Where is Eritrea?

Eritrea is located in the North East of Africa. It is bordered by Sudan to the north and west, Ethiopia to the south, Djibouti to the south-east and Red Sea to the north and north-east.

Refugees

Pre-independence, Sudan only hosted 750,00 Eritrean refugees, some were settled in refugee camps and some in cities. Post-independence in 1993 many refugees returned back to Eritrea.
Not long after the independent from 1998-2000, Eritrea and Ethiopia fought a war that killed more than 70,000 people and displaced more than 600,000 from areas near the border. The current "no war and no peace' situation in Eritrea resulted to the indefinite national service conscription. Because of that there are many Eritreans fleeing the country. The total number of Eritreans in Queensland is estimated to be about 1100, including children.

Eritrean main food

The two staples are kitcha/plain bread, which is a very thin, baked unleavened **wheat** bread and **injera**, a spongy sour pancake made from teff, **wheat** and/or barley, maize or **sorghum**. Injera is traditionally made with teff, which is a whole grain grown mainly in Ethiopia and Eritrea. Teff leads all the grains by a wide margin in its calcium content, with a cup of cooked teff offering 123 mg, about the same amount of calcium as in a half-cup of cooked spinach. Teff is associated with low GI and a good source of iron.

The grains are ground up without being refined, made into a watery dough and then left to ferment for a couple of days before being baked. Fish consumption is rather low in Eritrea, as Eritean are traditionally meat-eaters.

Injera and **Kitcha** are eaten daily by most of the population. Plain bread/kitcha is usually eaten for breakfast with black tea or coffee. Injera is eaten with stew made from legumes, vegetable and meat. Lentils, chick peas, split peas, silver beet, kale, potatoes, pumpkin and carrots are used more often than meat mainly because of affordability.

Nutrition issues within Eritrean refugee

Like other developing country in the world, there has been food insecurity in Eritrea for many years. Eritrean refugee have experience a great hardship during their

stay in other countries and a lots of them depend on food ration from aid agencies. These food are often only carbohydrate rich and nutritional unsuitable for children and adult.
When arriving in Brisbane the majority of refugees undergo a health check with a refugee health nurse and are seen in General Practices (sometimes they may see GPs who are not familiar with the health assessment and refugee health issues), The refugee health assessment is mainly focused on the physical and psycho-social issues and includes an examination, blood tests, referrals to other services like TB, oral health and treatment of acute and infectious diseases. There are however, a number of nutritional issues that affects the health of children and adults which may not always be addressed fully due to limited time and resources.

The factors that I think are affecting nutritional intake after arrival in Australia are: **Knowledge, affordability and accessibility**.

Most of refugee have no or limited knowledge about nutritious food. Foods that they were not able to afford and access are very cheap to buy and find in Australia. For example; sugar, honey, white bread, milk, juice, soft drinks, processed food, oil, butter, refined flour etc. They found vegetables and whole meal flour expensive. For example sorghum and barley flour costs $3 per kilo where as plain flower costs only $1 per kilogram. Furthermore Eritreans will find baby formula here relatively cheap and easy to access compared to in Eritrea where it was considered only for the wealthy. Therefore this will influence their decision to breast feed for a longer period of time or not.

Refugees are used to foods rich in carbohydrate, however the nature of carbohydrates consumed here are simple (not complex carbohydrates) which is high glycemic index. constant exposure can lead to overburdening of the pancreas increasing the risk of damage to insulin producing cells leading to glucose intolerance and eventually type 2 diabetes.

I believe that refugee need extensive nutrition education and awareness programs to improve their nutrition intake and minimise diet related health issues.