Exploring food security and child feeding among refugee claimants and family class immigrants in Toronto

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Laura Anderson co-designed the study, managed the collection, transcription, translation, cleaning and analysis of the data, interpreted the results and was the lead writer on this report. Daniel Sellen co-designed the study, took administrative responsibility, supervised all aspects of the study, contributed to the analytic plan and overall interpretation of the results, and co-wrote this report.

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Synopsis

This project investigated household and child food insecurity and caregiver conceptualizations of the relationship between food and health among Latin American and Sri Lankan Tamil newcomer mothers (refugee claimants and family class immigrants) living in Toronto's Jane and Finch neighbourhood. Thirty-two (16 Latin American and 16 Tamil) mothers of children age 5 and under participated in 2 or 3 in-depth interviews. Reponses to semi-structured interviews indicated that all participants had qualitatively experienced household food insecurity at some point since arrival in Canada. Families struggle with household food insecurity due to very low incomes that restrict acquisition of adequate food for households. Caregivers think about and discuss the perceived relationship between health and diet using a mix of both traditional ideas and others influenced by processes of acculturation in Canada. Key recommendations include strengthening support for employment and social assistance to ensure the ability to meet minimum dietary needs for newcomer children. Furthermore, culturally appropriate tools to supplement Canada's Food Guide may be useful for promoting healthy diets among newcomers from specific ethno-cultural groups.

1 Overview of research undertaken

Policy issue addressed

Policy to support newcomers (immigrants and refugees who have arrived in Canada within the last five years) in Canada can be evaluated in terms of effectiveness in supporting the basic needs and human rights of newcomer families. This research project aimed at informing policy to strengthen nutrition and health support for newcomers legally resettled in Canada. The study captured information on the experience of food insecurity, ideas about healthy diet and nutrition needs and knowledge of Canada's Food Guide among selected groups of newly resettled family class immigrants and refugee claimants. The study directly responds to calls for more qualitative research on the experience of food insecurity, which was identified as a research gap in an influential Health Canada policy paper [1]. It also responds to a need to take cultural diversity into account when developing policies targeting nutrition [2] .

Knowledge gaps addressed

Despite a significant body of recent published research on the health of new Canadians, there has been limited research on newcomer diet and nutrition. To our knowledge, no research has evaluated factors influencing young child diet among newcomer families in Canada, and no published studies have assessed food insecurity or constraints to child diet among immigrants and refugees in Canada [3, 4]. Since a high prevalence of food insecurity and child hunger has been documented recently among refugee and other newcomer families in several other industrialized countries, it is possible that the

incidence, severity and experience of food insecurity and child hunger remain under-estimated among newcomers to Canada and that some Canadian newcomer families are at risk of food insecurity despite various social programs.

This research also aims to close existing gaps in knowledge about newcomer caregivers' cultural conceptions the relationship between food and health, and of child feeding knowledge and practice [4]. It is anticipated that improved knowledge of nutrition related experience and perspectives can help inform design of culturally competent tools and programs aimed at improving young child diet in newcomer families, and help providers and policymakers understand how caregivers use and interpret current nutrition recommendations and as presented in public health education literature and other media.

Conceptual framework

A good quality diet in early childhood, especially for children under 5 years, improves growth, mental development, physical health, and school performance and is necessary for a healthy and productive future [5-9]. It is hypothesized that key constraints in the construction of nutritious diets in the modern market system include limitations of income and cultural knowledge about nutritional needs and contents of foods [10].

Among newcomers to the US and other high-income countries low income, unemployment, and recent arrival are predictors of food insecurity [11] [12, 13]. Studies in the UK and US have found food insecurity in more than half of all refugee families with children under five years [11, 14]. Many immigrant families spend almost all their resources in order to arrive in their new country, and it often takes several months to find employment; this lack of savings or income source places newcomer families at high risk of food insecurity in the first years following immigration [15] [16]. In Canada, it is well documented that low income-families reliant on social assistance programs are most at risk of food insecurity, reflecting the inadequacy of these programs to alleviate poverty [17] [18] [19]. A recent study found food insecurity in 56% of households in a sample of Latin American immigrant households in Toronto and that financial, cultural, and informational barriers were risk factors [20].

Caregivers feeding children may make decisions that are potentially influenced by a wide range of factors that may include household food security status. Nutrition knowledge, access to nutrition information and attitudes to child diet and health strongly influence feeding practices and the types of foods children are fed [21]. Perceptions of optimal child feeding and frameworks for understanding food and health vary significantly between different cultural groups in Canada [22]. Individual understandings of health and diet are constructed through social interaction and negotiations, and have potential to change with migration [23].

Study Objective

This study investigated household food insecurity and caregivers' conceptualizations of the relationship between food and health among two groups of newcomers with different access to government support, social support, and employment: family class immigrants,

and individuals who entered Canada as refugee claimants (RCs- including current RCs and Landed in Canada Refugees (LCRs)).

The specific objective of research was to generate qualitative data that can inform municipal, provincial and national policy and programs aimed at improving young newcomer children's diets (i.e. five years and under) children's diet, nutritional health and long-term wellbeing. We aimed to meet this objective by:

1. Exploring caregivers' experience with food insecurity and its perceived influence on caregiver ability to provide healthy diets to their children;

2. Examining caregivers' cultural expectations of the relationship between health and nutrition in preschool-aged children;

3. Examining the knowledge of Canada's Food Guide in this sample and its appropriateness as a tool for this population.

2 Research Design and Methods

Nature of the collaboration

Research partners and coordination

The research was designed and conducted in partnership with the Hospital for Sick Children's New Immigrant Support Network and Access Alliance Multicultural Health and Community Services, along with the support of several community centres and programs in the Jane and Finch neighbourhood. The University of Toronto Office of Research Ethics approved the study protocol and provided oversight of the research.

Study Setting: Jane and Finch, Toronto

The study location was Toronto's Jane and Finch neighbourhood, which is an area of approximately 80,000 residents in the Northwest corner of the city. Jane and Finch is currently home to proportionately more recent newcomers and low-income families than the city of Toronto as a whole: 2006 census data indicates 24% of households have incomes below the federal low income cut-off, and 12% of residents arrived in Canada within the last five years [24]. In 2005, the City of Toronto and United Way of Greater Toronto designated the area as one of 13 "Priority Areas" in the city to be targeted for investment in infrastructure and community services. This designation has benefited these areas and allowed for an expansion of community services, which is an additional factor in attracting newcomers to this area.

Jane and Finch is a very ethnically diverse neighbourhood. The current top two regions of origin for recent immigrants are South Asia and South America [24] We sampled from two of the largest linguistic/cultural groups in the area: Sri Lankan Tamils, and Spanish-speaking Latin Americans.

Sampling, recruitment and inclusion criteria

We adopted a service-based, purposive sampling approach. Potential participants were identified and recruited through community service providers in the area, including settlement counselors and home visitors, as well as through drop-in programs such as the Ontario Early Years Centres, and nutrition and cooking programs targeting newcomers and their children. Volunteers interested in participating were screened for the following inclusion criteria before consenting and enrolment:

1. *Arrival in Canada either as a refugee claimant or family class immigrant.* We chose these groups because they are at higher risk of unemployment and low-income, and we hypothesized that they might face more barriers accessing services, programs, and other social supports.

2. *Sri Lankan Tamil or Spanish-speaking Latin American origin.* These groups both have high rates of refugee claims and family sponsorship, and are both among the five most numerous linguistic groups in Jane-Finch. We had initially tried to focus on a single country of origin (Colombian), but due to recruitment challenges we expanded the criteria to Spanish speakers from mainland Spanish-speaking Latin America.

3. *Mothers of children age 1-5 years.* Mothers are more likely to be the primary caregivers of a child than any other family member. This is particularly true for newcomers, because they are often geographically separated from extended family (grandmothers, aunts, sisters) who might otherwise take on a caregiver role [25]. For this research, we were interested in mother's responses to a resource-constrained environment. We selected an age range of 1-5 years because of the critical importance of nutrition, child care and healthcare for early child growth and development [5].

4. *Arrival in Canada within the last five years.* We recruited mothers who had arrived in Canada within the last five years because we were interested specifically in the experiences of newcomers.

Data collection

The study team collected data through in-depth, semi-structured interviews. We chose this method because of the sensitive nature of several of the interview questions, which covered the precarious migration status of several of the participants (particularly those who were currently going through the refugee claims process), migration experiences, and experiences with income and household food insecurity. Furthermore, the goal of the research was to explore participants' experiences and decision-making strategies regarding seeking healthcare and food for their children; this in-depth exploration of each participant's experiences would not have been possible in a group interview setting.

Each participant was interviewed two or three times, in interviews that ranged from 45 minutes to 2.5 hours in length. Interviews were conducted in either Spanish or Tamil (with the exception of one interview with a participant who spoke fluent English) by trained interviewers who were research assistants for the study. To ensure privacy, participants were given the choice of being interviewed in their own homes, or else in a private room at the Black Creek Community Health Centre. Laura Anderson was present

for all of the first interviews with each participant, and all but two of the follow-up interviews and took field notes on parent-child interactions within the participants' homes.

Data analysis

Each interview was audio recorded and later translated and transcribed by an independent third party. Laura Anderson reviewed the first interview transcripts with interviewers and identified any potential clarification needed in subsequent interview(s). Transcripts were checked and edited for accuracy with the recordings by interviewers. Each transcript was coded for themes relating to accessing and choosing healthcare providers. The coding process identified common themes within and across groups. Procedures for obtaining and recording informed consent, maintaining confidentiality and anonymity and for data management and protection followed current standard guidelines provided by the Research Ethics Board at the University of Toronto.

3 Research Findings

I. Caregiver experience with food insecurity

Key contributors to household food insecurity

All participants recalled situations during which they either felt anxiety about having enough food for their family, or more extreme forms of food insecurity, including hunger, since their arrival in Canada. Respondents consistently identified financial constraints as the primary determinant of food insecurity within their households and for their children. While some expressed difficulty locating traditional foods, and the need to travel several kilometers to locate these foods, these concerns were secondary. Limitations to household income, including unemployment, unreliable employment, and the insufficiency of Ontario Works to cover basic household expenses were the most important factors impacting household food insecurity. Other recurrent themes included the perceived high cost of nutritious foods and housing and the importance of social support. Migration-related expenses such as remittances and sponsorship debts were a consistent expense for many Tamil families. Unexpected household expenses such as medical bills were also a source of stress about food insecurity for families.

1. Unemployment and unreliable employment

Unemployment and unreliable employment were the most common explanations for concerns about household food insecurity. Many participants experienced high levels of household food insecurity in their first months or years in Canada, when family members were unable to find work. These first months in Canada were often described by participants as being extremely socially isolating, and as a time of doubt. One participant described the impact on her family when her husband had difficulty finding work:

> He couldn't find a job for a while and it was difficult. Though at that time we were getting some money from the government, but it wasn´t enough. It was a bit hard and we went to the Food Banks and to the benefit programs. There was a time when he said we should go back to Mexico, but we managed to get by. *(Latin American, Family Class)*

Most participants expressed concern because their partners did not have permanent, full time employment. One participant's husband had recently lost his job and she expressed concern about where money for food and for rent would come from:

> I'm worried about…the rent and the food, right? Yeah. For the food I can, ah, save some money from this month, that my husband receives, okay? So I'm gonna be okay. But I'm worried about the rent. Because is like 900 dollars, so. Where I'm gonna get the 900 dollars? I don't know if I can apply for Welfare. I don't know. *(Latin American, Family Class)*

Many described lengthy job searches for both themselves and their partners, with limited success. The main barriers to finding work that participants identified were the lack of recognition of their credentials in Canada, their lack of social connections, their limited English capability, and a lack of child care support. Only two Latin American participants were employed (both part time), and no Tamil participants were currently working. A few participants reported that they had been employed in Canada, but none had been able to keep them, largely because of the difficulty in finding childcare.

2. Limited social assistance

Seven Tamil participants and six Latin American participants reported that Ontario Works was their primary source of income. Of these, five of the seven Tamil participants and all six of the Latin American participants indicated that they had experienced household food insecurity in the last month alone. Participants were generally reluctant to appear ungrateful for the support they received, and often referred to the fact that in their countries of origin they would not receive any sort of government support. While some Tamil participants felt that the money they received from Ontario Works was sufficient to feed their children, most indicated that it was more of a useful extra help than support that covers all of their monthly expenses:

> "I cannot say it [Ontario Works] is sufficient, but it is a help, to an extent *(Tamil, Family Class}*

> "It covers my rent and gives me a bit for the food" *(Latin American, Refugee Claimant)*

Furthermore, several participants indicated a high level of anxiety regarding potential cuts to social assistance. This was particularly highly prevalent among refugee claimants, who were aware that further cuts might be made to the Interim Federal Health program.

3. Household expenses

Almost all participants (10 Latin American and 14 Tamil) reported that the cost of rent (or in the case of two families, their mortgage) was too high compared to their income, and that they were regularly concerned about being able to pay their rent. All participants reported that rent was their first priority, followed by food, which was cut from the budget when it was difficult to pay for rent.

Participants felt that they considered "healthy" tended to be particularly expensive, including meats, dairy products, and fruits. Many participants were concerned that they perceived that the cost of food had increased in recent years. All participants, however, were able to access discount grocery stores such as Food Basics and Price Choppers, which they felt offered the best value compared to smaller convenience stores.

Among Tamil families, there were two types of migration-related expenses that cut into the family food budget. First, most families reported that they sent remittances home whenever they could. They often expressed guilt, knowing that family members at home were experiencing poverty, the impacts of natural disaster, and the fallout from civil war. As a result, they often sent more money than they could afford. As one participant explained:

> [My sister in Sri Lanka] was asking me to lend some money to her. At that time, I told her that I am in trouble. I have no money and he [my husband] doesn't have work all the time…so it is very difficult…but they still call us often and ask us for some money. (*Tamil, Family Class)*

Second, some Tamil participants who were sponsored by (non-husband) family members felt burdened by the expectation that they need to repay the costs incurred by their family members during their first years in Canada, when they supported them.

Responses to household food insecurity

1. Household Budgeting Strategies

The primary response by participants to household food insecurity was to cut back on household expenses, including cutting back on clothing purchases as well as decreasing their household food budget. Strategies for the latter include reliance on staple foods, avoiding restaurants, avoiding more expensive foods fresh fruits, cheeses, and meats. This was often described as taking place at the end of the month. One participant described her experiences:

> I buy a bag of rice and it lasts, then I don´t buy anything else. The day I buy all that, soup, oil, that day I spend more. Let´s say that it is once per month that I do that. The rest of the time is as if, how can I tell you, I try to manage it, to make it last. *(Latin American, Refugee Claimant)*

Since most participants were unemployed, they depended on their partners for financial resources. While some indicated that their husbands saved for emergencies, several others described saving parts of their weekly budget from their husband in case of an emergency:

> Thank God, I have never had an emergency. My husband is not a person who says "Here you have 20 dollars this week in case of an emergency". He used to give it to me before but now he doesn´t. So if he ever gives me something, I keep it saved for those days when I have an emergency. Let´s say that every week he leaves 20 or 50 dollars and I know that I can´t spend that money just like that (laughter), but I also know the money is there in case of an emergency. *(Latin American, Refugee Claimant)*

Several participants buffered their children against food insecurity by eating less themselves. They recalled skipping meals, and drinking only tea or broth during meals to ensure their children had food. One described how she stretches the foods purchased at the supermarket by eating food from the food bank, which she considered to be less desirable, so that her children did not have to eat these foods.

> Sometimes I go to the food banks, but very few times because they give you canned food, which my daughters eat, but they don´t give you the essentials, such as milk, yogurt or those things. But I try to get that just for them. *(Latin American, Refugee Claimant)*

2. Seeking assistance from friends, family members and community programs

Most participants had borrowed small amounts of money from friends and family members in Canada and felt that they would be able to borrow money in an emergency. A few participants sent their children to family members' and neighbours' apartments for meals at the end of the month when they faced more financial constraints. Overall, support from community programs, including community nutrition programs, the Ontario Early Years Centre, and food banks, was perceived to have a positive impact on preventing household food insecurity. These positive impacts came through the provision of food, the development of social networks, and through education on budgeting and shopping in Canada.

3. Food bank use

Among Latin American families, food banks were frequently cited as a reason why participants did not worry about child hunger; all but two had used them, and all knew where to find food banks. This was in stark contrast to Tamil families, of which five did not know where to find a food bank, and none reported that they had found them to be particularly helpful. Tamil participants cited the belief that food was expired, and also that they did not want to eat tinned food as the reasons for which they were uninterested in using food banks. While several Latin American participants shared these concerns,

many of them explained that they were a place that they could reply upon in case of emergencies.

> Sometimes I need to borrow but we can't always, so we adjust the budget…at least here, thank God, we can go to the Salvation Army [food bank] *(Latin American, Refugee Claimant)*

Many who regularly accessed food from food banks felt that they were not able to access the food bank enough times each month.

4. Reluctance to ask for help

A common theme regarding borrowing money and asking for food was embarrassment, and many participants were frustrated that they were dependent on the help of others, when they had been self-sufficient in their countries of origin. Several Tamil participants expressed this concern regarding food banks.

A related recurring theme was the awareness that the food insecurity situation was much worse for family and friends in their home countries and elsewhere in the world. Although many indicated food insecurity, they indicated that they felt that in Canada they would not starve, and that others fared worse than them.

> "I don't go to the food bank because the Salvation Army is helping Haiti, that's why I don't want to go there…they were taking food for them" *(Latin American, Refugee Claimant)*

Among Tamil participants, it was particularly common to minimize their own difficulties in Canada by contrasting the high levels of poverty and susceptibility to natural disasters their family members in Sri Lanka faced. One participant who indicated a high level of household food insecurity explained that compared to those at home, she didn't feel like she had problems:

> The worries here are not a big deal. [In Sri Lanka] they have storms, it's always raining, it rains inside the home too, and at those times it is very difficult because of these floods. *(Tamil, Family Class)*

II. Conceptualizations of the relationship between health and food

Through analysis of participants' discussions regarding their conceptualizations of the relationship between their children's diet and health, we identified four major discourses: a focus on "natural foods", illness susceptibility, "balance", and hygiene. These discourses came from both their home country and Canadian influences.

1. Natural foods

This was the most widely used discourse concerning food choice among both Tamil and Latin American participants. The concept of "natural foods" includes a lack of pesticides, other chemicals, and hormones in foods, as well as being fresh and locally grown. When discussing produce in Canada, many were concerned about the presence of pesticides and hormones in fruits, vegetables and animal products.

Participants' explanations for why they felt that "natural foods" were better for their children's health fell into two categories: their immediate health (digestion, behavior), and long term health (growth, chronic disease):

> I think [candies] will hurt her blood because candies have a lot of artificial colors and so on. Besides that, they make her act differently…They alter her a lot. She starts running and screaming. (*Latin American, Refugee Claimant*)

> There is a difference between the chicken they sell there and the chicken they sell here. There, they grow and give there. Here, they grow in farms right, so there is difference in both the chickens…There is something in it, which would affect the kids' hormonal growth (*Tamil, Refugee Claimant*).

Many participants felt that in their home countries pesticides were not a concern, while the produce available in Canada generally had high levels of chemicals. Several participants indicated they were concerned about the source of foods from particular grocery stores, and were aware of the lack of fresh produce available at discount grocery stores. Tamil participants indicated concern that the food at local grocery stores (which in some cases are perceived to be Chinese owned although this is often not the case) has higher amounts of chemicals:

> Then, they used to say not to buy in Chinese stores… because it has many chemicals… Price Choppers and No Frills are okay… if I get any vegetables, they want me to buy from Price Choppers… if I buy fruits, they want me to buy from Price Choppers… they say it is good… fresh… even if it is costly… it is good for kid's health. (*Tamil, Family Class*)

Many participants expressed that they were more concerned about ensuring that their children ate "natural foods" because they perceived that there are much more processed foods in Canada, including canned and frozen foods and processed meats, than were available in their home countries. Several participants brought up this comparison between fresh foods in their home countries and processed foods in Canada.

> [The food in my home country is] much fresher. If you want to eat chicken in the evening, the chicken is still alive in the morning (laughter). You go to the markets and everything is fresh, they have just cut the vegetables. Over here everything is more processed (laughter). (*Latin American, Refugee Claimant*)

Many participants felt that it was the lack of nutritional content in frozen and preserved foods that made food in Canada less healthy. One Tamil participant felt that foods were less fresh and had less taste here, which she linked directly to nutritional content:

> We eat freshly cooked food there… here when we eat, fridge food. There we eat fresh food every time, right? Now, we eat food without any nutrients, and without any taste (*Tamil, Family Class*)

2. Protection against illness

Participants' discussions about the relationship between health and food included concerns about both infectious and chronic disease and illness, using both traditional and Western discourses. Several Tamil participants used a traditional discourse in discussing the relationships between health and illness. In particular, many Tamil participants explained that they fed their children in Canada differently than they would at home because of the difference in climate. Many participants explained that animal products, particularly meat and cheese, protected against illness brought on by the cold climate in Canada.

> In cold places we have to take meat so that we can bear cold and be strong. He says that then only we could bear with the cold. So I started eating it and got adjusted to it. (*Tamil, Family Class*)

Both Tamil and Latin American participants conceptualized of a healthy diet as a means of avoiding acute or infectious illness and also as a means of preventing chronic disease. Several identified sugars, fats, and cholesterol as causes of cardiovascular disease, diabetes, and obesity in general. This was often, though not always, framed in terms of concern for their children based on experiences with chronic disease among family and friends.

> Besides this, all my family have diabetes precedents, my mum and my older sister suffer from diabetes, so my children are prone to it. Everybody says that too much sugar is bad and wherever I go, for example in the school, they tell me not to give them chocolate or this or that. (*Latin American, Refugee Claimant*)

Many Latin American participants were concerned about preventing overweight and obesity in their children, while this was not a direct concern of any Tamil participants. Concerns about strength, growth, and preventing underweight were concerns among many participants of both groups.

> Because from what I have learnt and I know, food is very important for the child´s development. Since he was born very small, he has always been very skinny. In comparison to other children with his same age, he has less energy and strength. Therefore, I think food is important to improve those things. (*Latin American, Refugee Claimant*)

> For me the food I give should be healthy and it should make her bones strong (*Tamil, Refugee Claimant*)

3. Balance

The concept of "balance" was widely used by Latin American participants to describe their understanding of a healthy diet. Participants generally used this term to indicate that they were eating from the range of food groups outlined in Canada's Food Guide, and many ensured their children ate sufficient macro- and micronutrients. Almost all Latin American participants indicated that they had learned about this concept of "balance" in Canada, but several also said that they had learned about the concept of balancing food in their home countries:

> Besides the fact that I was fed in that way, at the school and in the programs I have attended in the Early Years Center, I have been told that all those foods mean a balance and healthy diet. They have nutrients and proteins and everything our body needs, so they are healthy…I remember being taught about food groups since I was at school. (*Latin American, Refugee Claimant*)

Others, however, had only encountered this concept since arriving in Canada.

Although all Latin American participants indicated that they understood that a "balanced" diet was what was considered to be healthy in Canada, not all chose foods for their children accordingly. One participant explained that than following Canada's Food Guide approach, she was more traditional:

> It is not that I consider it bad, but perhaps in Mexico we are not used to following a food guide. We are very traditional and we eat what we are used, no matter if you eat pork or the same vegetables every day. We don´t try to complement meals (*Latin American, Refugee Claimant*).

Tamil participants did not use the concept of balance as widely, although many Tamil participants did discuss the nutritional components of foods (micronutrients and macronutrients) as important to consider for health. One Tamil participant did discuss the importance of feeding her children a range of foods to ensure protection against illness:

> Add more vitamins, then the children don't get sick fast. Sick means, like, if they eat more cheese or more carbohydrates, they get disease, or if vitamins gets reduced in food, they get disease, so everything should be in equal (*Tamil, Family Class*)

4. Hygiene

The theme of cleanliness and food safety as important determinants of children's diets was very common among Tamil participants. The majority of participants identified hygiene as the most important factor in ensuring food was healthy for their children.

While Tamil participants discussed hygiene at length, it was only mentioned in passing by two Latin American participants:

> We don't go out to eat, for example, to fast food restaurants. I am not going to lie, sometimes we go out and the children feel like eating there, but we don't eat french fries or stuff like that. They eat at home. They are here. [Because we are concerned about] the hygiene. We don't know how they prepare the food. (*Latin American, Refugee Claimant*)

Tamil participants primarily identified eating food outside the home as a major health concern. While most Tamil participants identified hygiene as one of the most important determinants of whether a food was healthy or not, a few said they felt that they did not need to worry about hygiene in Canada as much as they did at home.

III Canada's Food Guide

Latin American participants were generally very familiar with Canada's Food Guide, while only a few Tamil participants were aware of it. The high level of exposure among Latin American participants is likely due to the community nutrition programs that most of these participants attended which were either run in Spanish or had Spanish staff. While some Tamil participants were exposed to Canada's Food Guide in community programming, there were less programs specifically targeting this language group.

As outlined in Section II, among Latin American participants the concepts of the four food groups, balance, and focusing on the nutritional components of foods were widely used, and all but one participant indicated that they had learned this from Canada's Food Guide. Among Tamil participants, these concepts were less widely used when describing their decisions making process regarding their children's food.

When describing the utility of Canada's Food Guide, many participants expressed regret that they did not know anything about how to feed their children before being exposed to CFG and other nutrition messaging.

> Before perhaps I didn´t give them food with nutrients. Now I have changed. Instead of giving them canned food I give them natural food…here you end up understanding what´s good and what´s bad. (*Latin American, Refugee Claimant*)

> For example, with the program about nutrition I realized everything I had done was done badly (laughter). So I told myself "If I have another child, I know what things to do right". For example, if I am doing something wrong with them, what can I can change that. There are things or tips which can help you (*Latin American, Refguee Claimant*)

Several echoed these participants, and indicated that they believed that they weren't giving their children foods with nutrients, despite the fact that they reported giving them fresh, whole foods. They devalued their own previous knowledge ("non authoritative knowledge" [26]) in favour of the authoritative knowledge learned from dietitians and other community service providers. Several participants described that they felt that they did not know much in their countries of origin about how they should feed their children:

> The bad thing was that my mom perhaps didn´t know much and you said you didn´t want something and then you didn´t eat. (Laughter). She didn´t oblige us to eat. For example, if you didn´t like milk, you didn´t have it. I think that is [bad] because I think that somehow milk is good because of the calcium and so on. (*Latin American, Family Class*)

Barriers to following Canada's Food Guide

Among participants who were aware of Canada's Food Guide, several still indicated that they had difficulty following the recommendations. The reasons for their inability to follow it fell into three major categories: affordability; perceived lack of traditional foods in Canada's Food Guide; and changes in children's preferences.

1. Affordability

Most participants felt that fruits and vegetables, meats and dairy were more expensive in Canada than in their country of origin, and explained this is why they ate less of these foods, especially higher quality, organic foods.

> They gave us a food guide. Sometimes I try to follow it a little bit. Although sometimes I can´t eat properly because it is expensive. I need to have a little bit of everything, fruit, vegetables, etc, and sometimes it is a bit more expensive. But I try to follow the guide, at least with regard to what she has to eat every day, milk, cheese, etc. (*Latin American, Refugee Claimant*)

2. Representation of food types in Canada's Food Guide

Several participants felt that because their traditional foods were not represented in Canada's Food Guide, they were unable to follow the guide:

> Because we Colombian people...., well, I can´t stop eating rice and a small portion of rice is very little for me. (Laughter). I serve the plate at a guess ("by eye"), and if we do that, [my husband] is from Mexico and he can´t stop eating tortilla. Then, I haven´t been able to eliminate rice and tortillas. (*Latin American, Refugee Claimant*)

Many of these participants felt that the flours they used were not healthy because they were not in the food guide, and this made them feel guilty about not following what they were perceived to be best practices. Others indicated that they did not know how to prepare the types of food listed in Canada's Food Guide, and they did not understand how they could substitute traditional foods.

3. Changes in children's preferences

Participants described changes in their children's food preferences since arriving in Canada, and identified these changes as primary determinants of their children's diets. Among both Latin American and Tamil participants, several explained that the children specifically did not have a taste for their traditional foods.

> Because I would like to get my children used to eating the food we had in Mexico, to get to know this food. They eat it, but they don´t eat hot spices because they can´t tolerate it. (*Latin American, Refugee Claimant*)

Participants also explained that once children had been exposed to processed "Canadian" foods such as macaroni and cheese and fast food, they developed a taste for those foods in particular.

> What I don't like is that since he is growing up, he eats other things. He used to eat boiled potatoes, or baked potatoes. And he loved it. Now he doesn't. He ate some fries at McDonald's and he saw the difference. And now I boil potatoes for him, and he doesn't like them. (*Latin American, Family Class*)

> Every day we will have different varieties of food; healthy and of variety. There, since we got used to those foods, we like those foods and also it is useful. It's healthy. But when we compare to these kids…they don't like those foods. For them, they like fast foods (*Tamil, Family Class*)

Children were often exposed to these foods at community programs and schools.

4 Key findings and policy implications

Key findings

Five key findings emerge from this analysis of qualitative interview data gathered in a service-based, purposive sample of Latin American and Tamil newcomer mothers in Toronto:

1. Household food insecurity has been universally experienced in this sample and is associated with specific constraints on household income that include unemployment, underemployment and social assistance insufficient to meet household food needs.

2. Difficulties with availability of culturally appropriate foods and geographical access to affordable grocery stores were not major concerns. This contrasts with findings of studies among recent immigrants elsewhere, and is partly due to the wide range of foods available in the area. Fresh, high-quality, appropriate foods are perceived to be available, but the barrier to accessing them is their affordability within household budgets.

3. Newcomer mothers in our sample perceive food banks as a source of emergency support that can protect their children from hunger. Nonetheless, the support is insufficient, and several participants were uninterested in using them either because of a perception that they were not in dire need, or because of the stigma attached to using them. Notably, many Tamil participants were unaware of food banks in the area.

4. Newcomer mothers in our sample conceptualize of the relationship between food and health using a variety of discourses. While many employ a contemporary Western discourse focusing on the nutritional value of food, and on the concept of "balance" used in Canada's Food Guide, discourses focusing on natural foods and on traditional links between food and illness are common in this sample of newcomer mothers.

5. Latin American newcomer mothers who have accessed nutrition programs and met with dietitians apply Canada's Food Guide and its concepts in their child feeding practices. Much of the messaging is understood, although there can be a misunderstanding that foods which are not on the Food Guide (i.e. traditional foods) are not "good" foods. The information conveyed through nutrition messaging in Canada may cause newcomers to devalue their own traditional knowledge regarding health and nutrition. This may have implications in terms of loss of traditional feeding practices. The lack of knowledge among Tamil mothers suggests that there may be linguistic barriers and they are also not accessing as many comprehensive nutrition programs.

Policy implications

These findings suggest the following policy implications:

1. A primary focus of improved food insecurity interventions should be support for finding employment and social assistance to ensure the ability to meet minimum dietary needs for newcomer children and their families.

2. Improved cross-promotion between services has potential to improve awareness and short-term utilization of potentially helpful food bank services among food insecure newcomers accessing services targeted at immigrant families.

3. Further development of new versions of Canada's Food Guide or culturally appropriate tools to supplement Canada's Food Guide may be useful for promoting healthy diets among newcomers from specific ethno-cultural groups. Specifically, more effective versions might (a) engage with concepts of natural foods and traditional links between food and illness targeted among specific newcomer groups; (b) emphasize food categories within food groups, rather than specific types of foods; and (c) enhance rather than devalue traditional knowledge regarding health and nutrition that is concordant with current national guidelines based on nutrition science.

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