



Fact Sheet 21 Poor Appetite

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 are normally always hungry. In Australia, when children lose their appetites they can be followed all day with food, and in some cases 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 a year. 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 most 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 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.

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. It is common to hear “we’ve been going without for so long and now when we are able to give the children treats we do”. 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 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.

Helicobacter Pylorii infection

Helicobacter Pylorii infection has been an additional cause of poor appetite discovered in children that are fairly recently arrived. This infection in the stomach appears to cause poor appetite and specifically early satiety in young children and can be effectively treated using triple therapy eradication therapy. In the WA paediatric refugee clinic, prophylactic treatment for helicobacter pylorii is given to children reporting symptoms.

Helicobacter Pylorii is common. Over 50% of the world’s population is infected. It is a chronic infection that occurs in childhood. The transmission route is uncertain but it is possibly faeco-oral. Risk factors for infection are being old or very young, overcrowded housing, poverty and a lack of breastfeeding. With the exception of breastfeeding, all these risk factors are common to refugee families.

Symptoms in children are abdominal pain (although uncommon), Anorexia/Early satiety, iron deficiency anaemia (Maastricht III) and growth failure or poor weight gain in infancy and around puberty. (Thomas 2004)

Failure to Thrive (FTT)

Failure to thrive is a term used in clinical settings whereby an infant or child does not achieve a normal or expected rate of growth. This poor growth can be due to malnutrition from disease, environmental causes or behaviour.

Some causes of failure to thrive in refugee infants may be due to a prolonged excessive intake of fluids eg fruit juices and /or low nutrient high energy drinks..

Managing fluid intake

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 receive no more than 2 glasses of milk per day and 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 diluted to 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
- 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 preferred drink for children and adults especially during summer.

Managing food intake

Providing children with small serves of food at meal and snack times on a regular basis.. Offering food more frequently may result in children not being hungry at meal time. This can increase anxiety around food intake.

Promoting 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 or encouraging to play outside should be encouraged. Children can also be encouraged to play a school sport such as soccer, basketball, netball, athletics or swimming.

When to seek help?

While a small appetite in young children is a normal, 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
- is unwell frequently
- does not grow as well as other children their age

Resources

Refer to the range of resources available on the Good Food for New Arrivals website www.asetts.org.au/nutrition/

These include:

- Information on appetite including flip charts, client information and reader
- Keeping Strong and Healthy Flip Chart