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Household Food Security in Indigenous Australian families

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Study overview

- Families with children aged 6 months to 4 years in Darwin and Palmerston
- 3 Stages:
    - Stages 1 and 2 – Indigenous Australian families
    - Stage 3 – families with children attending child care centres.
- Presentation focus Stages 1 and 2

What is food security?

“Access by all people, at all times to sufficient food for an active and healthy life. Includes at a minimum:

•The ready availability of nutritionally adequate and safe foods; and

•Assured ability to acquire acceptable foods in socially acceptable ways”

(American Dietetic Association 1998)

Why do this study?

- Public Health Nutritionist
- Known link between poor nutrition and health problems
- Know little of food insecurity experiences and coping strategies used
- Known are a few household food security measures

Objectives

1. Explore urban Indigenous Australian families' experiences of food security.
2. Determine the performance of the US 18-item household food security module within Indigenous Australian families.

Why use the US HHFSM?

1. Current two questions:
   - *In the past 12 months were there any time when you ran out of food and couldn't afford to buy more?*
   - *When this happened, did you go without food?*
2. US 18-item household food security module (12 months):
   - Assessing food security status
   - Severity of food insecurity and hunger– adults and/ or children going without food (skipping meals/ whole day)

Pre-study

Pre-study consultation with:

- Danila Dilba Health Service staff and supported by Governing Board
- Bagot Community Health Clinic staff and Bagot Community Council

Focus tested US 18-item household food security module with Danila Dilba Aboriginal staff:

  - Clarify terms used
  - Question response option
  - Change items from statements to questions

Inclusion criteria

- Primary carer of Indigenous Australian child aged 6 months to 4 years
- Have lived in Darwin and Palmerston for ≥ 1 year
- Child does not have a medical condition requiring food or nutritional supplements

Recruitment

Recruitment sites:

- Danila Dilba Health Service child health clinic
- Bagot community (ARO)
- NT Dept of Health child health clinics
- Community (ARO)

Study design

Mixed methods approach

Stage 1 used 3 questionnaires:

- Modified US 18-item household food security module (mUS 18-item HHFSM)
- Kessler 10 psychological distress scale adapted for Indigenous Australians (Nagel et al. 2009)
- Social Determinants questionnaire (demographics, income, education, kitchen infrastructure, access to shops, reliable transport)

•Test-retest of mUS 18-item HHFSM

Study design

Stage 2 used qualitative interviews:

- Initial discussions (individuals/ families)
- In-depth interviews (individuals)

Data collection

Stages 1 and 2 occurred concurrently

- Administered the questionnaires
- Initial discussions when administering mUS 18-item HHFSM.
- Formulated early ‘Themes’ for further discussion (inductive process)
- Indepth interviews
- Thematic analysis

Stage 1 findings

N = 32 families

- 59% food secure, 41% food insecure
- National food insecure data prev. 31% remote and 20% non-remote persons (ABS 2015).

Test-retest mUS 18-item HHFSM N=26

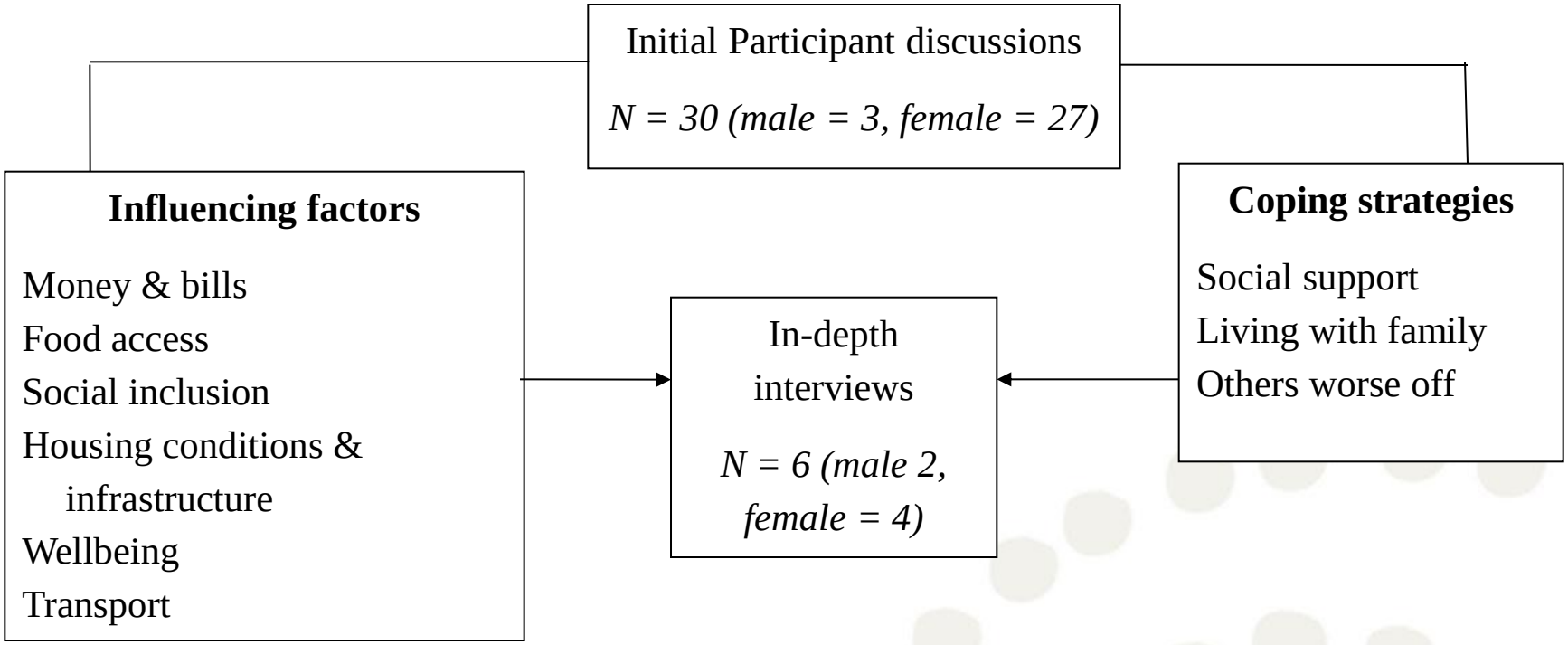
- Kappa indicated fair agreement between test and retest.

Characteristics of FI Households

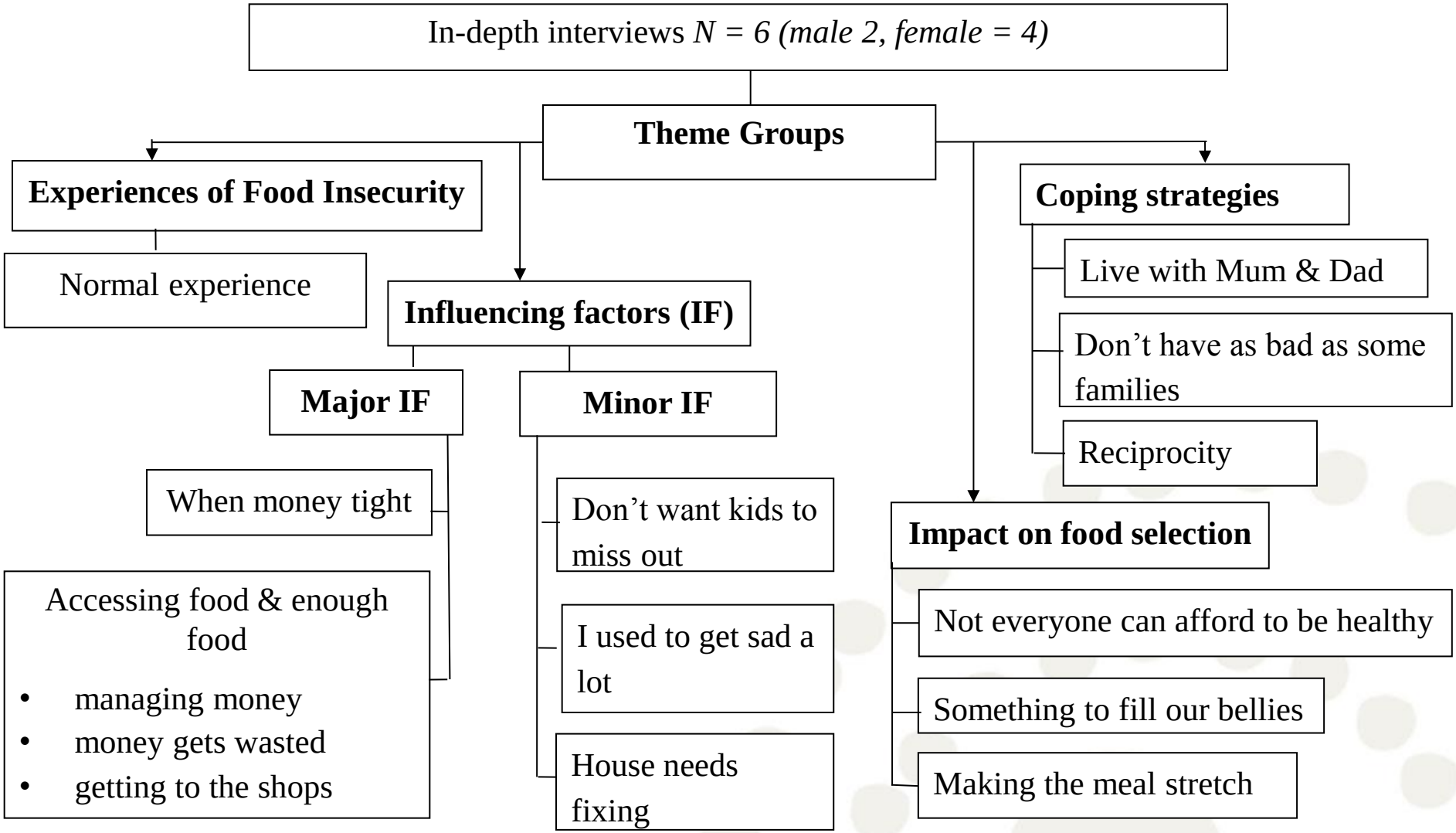
N = 32 families

- 91% Females as primary carers (81.2% mothers)
- Median 7 people per household (range 3 -15 per household)
- 67% younger children (at least 1 child aged 6-24months)
- 54% lower education attainment (highest qualification yrs10-12)
- 92% lower income (≤ $1,999.00 per fortnight)
- 46% not in paid employment (home duties, FT study, not working)
- 16% shopped closer to home (smaller shops & service stations)
- 23% often had transport issues (> 2 days/ week) and 46% used public transport for shopping (taxi and/ or bus)
- 23.1% reported higher levels of psychological distress (past 4wks).

Stage 2 initial discussion findings



Stage 2 Indepth interview findings



Summary

1. Food insecurity is a real experience for families.
2. Having enough money is a major factor.
3. mUS 18-item HHFSM found prevalence of FI higher than 2 items used in national Australian surveys
4. Limitations:
   - Small sample size (N=32), interpret results with caution.
   - mUS 18-item response timeframe (12 mo) potential issue with responses – Kappa fair agreement

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