19.6%) other people. Almost 20% (n=11) of participants lived in a boarding house, motel or some other form of temporary accommodation. Almost all participants (n=50, 89.3%) said they were living in secure housing, and around three in five (n=34, 61.8%) indicated that they had a usable kitchen and cookware available to them. Many participants travelled more than 10 km to get to the Foodbank, with more than one-third (n=21, 37.5%) travelling more than 20 km. When asked how they get their food home, most participants (n=31, 55.4%) had a backpack and many (n=22, 39.3%) had a trolley with wheels that had been provided by the ASRC. When asked how they get home, most participants (n=49, 87.5%) indicated that they used public transport including trains, buses and trams; less than one-quarter (n=13, 23.2%) of participants owned or had access to a car.

Food availability

Members of the Foodbank were asked a number of questions about the food available to them. This line of questioning included questions about the food available to the household over the previous month and whether participants were able to afford to purchase food they needed (Table 2). Half the participants (n=28, 50%) said they always had enough to eat, and it is the kind food that they want. Almost one-third of participants (n=17, 30.4%) indicated they had enough to eat but not always the kinds of food they wanted to eat. When asked why, most participants responded that they did not have enough money (n=17, 30.4%); others responded that the food they liked was not available in the local area (n=11, 19.6%). Eleven participants (19.6%) indicated that they sometimes did not have enough food to eat, with most of these participants highlighting a lack of money as the main reason (n=9, 16.1%). One respondent said that they had a special diet that wasn't available at the Foodbank and another said

Table 1: Demographic characteristics (n=56).

	n (%)
Sex	
Male	32 (57.1)
Female	24 (42.9)
Age^a	
Under 30	23 (41.8)
31-40	17 (30.9)
41-50	10 (18.2)
50+	5 (9.1)
Region or origin	
Africa	23 (41.1)
Asia	22 (39.3)
Middle East	10 (17.9)
Europe	1 (1.8)
Visa type	
Bridging Visa A	24 (42.9)
Bridging Visa E	17 (30.4)
Bridging Visa C	4 (7.1)
Bridging Visa (not specified)	5 (8.9)
Student	3 (5.4)
Other	3 (5.4)
Education	
Primary school or less	9 (16.1)
High school	18 (32.1)
Post-secondary education	29 (51.8)
Income	
No Income	32 (57.1)
Income from other charities	20 (37.7)
Income from work	4 (7.1)
Self-rated health	
Excellent or very good	22 (39.3)
Good	16 (28.6)
Fair or Poor	18 (32.1)
Bothered by emotional problems	
Not at all	9 (16.1)
Slightly	24 (42.9)
A lot	18 (32.1)
Extremely	3 (5.4)
Household size	
One	5 (8.9%)
Two	8 (14.3%)
Three	9 (16.1%)
Four	12 (21.4%)
Five	11 (19.6%)
Boarding house or motel (>5)	11 (19.6%)
Distance from ASRC	
Less than 5km	4 (7.1%)
5km-10km	14 (25.0%)
10km-20km	17 (30.4%)
More than 20km	21 (37.5%)
No functioning kitchen, or cookware	
Often true	8 (14.5)
Sometimes true	13 (23.6)
Never true	34 (61.8)

a: Does not equal 56 as not all respondents supplied this information

Table 2: Food availability.

	n (%)
Which of these statements best describes the food eaten in your household in the last 12 months?	
We always have enough to eat and it's the kinds of food we want	28 (50%)
We have enough to eat, but not the kind of food we want	17 (30.4%)
Sometimes we do not have enough to eat	11 (19.6%)

that it was too hard to get to the Foodbank. Participants are able to visit the Foodbank each week. Most participants indicated that they visit the Foodbank at least three times per month. One-third (n=19, 35.2%) indicated that all their food is sourced from the Foodbank, with only a small number (n=10, 17.9%) receiving food from other charities. For those who purchased some food items (n=41, 78.8%), most said this was because there was not sufficient variety of food at the Foodbank (n=32, 78.1%), that they did not get enough food to feed their family (n=13, 31.7%) or that they like a specific brand or product (n=13, 31.7%). For around half the participants (n=31, 53.7%), the food at the Foodbank was unfamiliar to them, and around one-third (n=21, 38.4%) said they did not know how to cook the food that was offered to them at the Foodbank.

Food insecurity

Food security status is detailed in Table 3. Food security was calculated in accordance with the method proposed by Bickel and

colleagues, whereby participants were categorised as either food secure, food insecure without hunger or food insecure with hunger.³³ To create this score, responses to individual food security questions were combined to create one measure for level of food security. The majority of participants (n=51, 91.1%) were found to be experiencing any type of food insecurity. Around half the participants experienced food insecurity without hunger (n=29, 51.8%), while almost 40% (n=22, 39.3%) experienced food insecurity with hunger. There were no statistically significant results for level of food security (when analysed as food insecurity either with or without hunger, or analysed separately) for gender, age, income, level of education, health status, household size, distance from the Foodbank or region of origin.

Despite the small sample size, the findings presented here indicate that all asylum seekers who participated in this study and experienced food insecurity did so regardless of visa type or length of time in Australia.

Table 3: Food Security.

	Food Security Status Level		
	Food Secure (%) 5 (8.9)	Food insecure without hunger (%) 29 (51.8)	Food insecure with hunger (%) 22 (39.3)
Sex			
Male	2 (6.25)	20 (62.5)	10 (31.25)
Female	3 (12.5)	9 (37.5)	12 (50)
Age			
Under 30	2 (8.7)	13 (56.5)	8 (34.8)
31-40	1 (5.9)	8 (47.1)	8 (47.1)
41-50	0	6 (60)	4 (40)
50+	2 (40)	2 (40)	1 (20)
Region of origin			
Africa	4 (17.4)	13 (56.5)	6 (21.6)
Asia	1 (4.5)	11 (50)	10 (45.5)
Europe	0	1 (100)	0
Middle East	0	4 (40)	6 (60)
Visa type			
Bridging Visa A	2 (8.3)	11 (45.8)	11 (45.8)
Bridging Visa C	0	3 (75)	1 (25)
Bridging Visa E	1 (5.9)	9 (52.9)	7 (41.2)
Other	2 (18.2)	6 (54.5)	3 (27.3)
Education			
Primary school or less	1 (11.1)	5 (55.6)	3 (33.3)
High school	2 (11.1)	10 (55.6)	6 (33.3)
Post-secondary education	2 (6.9)	14 (48.3)	13 (44.8)
Income			
No Income	2 (6.3)	17 (53.1)	13 (40.6)
Income from work	1 (25)	2 (50)	1 (25)
Other income	2 (11.7)	8 (47.1)	7 (41.2)

Table 4: Eating behaviours.

	n (%)
Go to bed hungry	
All the time	1 (1.8)
Sometimes	22 (39.3)
Rarely	33 (58.9)
Number of meals in previous day	
One	10 (17.9)
Two	24 (42.9)
Three	22 (39.3)
Lost weight since arriving in Australia	
Yes	24 (42.9)
No	16 (28.6)
Same	14 (25.0)

Eating behaviours

When asked about their own eating behaviours, most participants (n=46, 82.1%) indicated that they had eaten at least two meals in the previous day. Around 40% (n=22) indicated that they had gone to bed hungry at least once in the previous month and almost half (n=26, 46.4%) indicated that they were currently eating less food than they did in their home country. More than 40% (n=24, 42.9%) said that they had lost weight since arriving in Australia because they did not have enough food to eat (Table 4).

Despite the high level of food insecurity experienced by participants (Table 3), around one-third (n=22, 39.3%) reported being in excellent or very good health; however, most (n=45, 83.6%) indicated that they were currently bothered by emotional problems (see Table 1). There were no associations between level of food security or demographic characteristics and experiences of poor physical health or emotional health.

Discussion

Asylum seekers face significant challenges after their arrival in Australia. Most asylum seekers who arrive in Australia are young men, having been chosen by their family to make the journey to Australia. While they wait for a determination of their refugee status, under the current regime, asylum seekers living in the community are only afforded temporary protection. This temporary protection provides limited access to social and housing services, language classes, basic material needs, health care and food.

The findings of this study suggest that more than 90% of asylum seekers experience

food insecurity and more than half have no income and, while almost 70% report being in excellent or very good health, participants reported experiencing hunger, weight loss and emotional problems since arriving in Australia.

The high level of food security is consistent with the few studies that have investigated the food security status in this population, including one study that was conducted at this location.^{29,30,37} As previously identified by O'Reilly and colleagues,³⁰ asylum seekers at this site were consuming less than the minimum requirements of vegetables and legumes according to the *Australian Guide to Healthy Eating*, and were found to be relying on the Foodbank as their primary food source.³⁰ Despite this finding of limited vegetable consumption, the previous study did not report on the various aspects of food security beyond using visits to the Foodbank as a measure of food insecurity. This current study supports the finding that, for many asylum seekers with limited or no income, the ASRC Foodbank is the main source of weekly food. As has been demonstrated in previous research, having access to a form of food aid may go some way to reducing food insecurity,³⁹ however, while this relief may provide short-term assistance to those who are economically or socially disadvantaged, simply having access to a Foodbank or other emergency food relief such as vouchers or hampers does not preclude an individual experiencing prolonged food insecurity.⁴⁰⁻⁴² In fact, Foodbanks are generally regarded as a supplemental food source and are not seen to be effective when acting as the sole source of food supply.⁴³

Asylum seekers face food insecurity at higher levels than other vulnerable groups due to the dual negative effects of temporary protection and restricted work rights. Asylum seekers who hold a temporary (rather than permanent) protection visa face a number of challenges when living in the community, including access to health care and welfare, and loneliness, isolation and poor health.⁴⁴⁻⁴⁶ The current study found fewer than 10% of asylum seekers were receiving any income from work and, for most, the reason they did not have enough food to eat, or not enough of the food they liked, was because they did not have enough money to buy food outside that provided by the ASRC Foodbank. In short, the asylum seekers who use the ASRC Foodbank are dependent on the service for the majority of their weekly food. This

finding is consistent with the finding of an investigation of the food security of asylum seekers compared with refugees in the US, where asylum seekers were found more likely to be food insecure – largely due to restrictions on paid work.³⁷ Similarly, another study based in the US investigating food insecurity in recently arrived Liberian refugees found most families to be food insecure with almost half experiencing hunger.²⁸ This study suggested that employment plays a large role in food insecurity, as do difficulties with language and food shopping. In the Australian context, the one other study of food insecurity among refugees found that refugees experience food insecurity at a greater rate than the general population.^{29,47}

Despite the clear findings of this study, there are a number of limitations that must be taken into consideration when interpreting the results. The small sample size and the convenience nature of the sampling strategy mean that these results cannot be generalised to all asylum seekers. This also means that the associations between demographic, health and food security could only be explored to a limited extent. While almost all the asylum seekers who were approached to take part in this study agreed to be involved, this study does not claim to be representative of all asylum seekers. However, while the size of the sample is small, the nature of this Foodbank, where asylum seekers are able to visit only once each week, and typically on a specific day allocated to them, means that across the four days of data collection the sample of 56 families of 150 who frequent the Foodbank may be broadly representative of the ASRC Foodbank membership.

A further limitation is that some participants declined to participate due to their limited English language skills and few asylum seekers took up the offer of a offered a translator. As a result, only those with basic English language skills participated in the study. For many asylum seekers, English is not their primary language, and a lack of English or the ability to communicate in English (in a country where the main language is English) is a known risk factor for food insecurity. As such, this study may under-represent the risk of food insecurity in this group.

As has been identified in other studies, there may have been some under-reporting of food security by this group related to shame or fear of stigma.^{48,49}

Conclusions and implications

The ability of asylum seekers to achieve food security is limited by their restricted access to welfare and government or work-related income. The main finding of this study, that almost all asylum seekers were food insecure, is complicated by the fact that most of participants had no income at all, and relied completely on the Foodbank for their weekly provision of food. Given that this study focused on the food security situation of those asylum seekers who are accessing this Foodbank and who – despite being food insecure – are able to source some food, there is a great concern for those who are not accessing a foodbank (but can) and those who have no access to such a service.

With the current policy situation unlikely to change, providers such as the ASRC will find continuing – and possibly increased – demands on their services, and increasing pressures to provide more than a 'supplemental' food supply. The restrictive asylum policy landscape and the unique nature of the 'supermarket model' of this Foodbank requires further research to inform improved advocacy that will allow for increased food for asylum seekers that is both nutritionally and culturally appropriate, and that promotes human dignity while reducing food insecurity.

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