Food Insecurity, Gender, and Transnational Social Obligations among Somali Refugees during the COVID-19 Crisis in Kitchener-Waterloo, Canada

Zack Ahmed and Abdirisak Ali

Migration & Food Security (MiFOOD)

Paper No. 59

Series Editors: Sujata Ramachandran and Jonathan Crush

Abstract

This paper examines food insecurity among Somali refugees in Kitchener-Waterloo, Canada, during the COVID-19 pandemic, focusing on the interplay among livelihood disruption, gendered care, and transnational obligations. Using a mixed-methods design, it draws on a household survey of 39 Somali refugee households and 20 in-depth interviews, combining standard measures of food access and diet with qualitative accounts of household decision-making. Results show that more than four-fifths of surveyed households experienced food insecurity. Participants reported that job loss, reduced hours, rising food and housing costs, and fixed incomes constrained household budgets, while regular remittances to relatives abroad remained an ongoing obligation. Women were primarily responsible for foodwork and unpaid care, while men described stress linked to disrupted provider roles. Chronic illness, disability, and mental strain further shaped vulnerability. At the same time, faith-based practices and community networks supported coping and helped maintain dietary diversity despite reduced quantities. The paper argues that food insecurity during COVID-19 reflects not only material scarcity but also the interplay of structural constraints and transnational responsibilities, and concludes that responses must be culturally grounded, gender-aware, and attentive to transnational livelihoods.

Keywords

food insecurity, refugees, COVID-19, remittances, gendered care work

Suggested Citation

Ahmed, Z. and Abdirisak, A. (2026). Food Insecurity, Gender, and Transnational Social Obligations among Somali Refugees during the COVID-19 Crisis in Kitchener-Waterloo, Canada. MiFOOD Paper No. 59, Waterloo.

Authors

Zack Ahmed, Balsillie School of International Affairs and Wilfrid Laurier University, Waterloo, Canada: zahmed@balsillieschool.ca

Abdirisak Ali, Balsillie School of International Affairs and University of Waterloo, Waterloo, Canada: ayali@uwaterloo.ca

Cover Image

Taken by a study participant, it shows a table laden with food, including Somali traditional dishes, to represent a time when meals were both abundant and culturally rich.

This is the 59th paper in the Working Paper Series published by the Migration and Food Security (MiFOOD) Network, an international network of researchers and organizations focused on the linkages between food security and international and internal migration in the Global South (www.mifood.org). The seven-year collaborative MiFOOD project is funded by a Partnership Grant from the Social Sciences and Humanities Research Council of Canada (SSHRC Grant No. 895-2021-1004). A Canadian Institutes of Health Research (CIHR Grant No. W13-179968) funded the research for this paper.

Published by the MiFOOD Network at the Balsillie School of International Affairs, Waterloo, Ontario, Canada

Introduction

The COVID-19 pandemic has been widely characterized as both a public health crisis and a crisis of inequality. Globally, patterns of infection and mortality followed existing social gradients, with those in disadvantaged positions within national and transnational hierarchies facing higher exposure risks, less secure livelihoods, and weaker access to social protection (Ali et al., 2020; Apolonio et al., 2022; McGowan & Bambra, 2022; Nassif Pires et al., 2020). Refugees and migrants were among the groups most affected. Concentrated in precarious employment, crowded housing, and marginalized neighbourhoods, they were more exposed to the economic and social consequences of pandemic containment measures and had fewer buffers against income loss (Abbasi-Shavazi, 2021; Mengesha et al., 2022; Zapata et al., 2020).

In Canada, the pandemic unfolded within a policy context that combined strict public health measures with unprecedented emergency income supports. However, programs such as the Canada Emergency Response Benefit (CERB) did not reach all households in need and often failed to offset lost wages, rising prices, and pre-existing inequalities in labour and housing markets (Pin et al., 2023; Taher et al., 2025; Tiwana et al., 2024). Racialized and immigrant households, particularly women, experienced higher rates of job loss, income insecurity, and food insecurity despite Canada's status as a high-income welfare state (Banerjee & Thomas, 2022; Karki et al., 2023). In this context, Somali refugee households in the Kitchener-Waterloo (K-W) region faced a distinctive set of vulnerabilities.

Somali refugees in Canada have endured prolonged conflict, displacement, and residence in refugee camps or urban exile across the Horn of Africa and the Gulf. As of the 2021 Census, approximately 32,500 Somalis lived in Canada, with more than 6,300 arriving between 2016 and 2021, most through refugee resettlement programmes (Government of Canada, 2022). These migration trajectories have produced strong social networks and mutual aid practices, alongside large households with limited assets and persistently high rates of food insecurity (Adekunle et al., 2022; Makwarimba, 2013; Tiilikainen, 2019). Somali families in K-W occupy a complex position within Canada's migration and welfare regime: they benefit from permanent residence and access to public services, yet remain concentrated in low-wage employment, social assistance, and expensive rental housing, while maintaining regular remittance obligations to relatives in Somalia and in refugee camps elsewhere (Ahmed & Eguiguren, 2024; Si et al., 2025). The pandemic intensified these conditions.

This paper examines how Somali refugee households in K-W negotiated food access during COVID-19 amid income loss, rising food prices, expanded care responsibilities, and persistent transnational obligations. It addresses three questions: how the pandemic affected household food security and livelihoods; how remittances interacted with local economic shocks to shape food access; and how gendered divisions of labour and care structured experiences of food insecurity within households. The analysis is situated within scholarship on the migration–food security–health nexus, which shows that food insecurity among migrants is produced through the interplay of income, legal status, discrimination, gender relations, housing, and access to services (Ahmed et al., 2023; Carney & Krause, 2020; Spitzer, 2016). Research also demonstrates that crises such as COVID-19 amplify existing vulnerabilities, transforming structural disadvantage into acute hardship (Hintermeier et al., 2024; Mukumbang, 2021). At the same time, work on transnationalism emphasizes that refugee households are embedded in moral economies of care and obligation that extend across borders, with remittances playing a central role in sustaining kinship ties and livelihoods (Patterson, 2020; Rubinov, 2014; Solari, 2019).

Analytically, the paper draws on intersectionality and transnationalism. Intersectionality highlights how gender, household structure, disability, and labour market position shape uneven vulnerability and coping (Crenshaw, 1989, 1991). Transnationalism directs attention to cross-border social fields through which Somali refugees maintain kinship obligations, including remittances that simultaneously support recipients and constrain household budgets in Canada (Schiller et al., 1992). Together, these frameworks allow food insecurity to be understood not only as reduced purchasing power but also as a negotiated outcome that links local survival in Kitchener-Waterloo to responsibilities elsewhere.

The paper draws on data from a Canadian Institutes of Health Research (CIHR)–funded project of the Migration and Food Insecurity (MiFOOD) network, involving comparative research on the pandemic's effects on refugee groups in Ecuador, South Africa, and Canada. While the K-W study included refugee households from Afghanistan, Somalia, and Syria, this paper focuses on the Somali subsample. By combining survey-based measures of food insecurity and diet with in-depth interviews, it provides both a quantitative profile and a qualitative account of how COVID-19 intersected with displacement histories, gendered labour, and transnational care practices.

Literature Review

Research on food insecurity among migrants and refugees has approached the issue from multiple perspectives. Earlier work often treated hunger and undernutrition primarily as outcomes of income poverty, insufficient production, or disrupted supply chains, particularly in low- and middle-income contexts (Behrman et al., 2004; Gillespie & van den Bold, 2017; Wolfe & Behrman, 1983). More recent scholarship, however, has emphasized that food insecurity in high-income countries such as Canada is less a problem of aggregate food availability and more a consequence of unequal access to resources and opportunities. From this perspective, food insecurity is increasingly understood as a social determinant of health shaped by structural exclusion and inequality (Pollard & Booth, 2019; Tung et al., 2022).

Canadian research consistently shows that food insecurity is concentrated among low-income and racialized households, particularly those reliant on social assistance or precarious employment (Dhunna & Tarasuk, 2021; Tarasuk et al., 2014; Tarasuk et al., 2019). Labour market restructuring, welfare retrenchment, and rising housing costs have reduced many households' ability to afford adequate, nutritious food, even when they are formally included in the health and social welfare system (Kirkpatrick & Tarasuk, 2007; McIntyre et al., 2014; Vozoris et al., 2002). Newcomer families face additional barriers, including language, credential recognition, discrimination, and access to culturally appropriate food (Brown et al., 2020; Fakhari et al., 2023; Vahabi & Damba, 2013). Studies of refugee populations in Canada report particularly high rates of food insecurity among sub-Saharan African households (Jefferies et al., 2020; Tarraf et al., 2018).

Refugee households typically rely on a combination of wages, social assistance, child benefits, and informal support. Formal food assistance, including food banks, often provides limited and culturally mismatched support (Moffat et al., 2017; Stelfox & Newbold, 2019). Although food banks are highly visible in public discourse, research shows that most food-insecure households do not use them regularly and that food bank use substantially underestimates the prevalence of food insecurity (Loopstra & Tarasuk, 2015). Moreover, charitable food provision can generate stigma and shame, particularly for women, discouraging use and reinforcing social exclusion (Pineau et al., 2021).

The COVID-19 pandemic further intensified these dynamics. Globally, the pandemic exposed vulnerabilities within food systems, but its indirect economic and social effects were especially pronounced for migrants and refugees (Ahmed et al., 2023; Crush & Si, 2020). Lockdowns and mobility restrictions disrupted employment, income flows, and food environments (Ahmed et al., 2024). Comparative studies in South Africa, Ecuador, and Canada show that the indirect impacts of COVID-19 on food access often outweighed direct health effects, particularly in urban contexts where migrants depended on daily wages and informal markets (Crush & Sithole, 2024; Eguiguren et al., 2025; Milán and Martens, 2023; Ramachandran et al., 2025; Si et al., 2025).

Within Canada, research indicates that the pandemic magnified existing inequalities among immigrant and refugee populations. Sub-Saharan African migrants experienced higher rates of infection, job loss, and stress related to housing and food insecurity than many other groups (Amoako & MacEachen, 2021). Emergency income supports such as CERB were unevenly accessible, particularly for workers with precarious, interrupted, or informal employment histories (Taher et al., 2025). For refugees, these employment patterns limited the protective effects of pandemic relief measures.

Somali refugees occupy a distinctive position within this landscape. The collapse of the Somali state in the early 1990s produced one of the longest-running refugee crises of the contemporary period, characterized by prolonged displacement, camp residence, and urban exile (Abdi, 2005; Linke & Raleigh, 2011; Michaelson, 1993; Warsame, 2012). Canada emerged as a key resettlement destination, with Somali communities established in several urban centres, including the Kitchener-Waterloo region (Jama, 2022; Kelley & Trebilcock, 1998). Despite access to permanent residence and public services, Somali households in Canada continue to face high rates of poverty and food insecurity, alongside barriers related to employment, education, housing, and racialized surveillance (Ahmed & Eguiguren, 2024; Pratt & Valverde, 2002).

At the same time, Somali households maintain strong transnational ties through remittances and social networks linking Canada to Somalia, Kenya, Ethiopia, and beyond (Elmi & Ngwenyama, 2020; Tiilikainen, 2017). The literature on remittances and food security presents mixed findings. Remittances can improve food access and dietary quality in countries of origin (Obi et al., 2020; Sulemana et al., 2019), yet for migrants with low or unstable incomes, remitting may constrain household resources in destination contexts (Owusu & Crush, 2024). Among refugees, remittances are frequently understood as moral obligations rooted in kinship, religion, and shared histories of displacement rather than discretionary transfers (Hassan, 2015; Simoni & Voirol, 2021).

Feminist and decolonial scholarship have deepened understanding of refugee food insecurity by linking it to global care chains, racial capitalism, and intersectional inequality (Deepak, 2014; Sachs & Patel-Campillo, 2014). Gendered analyses of COVID-19 document the expansion of unpaid domestic and care work among women and the reliance on women's labour to absorb household-level shocks (Kabeer et al., 2021; Sarrasanti et al., 2020; Seck et al., 2021). Intersectional perspectives show that racialized migrant women face layered constraints in employment, childcare, health care access, and social expectations, even as their resilience is frequently emphasized (Di Stasio & Larsen, 2020; Spitzer, 2016).

Against this background, this paper conceptualizes Somali refugee food insecurity in Kitchener-Waterloo during COVID-19 as the outcome of intersecting structures and practices: racialized labour and housing systems in Canada, gendered divisions of labour and care within households, and transnational moral economies of remittance and responsibility. By combining standardized measures of food insecurity with detailed household narratives, it contributes empirical evidence from a secondary Canadian city, foregrounds the transnational dimensions of food insecurity, and applies an intersectional lens to household-level experiences of crisis.

Methodology

We draw on the Kitchener-Waterloo component of a CIHR-funded study on the wider health impacts of COVID-19 among migrants and refugees. The study employed a mixed-methods design combining a household survey and in-depth qualitative interviews, with each component informing the other (Creswell & Plano Clark, 2018). The survey

was conducted between July and September 2022 with 39 Somali refugee households in Kitchener-Waterloo, recruited through refugee-serving organizations, community networks, and snowball sampling. Participants were of Somali origin, had arrived in Canada as Government-Assisted or Privately Sponsored refugees or asylum claimants, and were residing in the region at the time of data collection.

A primary respondent in each household completed a questionnaire covering demographic characteristics, migration history, housing, employment and income, remittances, food security and diet, self-rated health, and sense of belonging. Food insecurity was measured using the Household Food Insecurity Access Scale (HFIAS) and Household Food Insecurity Access Prevalence (HFIAP) categories, which capture experiences of anxiety, compromise, and deprivation over the previous four weeks (Coates et al., 2007). Dietary diversity was assessed using the Household Dietary Diversity Score (HDDS) based on a 24-hour recall across twelve food groups. While HFIAS/HFIAP reflect longer-term access constraints, HDDS captures short-term dietary variety, allowing households to appear dietarily diverse even as they experience food insecurity through rationing and substitution.

Following the survey, twenty participants were purposively selected for in-depth interviews to reflect variation in gender, age, household composition, migration trajectory, employment status, and health. Interviews were conducted between September and October 2022 in Somali, audio-recorded with consent, transcribed, and translated. Qualitative data were analyzed thematically (Braun & Clarke, 2006) and integrated with survey findings. Ethics approval was obtained from the Wilfrid Laurier University Research Ethics Board, and Somali peer researchers were involved throughout to support trust, cultural validity, and reflexive interpretation.

Results

Demographic, household, and migration profiles

Survey findings depict Somali refugee households in Kitchener–Waterloo as large and frequently multigenerational, reflecting protracted histories of displacement and socioeconomic precarity. Survey respondents had an average age of 42 years, and household size averaged 6.1 individuals, substantially exceeding Canadian norms. Such household composition has important implications for food expenditure, housing needs, and the allocation of limited resources, particularly during periods of crisis.

As shown in Figure 1, the gender distribution among survey respondents was nearly even (51.3% female and 48.7% male). Marital status and household structure, however, revealed considerable internal diversity. While 59.0% of respondents were married, nearly one-third were single, divorced, or separated, and 10.3% were widowed. Nuclear families were most common (64.1%), but a substantial share of households were extended or female-headed. These household arrangements often entail higher dependency ratios and fewer income earners, thereby shaping exposure to economic shocks and material insecurity during disruptions such as the COVID-19 pandemic.

Housing conditions further reinforced these pressures. Over half of the surveyed households lived in rented townhouses, nearly one quarter resided in apartments, and only a small number had accessed homeownership. Interview narratives highlighted frequent residential mobility driven by rising rents, inadequate housing layouts for large families, and landlord-driven displacement. One respondent explained:

> *It was difficult to get housing due to our family size, and when we eventually found a place, it was very expensive. Coming from a refugee camp, and living with a leg disability, it was hard to adjust. We eventually settled, but COVID-19 disrupted our lives, and I was laid off* (Interview 1).

Employment patterns were similarly constrained. Most households relied on low-wage sectors, including manufacturing, warehousing, cleaning, care work, and driving. Several households relied on disability income from the Ontario Disability Support Program (ODSP), either partially or entirely, reflecting chronic illness or conflict-related injuries. One participant described how past experiences of violence continued to shape present-day vulnerability:

> *I was a truck driver in Mogadishu when I was ambushed and shot at close range… My right arm was amputated as a result. In Canada, my daughter and I rely on the Ontario Disability Support Program (ODSP) for income* (Interview 4).

Migration trajectories were typically long, fragmented, and marked by chronic insecurity. Over half of the respondents had lived in refugee camps, such as Dadaab or Kakuma, before arriving in Canada, and many also spent extended periods as urban refugees. Reflecting national resettlement patterns, 71.1% of respondents arrived through the Government-Assisted Refugee Program (GAR) (Figure 2). These extended migration pathways shaped both material conditions and expectations upon arrival.

Figure 1: Demographic Characteristics of Survey Respondents

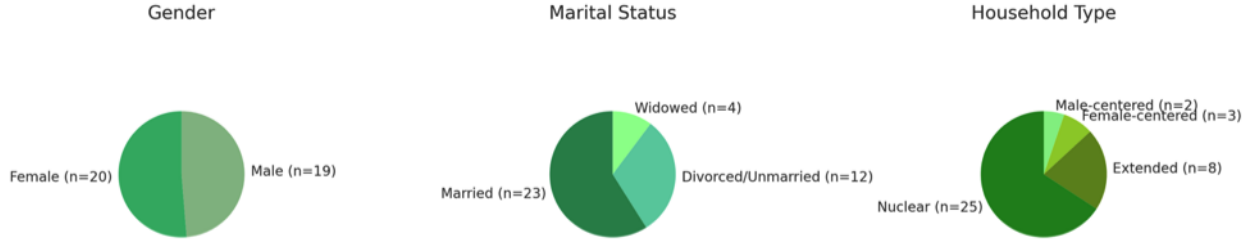
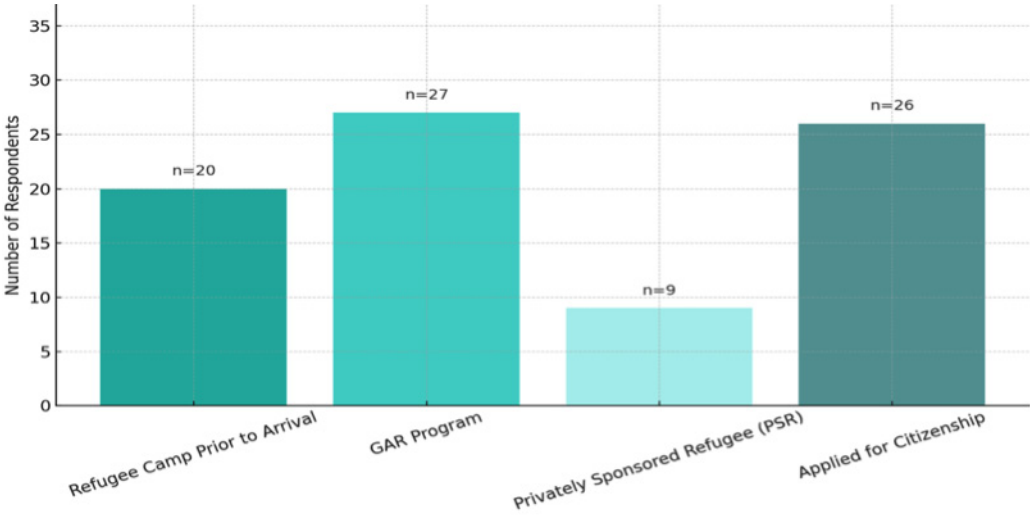


Figure 2: Migration Status and Background



For many households, the transition into Canada's structured but expensive urban economy was experienced as both stabilizing and disorienting. One respondent recalled the process of their arrival and settlement in Canada:

> *I moved to the Waterloo Region with my family in 2019. Before coming to Canada, we lived in a refugee camp in Kenya, and for a short time in Nairobi, before moving to Kakuma while waiting for resettlement through UNHCR. Canada accepted us as Government-Assisted Refugees. Settling in Canada was not a smooth process. We stayed at Reception House for several months because it was difficult to find housing. Eventually, we found a place in Waterloo, but it is very expensive, and I had to put my education plans on hold to help support the family* (Interview 17).

Taken together, these demographic, housing, employment, and migration characteristics illustrate the constrained socioeconomic position from which Somali refugee households entered the COVID-19 pandemic. This context is critical for understanding how subsequent economic shocks, food insecurity, and coping strategies unfolded.

Transnational commitments and the moral economy of remittances

Participants consistently described remittances as a routine and morally salient component of household decision-making during the pandemic. Rather than treating remittances as discretionary expenditures, respondents framed them as obligations rooted in kinship, faith, and shared histories of displacement. Survey data indicate that most Somali refugee households in Kitchener-Waterloo maintained regular cross-border transfers throughout the pandemic. As shown in Table 1, 82.1% of respondents reported remitting monthly or more frequently, and 84.6% sent remittances primarily to immediate family members.

Importantly, participants did not present remittances as the sole or direct cause of food insecurity, but as one of several intersecting pressures shaping household budgets amid income loss and rising costs. Two-thirds of respondents reported that remitting made it harder to buy food locally. Similarly, more than 90% reported that remittances substantially improved food access for recipients abroad. These responses reflect participants' own assessments of trade-offs rather than objective measures of causality.

A descriptive comparison across food security categories in the survey sample indicates that households reporting moderate or severe food insecurity were more likely than food-secure households to say that remittances constrained local food purchases, even though remitting remained common across all categories. In other words, remitting did not distinguish food-secure from food-insecure households in a binary sense; instead, its perceived impact varied with the degree of economic strain households were already experiencing. This pattern underscores that remittances operated within, rather than outside, broader structures of precarity.

Interview narratives further illuminate the moral and emotional dimensions of these transfers. One respondent highlighted the value of remittances:

> *I stopped working and had to rely on CERB to support my wife and my kid then. I also support my elderly mother in Somalia through remittance every*

Table 1: Remittance Patterns of Survey Respondents

Characteristics of remittance-sending	N	%
Remit monthly or more frequently	32	82.1
Remit to immediate family	33	84.6
Remittances reduced local food access in Canada	26	66.7
Remittances improved food access for recipients	36	92.3

month, which slight impacts our living expense in Canada but that is ok. I am happy that I can finally support my mother through regular remittance (Interview 15).

Another participant highlighted the distress associated with reduced capacity to remit:

> *I used to send money regularly, but due to reduced income, I cannot send every time. I try and help them every now and then. My family back home depend on us for their food and survival, and I feel guilty when I don't help but I also need the same help here in Canada. It is difficult to navigate life now especially as single mother with low income* (Interview 9).

These accounts suggest that food-related decisions in K–W were made with distant kin in mind, embedding local consumption within a broader transnational moral economy. During the pandemic, scarcity was not eliminated but redistributed across space, as Canadian households reduced consumption to support relatives elsewhere. This does not imply that remittances alone produced food insecurity, but rather that they interacted with income loss, inflation, housing costs, and household composition to shape how scarcity was managed and experienced.

Economic conditions and pandemic shocks

Before COVID-19, most households depended on full-time wages (94.9%), supplemented by child benefits (59%), social assistance (30.8%), and disability payments for some members. Survey data indicate an average monthly income of CAD 6,198.50, with average expenses of CAD 3,756.40 and food expenditures of CAD 979.50, representing roughly one quarter of total household spending (Table 2).

While these figures suggest a nominal surplus, qualitative accounts revealed that rising rents, inflation, irregular work hours, and remittances quickly absorbed remaining income. Nearly 70% of respondents experienced job loss or reduced hours, and 64.1% described their household economic conditions as "much worse" during the pandemic.

A former factory worker recounted these challenges:

> *I used to work in a factory before the pandemic but after my divorce and due to pandemic, I have to stay home and take care of my kids … In addition, the cost of living is very high especially in the last two years while income remained constant. It is now not enough to buy all I wanted for my kids* (Interview 9).

Households with fixed and restricted incomes were especially vulnerable. An older respondent explained that his dependence on the Ontario Disability Support Program (ODSP) benefits limited his living expenses.

> *Our main source of income is ODSP which is a constant figure while the food prices and rent have increased. The income we get no longer enough to cater for our livelihoods* (Interview 4).

Even when work resumed, it often did so in more precarious forms. Several respondents turned to ride-hailing or delivery work, which offered flexibility but unstable earnings:

> *I am currently full-time Uber driver, which can be risky at times in terms of COVID-19. It is not easy to get clients as well. All these uncertainties caused by COVID-19 have had negative impacts on our food security* (Interview 15).

Food insecurity, dietary diversity, and gendered foodwork

Food insecurity was widespread and stratified across household types. Based on HFIAP classifications, only 17.9% of households were food secure, while more than half were moderately or severely food insecure (Table 3).

Moderate and severe food insecurity were concentrated in extended and female-headed households, reflecting the

Table 2: Economic Conditions and Employment Impacts during the Pandemic

Category	Value	Interpretation
Full-time wages	94.9%	Main source of income
Child benefits	59.0	Key supplemental income
Average monthly income	CAD 6198.50	Nominal surpluses over expenses
Average food expenses	CAD 979.50	26% of monthly expenses
Job loss due to COVID-19	69.2%	Major labour-market disruption
Economic condition much worse	64.1%	Perceived structural setback

Table 3. Household Food Security Levels

Food security level	Count	Percentage
Food secure	7	17.9
Mildly food insecure	11	28.2
Moderately food insecure	15	38.5
Severely food insecure	6	15.4

compounded effects of caregiving demands, limited income, and restricted mobility.

Despite this, dietary diversity remained relatively high, with an average HDDS of 9.5 out of 12 food groups. This reflects constrained diversity rather than abundance. Households maintained variety through portion reduction, substitution of cheaper ingredients, and stretching meals across large families. One respondent noted:

> *The COVID-19 pandemic has impacted our food security experience… our collective household income was significantly reduced meaning that we had less disposable income to purchase food. We therefore had to be strategic and start rationing food for the household by only purchasing and cooking what is needed for the household* (Interview 3).

Women played a central role in sustaining dietary diversity under pressure. Survey data show that women were responsible for 77% of food purchases, 90% of food preparation, and 80% of food allocation decisions. These figures point to the strategic and emotional labour women invested in preserving household nutrition. A single mother discussed these challenges:

> *I decide what to buy and cook for the house and when… I am therefore constantly worried about her getting COVID-19, which caused me a lot of stress. I was also stressed about my children getting proper food and nutritional value* (Interview 3).

For widows, foodwork was intertwined with grief, as one participant explained:

> *The pandemic completely changed how we managed food in our household. Because of my mental health, I was no longer able to do the cooking or shopping. My husband was in a coma after contracting COVID-19, and I had to care for him, which meant these responsibilities shifted to my children, who were also affected by his illness and later his death. We paid less attention to food than before and rising living costs and food prices meant we reduced the amount of food we bought as a family. It was a very difficult time for us* (Interview 11).

Men's narratives emphasized the erosion of provider roles. One respondent reflected:

> *My wife is the one in charge of food related activities. She cooks and decides for us what to buy, when, where, and what to cook on daily basis. The greatest challenge for us is to access cultural Somali food, it is also difficult to access food regularly due to work and financial instability* (Interview 1).

Health, mental well-being, and everyday stress

The pandemic had substantial indirect health consequences for Somali refugee households. One quarter of respondents reported diabetes, and another quarter hypertension. More than half (53.8%) indicated that their physical health worsened during COVID-19, while 51.3% reported a decline in mental well-being.

Across interviews, respondents described persistent worry, insomnia, and emotional fatigue that were closely tied to financial insecurity and intensified caregiving responsibilities. These pressures were especially pronounced for single parents and households managing food scarcity alongside childcare. As one mother explained:

> *Food security challenges have affected my mental health. I do worry a lot about what I could feed my kids and if I will have enough money to buy food they want. Sometimes, I have to forego what I want so that I could feed my kids. This feeling of constant worry is consuming my mind, and I just wish things are easy for my household now* (Interview 9).

For some men, stress was bound up with the moral burden of remittance obligations and the emotional strain of balancing household needs in Canada with responsibilities to family abroad. One father articulated this tension succinctly:

> *I send more than 500 dollars per month. This has an entirely negative impact on our household, but we feel guilty if we don't help our families* (Interview 11).

Several respondents described stress as an embodied experience shaped by chronic illness, fear of infection, and constant exposure to alarming public health messaging. This combination of physical vulnerability and psychological strain produced acute anxiety for some participants:

> *I had asthma for decades prior to COVID-19. Individuals with respiratory disorders are more likely to die from COVID-19, according to the news. This was heartbreaking news for my soul. I nearly died of stress before even hearing about COVID-19* (Interview 13).

For some respondents, food insecurity intersected with severe illness, disability, and bereavement, producing forms of distress that extended well beyond material deprivation:

> *I have arthritis and I was diagnosed with severe mental health. My husband had underlying health conditions. He was diabetic and with failed kidneys, he needed regular dialysis. With COVID-19 impact, he was vulnerable and was in ICU for a while before passing away* (Interview 7).

Coping strategies, community support, and belonging

In response to these overlapping pressures, households adopted layered coping strategies that combined dietary adjustment, income diversification, and reliance on social and community networks. Common practices included reducing portion sizes, cooking less frequently, prioritizing children's needs, and adults skipping meals toward the end of the month.

Formal supports, such as CERB, ODSP, and child benefits, played a key role in mitigating immediate hardship. However, they were often insufficient to meet the needs of large households facing rising costs. As a result, informal networks became critical sources of both material and emotional support. One widowed mother described the importance of neighbourhood and community solidarity:

> *It was difficult to cope with COVID-19 personally. It has had a lasting impact on my family. I would say that my social networks and neighbours were helpful- They regularly brought us food and other essentials and more importantly they grieved with us and gave us moral support* (Interview 7).

Digital community spaces also emerged as key mechanisms for coordination, information sharing, and mutual aid during periods of isolation and restricted mobility. One respondent highlighted the role of informal online networks during the COVID-19 crisis:

> *I joined community WhatsApp group to follow the news and virtually network with my community in Waterloo region. During the peak of pandemic some community members who owned car would purchase from grocery stores and put them at my doorsteps which was very helpful us cope with food security situation* (Interview 17).

Finally, several respondents framed their coping strategies in terms of faith, patience, and reflective comparison of past experiences of displacement and conflict. For these participants, resilience was grounded in a broader sense of perspective shaped by earlier hardship:

> *Other than following government guidelines related to COVID-19, the main coping strategy I adopted was to remain patient and hope that things would improve. I have experienced worse situations during displacement, so I remind myself that being in Canada, where there is peace, gives me hope* (Interview 4).

Conclusion

In this paper, we have shown that Somali refugee households in Kitchener-Waterloo experienced the COVID-19 pandemic as an intersection of economic, social, and relational pressures. Food insecurity during this period stemmed not from a single cause but from the interplay of labour market disruption, gendered divisions of care, and ongoing transnational obligations. In this sense, the findings align with broader scholarship on migrant food insecurity while showing how global shocks are mediated for refugees through local settlement conditions and longer histories of displacement.

Survey results also confirm a high prevalence of food insecurity, consistent with evidence that food insecurity in Canada is widespread and socially patterned, particularly among newcomer and refugee households (Tarasuk et al., 2014, 2019; Tarraf et al., 2018). More than four-fifths of households experienced some level of food insecurity, with most classified as moderately or severely food insecure. These outcomes are notable given the presence of emergency income supports during the pandemic and point to the role of structural factors in labour markets, housing systems, and social protection regimes, rather than income loss alone, in shaping food access (Éliás & Jámbor, 2021; Si et al., 2025).

At the same time, relatively high levels of dietary diversity complicate narrow interpretations of food insecurity. Households did not report a shift toward monotonous diets; instead, they maintained dietary variety through rationing, substitution, and careful meal planning. This pattern reflects findings from other high-income contexts, where food insecurity often involves constrained choice rather than absolute food deprivation and is closely tied to affordability (Gatton & Gallegos, 2023; Li et al., 2016). The coexistence of dietary diversity and food insecurity highlights the limitations of approaches that equate nutritional variety with food security, particularly during periods of crisis.

The transnational dimension of food insecurity, mediated by remittance obligations, is a key contribution of this paper. Remitting remained common throughout the pandemic, even as household incomes declined. Consistent with broader research on Somali remittance practices, remittances were obligations rooted in kinship ties, religious norms, and shared histories of displacement rather than discretionary expenditures (Elmi & Ngwenyama, 2020; Hassan, 2015). Scarcity was therefore redistributed across space, as households in Canada reduced consumption to support relatives in Somalia and in refugee camps elsewhere. Food insecurity in Kitchener-Waterloo and the Horn of Africa is thus linked through a shared moral economy of care.

These dynamics also reveal a mismatch between the realities of refugee households and the assumptions underpinning mainstream income support and food security policies. Standard policy frameworks often treat households as bounded, inward-facing units, overlooking the transnational obligations that shape resource allocation within refugee households (Levitt & Glick Schiller, 2004; Glick Schiller et al., 1992). During COVID-19, food insecurity reflected not only insufficient income or employment disruptions but also the interaction between transnational responsibilities and policy regimes designed around territorially contained households (Elmi & Ngwenyama, 2020; Owusu & Crush, 2024). Qualitative accounts from participants illustrate the embodied consequences of these pressures. Participants described skipping meals, feeling guilty, and managing persistent anxiety as they balanced household needs in Canada with obligations to family abroad. These experiences show how transnational commitments intersected with institutional expectations for self-sufficient nuclear households, intensifying stress during periods of crisis.

The findings indicate clear limits in policy approaches that rely primarily on charitable food assistance or on narrowly defined income supports. Such responses remain

insufficient when they fail to address upstream drivers of insecurity, including constrained purchasing power, high fixed costs, gendered care burdens, and uneven access to social protection (Loopstra & Tarasuk, 2015; Li et al., 2016). Post-pandemic recovery efforts must also take gender seriously, recognizing how women's unpaid care and foodwork absorb household-level shocks during crises (Power, 2020). Strengthening food security for refugee households therefore requires structural, culturally grounded responses that recognize transnational obligations and engage community institutions as partners rather than informal substitutes for public provision.

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