

Household Food and Nutrition Security

Background Paper

This paper provides broad context on the determinants of household food and nutrition security, consequences, and the portfolio of nutrition-sensitive and nutrition-specific responses required to ameliorate the issue in Australia. This background paper provides evidence and justification for the public health policy position adopted by Public Health Association of Australia and for use by other organisations, including governments, and the general public.

Background and Priority

1. Food is a human right under international law. Implicit in the right to adequate food, human dignity is essential for the fulfilment of other human rights, and inseparable from social justice and agency (the ability to provide for oneself).¹
2. Food and nutrition security (FNS) exists “when all people at all times have physical, social and economic access to food, which is safe and consumed in sufficient quantity and quality to meet their dietary needs and food preferences, and is supported by an environment of adequate sanitation, health services and care, allowing for a healthy and active life”.² The components of food security as used by the Food and Agriculture Organization (FAO) are availability, accessibility, utilisation, stability, agency and sustainability.^{3, 4}
3. Food and nutrition insecurity (FNI) is the limited or uncertain availability of nutritionally adequate or safe foods or limited or uncertain ability to acquire foods in socially acceptable ways and can be transitory or chronic and varies in severity.^{4, 5}
4. Household FNI is exacerbated by both short and long-term “shocks”. Short-term shocks at the household level could be large, unexpected expenses (medical, car, utilities, placements for university students).^{6, 7} Long-term shocks include loss of employment, under-employment and no-hours contracts, relationship breakdowns, death of a family member, domestic and family violence. FNI can be cyclical, that is, at certain times of the year or at the end of a pay cycle.⁴ Chronic food insecurity is experienced by households with low incomes and can be compounded when combined with a high cost of living.⁶ Other shocks that can influence FNS include global economic factors including pandemics, natural disasters, adverse weather events and climate change.
5. Largely under-recognised as a social determinant of health, FNS is a component of all the [UN Sustainable Development Goals](#) but is overt in Goals: (1) no poverty, (2) zero hunger, (3) good health and well-being, (5) gender equality, (6) clean water and sanitation, (7) affordable and clean energy, (8) decent work and economic growth, (12) sustainable consumption and production patterns (13) climate action, and (16) peace, justice and strong institutions.^{8, 9}

Economic drivers

6. Household FNI is situated in low incomes, unaffordable and unstable housing security, inadequate universal public health and structural discrimination.^{4, 5} In Australia FNI is related to inadequate social protection payments and a lack of wages growth combined with increases in the costs of material basics such as housing, food and utilities.^{5, 10}
7. Individuals and households with low-income trade-off between energy use and putting food on the table when energy prices rise.¹¹
8. The economic burden of FNI in Australia has not been measured. FNI cost the United States of America approximately \$160-168 billion USD per annum due to lost productivity, public education expenses and avoidable healthcare costs.^{12, 13} At the individual and household level there is growing evidence of increased healthcare utilisation by those experiencing FNI.¹⁴⁻¹⁷ Australia is currently following best international practice by supporting a 10% goods and services tax (GST) exemption on unprocessed foods including fruit and vegetables.¹⁸ GST exemptions on basic and essential foods should be kept.

Priority populations

9. Aboriginal and Torres Strait Islander Peoples must be key rights-holders in policy action to address FNI with

the right to participate in all decisions affecting them including protecting and acknowledging their spiritual connection to the land and the food that it provides.¹⁹ A food sovereignty approach for Aboriginal and Torres Strait Islander communities acknowledges the spiritual connection to Country and prioritises food for people rather than profits.^{20,21}

10. FNS is important across the life course and is critical during the first 2000 days of life, and during pregnancy.^{22,23,24} The government has a responsibility to protect and support breastfeeding for the nutrition and health of mother and baby and also protect the food and nutrition security of infants and young children.²⁵
11. The Australian Infant Feeding Survey in 2010 showed within the first four months exclusive breastfeeding drops to 36%, which is below the 2019 Australian National Breastfeeding Strategy Target of 50%.²⁶ Reliance on commercial milk formula, particularly when driven by aggressive marketing or inadequate breastfeeding support, can increase the risk of FNI for infants and young children.²⁷⁻²⁹
12. FNI disproportionately affects several population groups, with prevalence rates higher in refugees and migrants (70-72%),^{30,31} young adults (47%-64%), university students,^{32,33,34} people who earn very low income (61%), people who were never married or who are separated (54%)³⁵, people living with a disability (38%)³⁵⁻³⁷, and Aboriginal and Torres Strait Islander community members (22-34%)³⁸. Also, people living on social protection payments,^{37,39} and mental health conditions.³⁷ One in ten pregnant Australian women are estimated to be going hungry.⁴⁰ Those living in rural locations (21%) are at higher risk of FNI, although, people living in remote communities are often underrepresented in national surveys.
13. Poverty is the underlying determinant of FNI. In 2019-2020, 13.4% of Australians or just over 3 million lived below the poverty line, representing one in eight adults and one in six children.^{41,42}
14. Internationally, there is growing awareness of how structural violence, including racism, affects health outcomes and contributes to FNI.^{43, 44} Investigations of structural violence and FNI have been highlighted regarding access to material basics and access to charitable food relief.^{35, 36, 39}

Food insecurity consequences

15. The social and public health burden of FNI includes health impacts across the life course. For infants and children FNI is linked with poor cognitive development, poor immunity, poor long-term health, adverse childhood experiences, low self-esteem and self-efficacy, trauma, structural violence and mental health disorders.^{4, 45}
16. For adults FNI increases all-cause and cardiovascular mortality, obesity and micronutrient deficiencies, the risk of chronic conditions such as cardiometabolic disease, diabetes, mental illness, disordered eating and eating disorders, and frailty and sarcopenia in older adults. FNI can also exacerbate existing conditions increasing morbidity and mortality due to trade-offs between food and medications and/or treatment.⁴ Adults and children experiencing FNI are more likely to be hospitalised and to attend emergency departments.^{4, 37} There is also an association between domestic and family violence and FNI.⁴⁶

The human right to food

17. Australia has the food and economic resources to ensure all citizens and residents are food secure⁴⁷ and can access food in dignified ways with agency over their food choices. It is unacceptable that any person living in Australia experiences FNI.

18. Charitable food relief is an inappropriate primary response to, and does not resolve the underlying reasons for, chronic FNI. The experience of people accessing food relief is often coupled with stigma, shame, disempowerment and a sense of feeling judged, and as such should be an option of last resort.^{48-50, 51}

Whole of Systems approach is required

19. Addressing FNI requires a whole-of-systems approach and cross-sectoral governance. This should aim for food systems transformation where agricultural, health and social systems policies are aligned and connected.
20. The absence of comprehensive, regular monitoring and surveillance and timely information of both the prevalence and severity of FNI of households with adults and children inhibits informed policy action.^{5, 52}
21. Addressing FNI requires policies and programs that are both nutrition-specific (having a direct effect on the proximal determinants of food and nutrition e.g. food availability and accessibility) and nutrition-sensitive (focussing on distal or upstream determinants, with more holistic and broader implications for human and planetary health and social equity) e.g., non-health actors, regulating labour and employment conditions, economic reform.^{4, 10} Solutions that address the core causes (upstream determinants) of FNI have the greatest impact and promote agency.^{4, 10}
22. International examples of some evidence-based nutrition-specific interventions include those that directly influence and transform food systems, providing food safety nets in the form of nutrition-focused food relief, stabilising food prices, and building food and nutrition literacy.⁴ Whilst nutrition-sensitive approaches that mitigate FNI include cash transfers, food subsidies, higher minimum wages with policies that enable collective bargaining, lower income and sales taxes, higher welfare income, lower housing prices, school meal programs, and affordable childcare.^{5, 53-57}
23. Climate change is a fundamental threat to human and planetary health and to FNS. Urban and regional food systems are vulnerable to the impacts on agriculture, transport and water supply and the increasing number and severity of natural disasters.⁵⁸
24. Eleven different federal departments, including agriculture, health, waste management, food safety, consumer protection and social security, are involved in making food policy with others having supporting roles. There is no unified food policy framework, which creates a high risk for policies and activities to contradict or undermine each other.⁵⁹

Monitoring and surveillance

25. The latest available national data on household FNI is from the 2023-2024 National Nutrition and Physical Activity Survey that used the USDA FSSM 10 item survey. This found that one in eight (13%) of Australian households were food insecure with one in four households in the lowest income quintile.⁹³ Prior to this data was collected in 2011-12, using a single item where 4% of Australian households overall and 22-31% of Aboriginal and Torres Strait Islander households were food insecure.^{38, 60} This is likely an underestimate of the general Australian household data by 5-10%,⁶¹ and 50% in very remote Aboriginal communities.⁶² The lack of regular, adequate and robust data across federal, state and local jurisdictions hinders the understanding of the extent of the problem, its causes and impacts.⁵ This then impacts action by governments to develop targeted interventions to prevent and manage FNI.^{63, 64}
26. As a response to the intersection between FNI (as a social determinant of health), wellbeing checks (for children and pregnant women) and health outcomes, health services, such as paediatric outpatient and

antenatal care settings, are positioned to screen for FNI and provide access to an immediate food safety net and referral pathways.^{4,65,66,67}

27. The Australian Government, Department of Agriculture, Fisheries and Forestry (DAFF) categorically stated, in 2023, that “Australia does not have a food security problem”.⁶⁸ Identifying that Australia ranked as equal lowest for undernourishment, 7th in world food affordability and 10th in world food availability.
28. Food charity is Australia’s only broad response to FNI.⁶⁹ The organisational capacity of the Australian charitable food system is precarious due to unreliable, insufficient and inappropriate financial, human and food resources and structures.⁷⁰ Of the food donated to charitable food relief, primarily by supermarkets, 4% is potentially unsuitable and unsafe.⁷¹
29. Using food charity does not address the FAO’s ‘agency’ domain of FNS. There is evidence that its use, particularly to alleviate chronic FNI creates stigma, shame and exacerbates mental health issues.^{49, 72,73} Recipients are grateful yet resigned to the monotony and poor quality of the food and the stigmatising and disempowering ways in which it is delivered.^{50, 74}

Nutrition-specific and nutrition-sensitive approaches

30. In Australia there has been increasing investment in school breakfasts and an increase in charitable approaches to school food.^{75,76} Internationally, school meal programs are one of the most comprehensive social safety nets improving food and nutrition security for children and young people.⁷⁷ The Tasmanian trial of school provided meals has demonstrated feasibility and acceptability within the Australian context.⁷⁸
31. Introduction of a comprehensive school meal program should be coupled with curricula that support food and nutrition literacy. Programs must also support health and wellbeing, rather than be narrowly focussed on availability of any food. School meal programs need to be delivered to ensure families living with disadvantage can participate without experiencing stigma and should be aligned with nutritional guidelines.⁷⁹
32. Supermarkets are part of the solution but need reform.⁸⁰ In line with the 2025 Supermarket Inquiry by the ACCC, The Australian Government should expand beyond the current duopoly by supporting alternative supermarket models (coops and social supermarkets).⁸¹ Social supermarkets may create pathways out of food insecurity by offering opportunities for engagement, social support and connection.⁸²
33. The current duopoly is impacting on food affordability and is limiting agency.⁸³ Legislating the diversion of supermarket food waste to food charities is not the solution.
34. Health services are positioned to be able to provide timely food safety nets. Health service-based pantries and medically tailored food prescriptions using health service-community partnerships appear promising for the short-term alleviation of FNI.^{84,85}
35. Climate change has increased global temperatures and is likely to see increased and unexpected weather emergencies and pandemics with Australia being particularly vulnerable. This will potentially disrupt food production and supply and increase FNI for a larger proportion of the population.^{86,87} Most cities deploy just-in-time supply chains that are vulnerable to disruption, whereas regional and remote areas experience limited infrastructure for warehousing and storage, highlighting the need for resilient and adaptive food systems.^{88,89} Given the projected increase in weather emergencies, natural disasters and pandemics, there is currently no clear national food strategy or response to support food access in existing plans or frameworks for the ensuing emergency that follows.^{90,91}

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