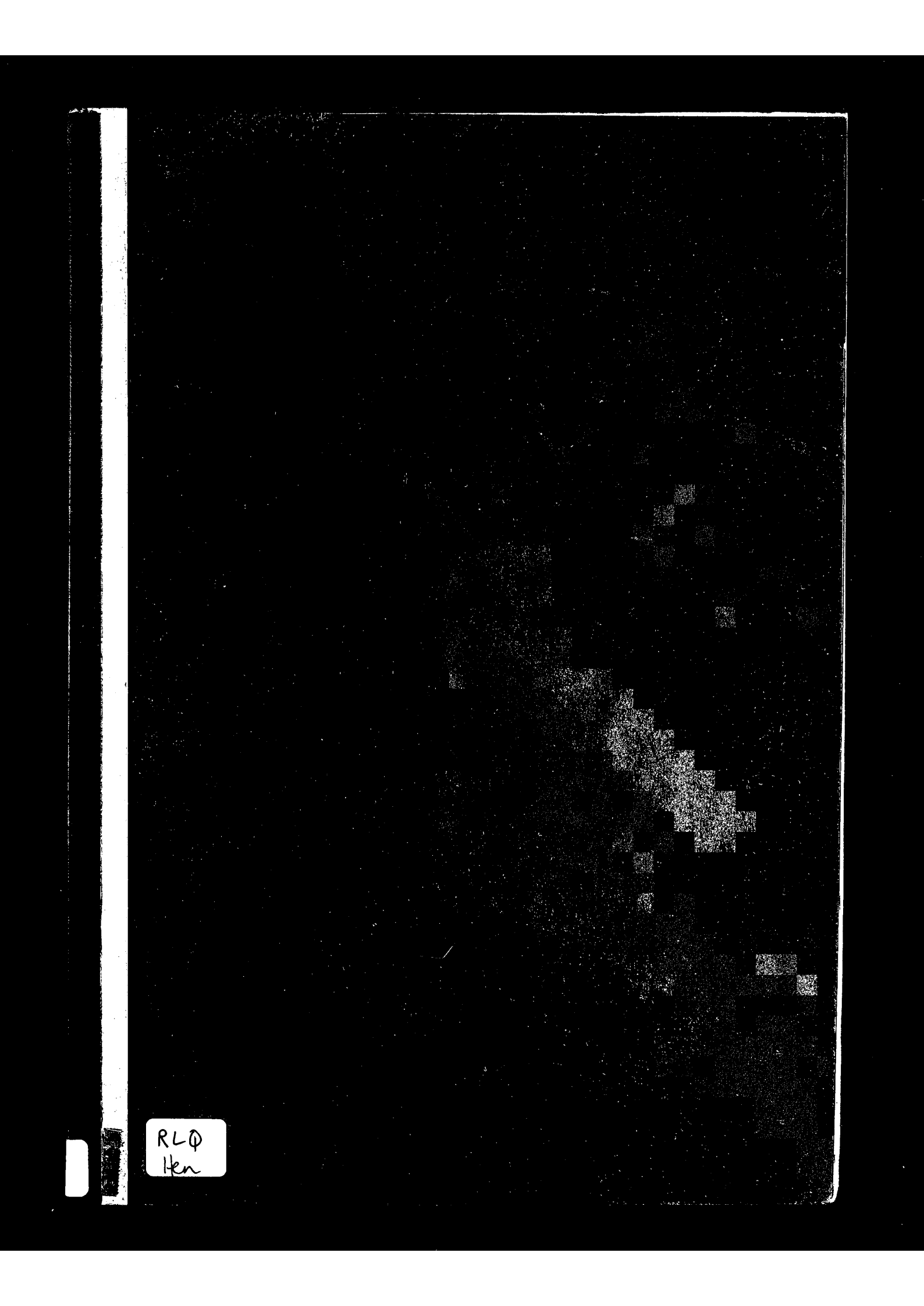
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ASIANS IN BRITAIN

ASIAN FOODS AND DIETS

Trainer's Manual

The author of this pack

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The development and production of these materials has been paid for by the Department of Health and the King Edward's Fund for London. They are part of a series of training materials to be produced by Alix Henley for health workers and others working with Asian patients and clients. The first pack in the series is *Asian Names and Records* which provides materials for trainers running courses for people working with the records of Asian patients. This pack was originally written for the National Health Service but is relevant to many other organisations and institutions. If you wish to comment or find out any more about these materials, please contact Alix Henley, c/o NEC, 18 Brooklands Avenue, Cambridge CB2 2HN.

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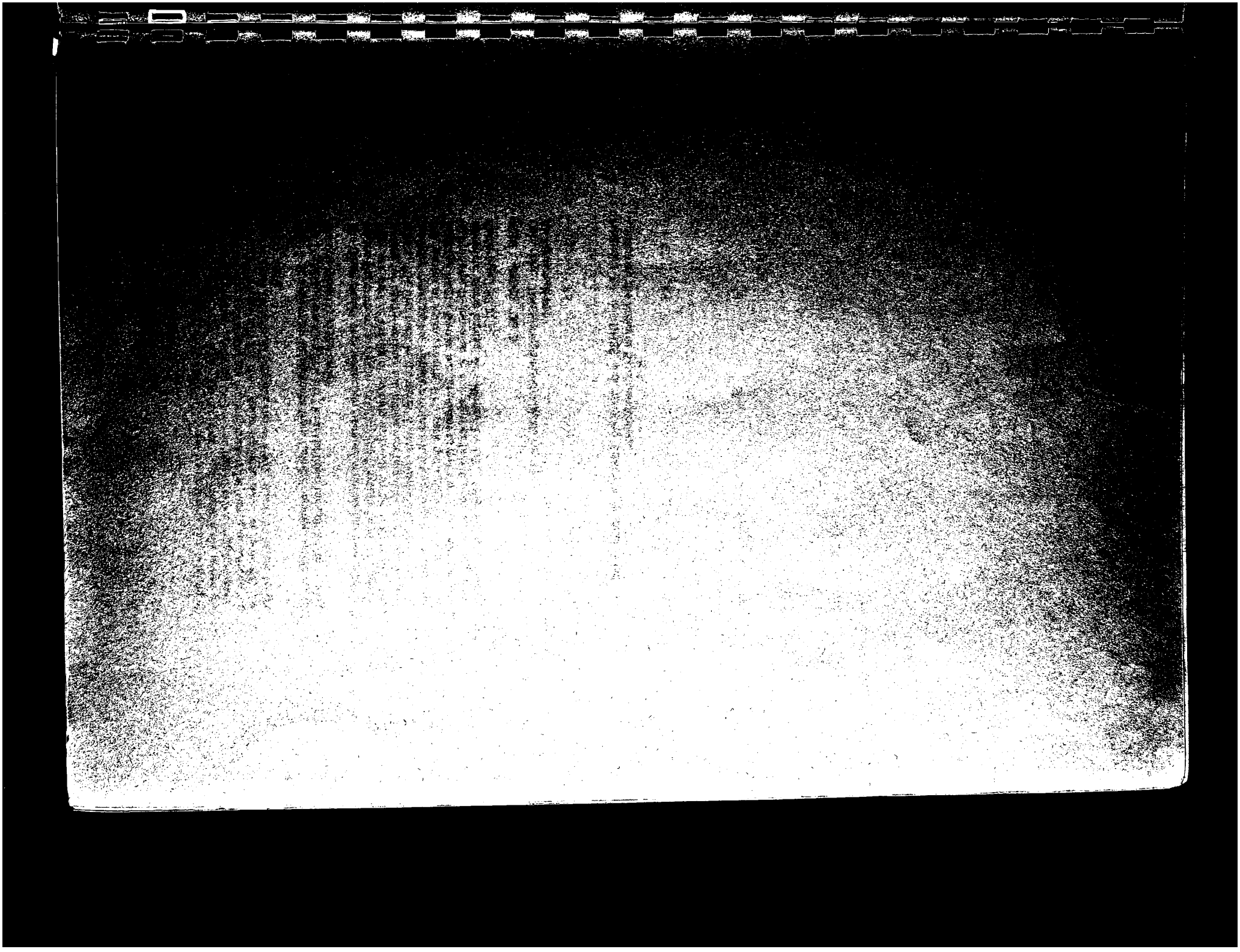

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Alix Henley
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1. INTRODUCTION

Diet can be crucial in both preventative and curative health care, and dietary advice is becoming an increasingly important part of many health workers' roles. But to be effective, dietary advice must be closely related to what people normally eat and like.

This manual aims to familiarise readers with the general details of the diets of the main Asian groups in Britain; that is, people from India, Pakistan and Bangladesh, and of Indian and Pakistani origin from East Africa. It outlines religious and cultural aspects of food, the basic diets of the different Asian groups in their areas of origin, some of the effects of settlement in Britain, and discusses particular times when diet may be crucial, such as during and after pregnancy, during infancy, and in hospital. It is aimed at trainers and tutors of health workers, and at those health workers who themselves have a special interest in the subject. Most of the information in the pack applies to people who came to Britain in their teens or as adults. Asians born or brought up in Britain are likely already to have evolved a satisfactory compromise between British and Asian traditions in food.

The information given here is only intended as a basis. It needs to be supplemented by additional information specific to local communities, and knowledge about a particular community can only be a guide to the likely dietary habits and choices of any individual. Appendix II contains a questionnaire which may be helpful in identifying the main Asian communities in your area. If you are not already familiar with the names of the main Asian groups in Britain, their languages and religions, please read the booklet Asians in Britain: Introduction, of which copies are enclosed in this pack.

2. RELIGIOUS AND CULTURAL TRADITIONS

Religious and cultural food traditions are important to most people in the Indian subcontinent. But their significance to individuals living in Britain will vary a great deal. Traditions with a religious basis are most likely to be preserved even by many people born and brought up here, while some less important social and cultural traditions may be forgotten or changed within a few years.

2.1 British food prohibitions

Most British people do not follow religious prohibitions on food, though some minority prohibitions are accepted and catered for nationally: fish is served everywhere on Fridays, and kosher food is routinely provided for orthodox Jewish patients in many hospitals.

Most British people still adhere to cultural food prohibitions and traditions, and the idea of eating certain foods is generally abhorrent. We do not eat dog, horse, cat, rat, mouse, insects or small birds, though many of these form part of the diets of people in other countries. Most traditional British cultural prohibitions have no logical, spiritual or religious force, but nearly everybody would refuse to break them, except in the most extreme circumstances.

Foods that are unacceptable in British culture are not generally available in Britain and so we may never have had to define them to ourselves. Similarly, many Asians had never come into contact with culturally or religiously unacceptable foods until they came to Britain.

The idea of eating foods that are unacceptable for religious or cultural reasons is disgusting to almost all people, wherever they come from.

> Imagine that you are ill in hospital, not feeling particularly adventurous about your food. A smiling nurse walks in and hands you your lunch. On the plate are two nice fried rat chops lying

side by side, and accompanied by boiled cabbage, mashed potato and a generous portion of rat gravy. How do you feel? Do you want to pick up your knife and fork and start eating? Imagine that you tell the nurse that you don't actually eat rat and she says, "Never mind dear, leave the meat, just eat the gravy, cabbage and potatoes".

The repulsion that most British people would feel at being offered fried rat chops or even rat gravy is shared by Asian people about some of the foods that they do not eat for religious reasons.

2.2 Familiar food

It is a truism to say that people like eating what they are accustomed to, nevertheless it may need saying. What any of us eats is largely a question of the culture to which we belong and of the foods with which we are familiar:

In general, we eat	what we know
	what we like, in terms of taste, texture and idea, and
	what we think is good for us
We don't eat	what we don't know
	what we don't like, in terms of taste, texture and idea,and
	what we think is bad for us

Taste,texture and idea govern most of our choices. And although most of us can be flexible on occasion about new foods, familiar food has tremendous psychological importance. Every nationality, when it migrates, takes its diet with it, and attempts to recreate it as one familiar feature in an unfamiliar and often hostile world. The tremendous importance of familiar food should never be overlooked.

Providing a Hindu patient with a vegetarian meal of mixed vegetable soup, cheese salad and prunes has only solved half the problem. It is very likely that he will not eat it, or that he will eat only those things that taste similar to food with which he is familiar.

Imagine that you are in hospital in Thailand. On your first day there, your breakfast menu, translated by the nurse, reads as follows:

Rice gruel, with chopped pork fat and coriander leaves
or Fish balls in clear fish stock with egg noodles, grated peanuts and chopped chillis in vinegar
or Cold plain boiled rice with very small unshelled sea creatures, With weak tea.

Nothing in this menu is forbidden by your religion, but you might prefer to go hungry or stick to weak tea. If you did choose one of the dishes you might find the flavours and textures so unfamiliar that you were unable to eat very much.

2.3 The significance of religious restrictions to Asian people

For most Asian people, food has a spiritual significance that it has almost completely lost in the West. Certain foods are prohibited and these prohibitions are for many an unquestioned part of their daily lives. Few conservative or devout people would consider breaking them. Like an orthodox Jew, a devout Hindu, Sikh or Muslim who eats food that is prohibited is likely to feel that he has done something wrong and harmful.

However, not all Asians in Britain follow religious prohibitions equally strictly. Some may decide to ignore them or only to adhere to those they consider most important. Individual decisions will vary widely and for each individual this decision is a question of personal conscience.

Adhering to religious food restrictions is not a matter of people being faddy about their food. Respecting an individual's culture and choices is part of respecting that individual.

The major religious restrictions on food are outlined in Table 1 below. Many, but not all, Hindus, Sikhs and Muslims will adhere to them. Generalisations are difficult, but women may be more conservative than men, and Muslims, more conservative than Hindus and Sikhs.

2.4 People most likely to adhere to religious restrictions

Women are considered to be the custodians of a family's religious beliefs and practices and are generally more orthodox than men about diet. They are also less likely to have much contact with the world outside the home. Surveys show that in all three religious groups people are most likely to adhere to religious restrictions if they are:

- at home all day, in which case it is easier for them to eat only what they want and they have less contact with British food

- older, less affected by the ways and provisions of British society, and, with less interest in change, likely to be more conservative and devout

- regular worshippers, devout, with strong religious beliefs, and a good deal of external support for their beliefs and practices.

In three-generation families, grandparents, and particularly grandmothers and mothers-in-law, are likely to have a strong conservative influence on the family diet.

An older devout woman, who is at home all day, is likely to adhere to all religious restrictions and will also probably influence the younger women of the family. A young mother may have little authority within her extended family over what is cooked or how her child is fed.

2.5 Change and adaptation in Britain

Although many Asian immigrants in Britain recreate, often remarkably successfully, their traditional diet, there are still strong pressures for change: social and economic change, including the alteration in women's roles and the formation of nuclear households, food advertising, refrigeration and the availability of new and fast foods.

Nevertheless, most people will continue to eat what is familiar. Religious dietary restrictions, and the belief that what people eat affects them spiritually and emotionally as well as physically, tend to reinforce natural conservatism towards food. Adventurous and cosmopolitan

cooking is not particularly valued.

Factors which may increase rate of change	Factors which may decrease rate of change
- many years in UK	- religiously conservative
- fluent, confident English	- older women in charge of household
- contact with other Asian women who buy local foods	- Asian foods easily available locally
- food advertising	- lack of English and confidence
- contact with British families	- newly arrived in UK
- women going out to work	- little contact with British families
- greater availability of foods	

Families who have more money than they had at home may be better nourished. One sign of the greater affluence of non-vegetarian families is often an increased consumption of meat. Many families will also eat more ghee, nuts, and sweets since these are relatively cheaper in Britain.

Many popular Asian vegetables, pulses and spices are not grown in Britain and must be imported. Asian foodshops in areas of Asian settlement often sell a wide variety of imported foods very cheaply. For some families, however, particularly those who live far from an Asian shopping centre, the higher cost of some imported foods may mean that they take up a disproportionate amount of the family budget. Some poorer families may be eating a smaller variety of vegetables and other foods than they ate at home.

The effects of conscious adaptation to British foods and dietary habits are not necessarily beneficial in nutritional terms. In certain cases it may be necessary for health workers to stress the importance of continuing the family's traditional diet, and that many features of British diets are undesirable and should not be adopted.

Some families may welcome practical help in buying and preparing English foodstuffs. In some cases it may be necessary to advise new foods to compensate for the change in climate.

Every family makes some inevitable adjustments to its diet in Britain, but, on the whole, families will not make major changes in their eating habits unless they can perceive a good reason for doing so.

3. HINDU RESTRICTIONS

3.1 Hindus in Britain

Gujarati Hindus, the major Hindu group in Britain, are generally orthodox, and most follow dietary regulations strictly. There are several Gujarati Hindu sects in Britain and these vary in the degree of strictness with which they follow food restrictions. There are also a few Hindus in Britain from Punjab State. They tend to be fairly strict about what they eat. Young people from all groups may be less strict.

Some East African Hindus, whose families originated in Gujarat or Punjab, may be less strict about what they eat than Hindus who have come to Britain straight from India. Many, however, continued to follow dietary restrictions very strictly in East Africa.

Some Hindus in Britain, mainly doctors, lawyers, and other professionals, come from other areas of India. They may adhere less strictly to religious restrictions. This should not, however, be taken for granted, since many come from high-caste Hindu families and are likely to be strict about their diet.

Jains

Jainism is a sixth century offshoot of Hinduism whose central doctrine is respect for all forms of life. Most devout Jains are extremely strict vegetarians, fast regularly, and refuse all food cooked in utensils that have previously been used for meat. Some Jains do not eat yoghurt, to avoid killing the bacteria. Jains often have the family name Jain or Shah, though not all Hindus with the family name Shah are Jains.

3.2 A Vegetarian Diet

Hindus believe that all living things are sacred and interdependent. Most Hindus do not eat any food that has involved the taking of life,

Table 1:

SUMMARY OF PERMITTED AND PROHIBITED FOODS: HINDUS, SIKHS, MUSLIMS

FOOD	VERY STRICT HINDUS & SIKHS	MOST OTHER HINDUS	MOST OTHER SIKHS	MOST MUSLIMS
EGGS	no	possibly	probably	yes
MILK	yes	yes	yes	yes
YOGHURT	yes (very few exceptions)	yes	yes	yes
BUTTER/GHEE*	yes	yes	yes	yes
CHEESE	probably not	possibly	possibly	possibly
CHICKEN	no	possibly	possibly	yes but must be halal
MUTTON	no	probably not	possibly	yes but must be halal
BEEF	no	no	no	yes but must be halal
PORK	no	no	probably not	no
FISH	no	probably not	possibly	yes if has fins & scales
LARD	no	no	no	no

* See Appendix IV for glossary and a rough guide to pronunciation

and are vegetarian. Hinduism, however, does not have a central authoritative set of regulations and so, within a framework of vegetarianism, different sects, families, and individuals may make their own decisions on what they can and cannot eat. Although these decisions are individual, they are not flexible.

3.3 Meat and fish

Most Hindus do not eat meat, fish, or their products. The cow is a sacred animal to Hindus and the eating of beef is strictly prohibited. The cow is revered as a provider of milk and dairy products, and is essential to the survival of rural communities in India. To most devout Hindus, to kill or eat a cow would be a grave sin demanding severe spiritual and physical penalties.

Some Hindus in Britain, mainly men, will eat certain kinds of meat, particularly outside their own homes. However, even Hindus who are not strict vegetarians will generally not eat beef, and usually do not eat pork, since the pig, like the rat in Britain, is a scavenging animal and considered unclean. British processed pork foods may be more acceptable to some people.

Some non-orthodox Hindus may eat fish, especially the white (non-oily) varieties.

There are some groups of Hindus who are not vegetarians even in India. A few members of one such group have settled in Britain.

3.4 Eggs

Eggs are potentially a source of life and in the Asian tradition are not a vegetarian food. Traditional British vegetarian foods, such as salads containing eggs, and omelettes, are not suitable for strict Hindu or Sikh vegetarians. Men are more likely to eat eggs than women. Unfertilised battery eggs are not literally potential sources of life, and a few Hindus may be prepared to eat them for this reason.

3.5 Cheese

Most Asian adults do not eat Western cheese because they find it rancid and very strong. Most Western cheese is unsuitable for vegetarians since it is made with animal rennet. Processed cheese and mild cheddar may be more acceptable since they are not as strong. Cottage and curd cheeses and vegetarian cheeses which are not made with animal rennet are completely acceptable in religious terms.

3.6 Alcohol

Alcohol is not permitted. A few Westernised Hindus may drink but this is generally disapproved of.

3.7 Other restrictions

Many of the restrictions of the Hindu caste system relate to food. Cooked food is considered to be easily polluted and in strict Hindu tradition cannot be eaten if, for example, it has been touched by people of a lower caste. Most Hindus in Britain do not adhere to these very strict restrictions, but some, generally older people, will eat only food prepared at home by a member of their own family. A very few may even refuse to drink water outside their own home and may always carry drinking water with them.

In Hindu tradition, elderly people should withdraw from the rush and concerns of daily life and should concentrate on spiritual matters. They should eat little, and only foods that are considered pure. Elderly people, particularly widows, may be very careful about what they eat, and may also fast several days a week.

Some very conservative Hindus, including members of the Swami Narayan sect, do not eat onions or garlic which are believed to be undesirable stimulants. They may also avoid root vegetables.

4. SIKH RESTRICTIONS

4.1 Sikhs in Britain

The Sikh religion was founded as a reformist movement of Hinduism in the sixteenth century and retains many features of Hinduism. Some Sikhs follow dietary restrictions similar to Hindus though as a group they tend to be less strict. Women tend to be stricter than men. Most Sikh women from Punjab were vegetarians before they came to Britain, but some eat meat here.

A few very devout Sikhs have undergone a special ceremony similar to Christian confirmation. They obey all the rules of Sikhism strictly, and are vegetarians. For these very orthodox Sikhs the breaking of food restrictions is serious and requires special penance and prayer. Although Sikhism does not require vegetarianism, meat, fish or eggs are never served at the Sikh temple to avoid offending vegetarian Sikhs.

East African Sikhs as a group are generally less strict about food restrictions.

In Britain young Sikhs are less likely to be strict in following food restrictions.

4.2 Meat, fish and eggs

Even Sikhs who are not vegetarians do not usually eat beef, and may not eat pork because it is considered unclean. The processed pork foods available in Britain, such as prepacked presliced ham and sausages, may be more acceptable. Sikhs are also forbidden to eat meat that is 'halal', killed in a way suitable for Muslims.

Some strict vegetarian Sikhs do not eat eggs.

4.3 Alcohol

Sikhs are strictly forbidden to drink alcohol. Some Sikh men drink alcohol, particularly in Britain where pubs form the main meeting place for men, but this is severely frowned upon by very devout Sikhs.

4.4 Other restrictions

The Sikh religion rejects the Hindu caste system and Hindu beliefs about the possible pollution of food by someone from a lower caste. To emphasise rejection of caste, every Sikh temple (gurdwara) has a communal kitchen in which food is cooked for the whole community at least once a week; most Sikhs will accept food cooked by other people in strange kitchens so long as it conforms with the religious restrictions and is acceptable in terms of taste.

5. MUSLIM RESTRICTIONS

5.1 Muslims in Britain

The restrictions outlined here apply to all Muslims, not only those from India, Pakistan and Bangladesh or of Asian origin from East Africa.

Muslim food restrictions, like many other aspects of Muslim daily life, are in the Holy Quran (the Muslim Holy Book) and are regarded as the direct command of God. Because of this there are unlikely to be individual variations.

5.2 Meat

Muslims may not eat pork or anything made from pork such as sausages, bacon or ham; or anything made with pork products such as cakes baked in tins greased with lard,or eggs fried in bacon fat.

Muslims eat meat which is 'halal', killed according to Islamic law. To be halal, the name of Allah must be pronounced over the animal, and its throat must be cut so that it bleeds to death, similar to kosher meat. Muslims in Britain shop at special halal butchers.

Because Muslims eat halal meat, they do not usually eat meat when they are away from home. In hospital or schools they are likely to eat a vegetarian diet unless halal food is provided. Most Muslims take great care not to break food prohibitions and will not eat any food whose ingredients they are not sure of, or buy processed foods such as jellies, biscuits or bread, that they have heard contain pork or non-halal meat products. They are also likely to buy only vegetarian baby foods. Some Muslims who live far from Asian communities and Asian shops, are permitted, out of necessity, to eat non-halal meat.

A few Muslims may be completely vegetarian. Kosher meat is acceptable to some Muslims but many do not know that it exists.

5.3 Fish

Fish is considered to have died naturally when taken out of the water and the question of a special method of killing does not arise. Except for prawns, all fish which does not have fins or scales is forbidden.

Muslims who are unfamiliar with the fish available in Britain may not buy tinned or prepared fish since they cannot tell whether it is of a type that has fins and scales.

5.4 Alcohol

Alcohol is forbidden in the Holy Quran. It may only be used in medicines if there is no possible alternative and even then some Muslims will be reluctant to take it.

5.5 Other restrictions

Conservative Muslims may refuse all food that has not been prepared in separate pots and with separate utensils.

6. FASTING

Members of all three religions may fast at certain times. For Hindus and Sikhs the decision to make a fast is a personal one; for Muslims, it is compulsory to fast during the month of Ramzan. Fasting is considered to give both spiritual and physical benefits.

6.1 Hindus

Hindus, especially women, may fast on several days every year, particularly at major religious festivals: Mahashivratri, Ram Naumi, Janmastami. Some devout Hindus may also make regular fasts, for example on one or two days a week or on two days a month to mark the waxing and waning of the moon. Individuals may also fast for longer continuous periods for special intentions, such as a successful pregnancy. Many Hindu women fast all day on one particular day called Karva Chot every October to ensure that their husbands remain healthy and happy.

A Hindu fast does not necessarily involve abstaining from all food. It may involve eating only foods that are considered pure, such as fruit, yoghurt, nuts or potatoes, or avoiding salty foods. Details will vary. Some people restrict themselves to one kind of pure food for the whole day and may eat only one meal to sunset, taking no food, water, or medication. In Britain, women who do not go out to work, and the elderly, are most likely to be able to fast regularly.

6.2 Sikhs

A few very devout Sikhs, mainly women, fast in the same manner as Hindus, particularly on important religious days.

6.3 Muslims

6.3.1 Ramzan is the ninth month of the Islamic year. (Ramzan is sometimes called Ramadan in accordance with the original Arab pronunciation.) During the whole month of Ramzan (see Table 2 for details) all adult Muslims must abstain from all food and all liquid (including water) between dawn (one and a half hours before sunrise) and sunset. Fasting begins when it is light enough to distinguish between a black and white thread and ends when they can no longer be distinguished. The times for beginning and ending the fasts are usually published by local mosques. It is considered grave for anyone to break the fast of Ramzan without a reason and a serious penance is entailed.

Fasting is highly valued by Muslims for its spiritual qualities and benefits and is considered one of the highest forms of worship. It enables people to practise self-discipline and helps them to understand and share the feelings of the poor and the hungry. During Ramzan, people who are not fasting should not eat or cook in front of other Muslims, since this might lead someone to break his fast.

6.3.2 Exemptions from fasting

Everyone except children under about 12 is required to fast, but there are certain exemptions:

- the elderly in poor health and the infirm do not have to fast for the full month but should fast a little if they can.

- women who are menstruating are not allowed to fast, but must make up the number of days' fast they have missed at a later date (usually as soon as possible after the end of Ramzan).

- women who are pregnant or breast feeding are not bound to fast but should make up the days missed at a later date. However, some devout women may decide to fast during pregnancy, taking the opportunity of making a full and complete fast since they are not menstruating. This can legitimately be discouraged if they are late in pregnancy.

- people who are ill or on a journey are not required to fast but must also make up the number of days as soon as possible after Ramzan.

Children are usually encouraged to fast for a few days from the age of about seven often beginning to fast on Fridays and weekends. Between 12 and 14 they will be encouraged to begin to fast for the whole month. Parents are watchful for any ill effects; children are usually very keen to complete as much of the fast as possible.

During Ramzan most Muslims get up an hour or two before dawn and eat a good meal before the fast begins. They then do not eat or drink again between dawn and sunset, when they have another fairly large meal. During Ramzan the routine of most Muslim families and particularly of the women is completely disrupted. Many women get up two or three hours before dawn to cook, and stay up late at the end clearing up after the family meal. They catch up on sleep when the men and children are out of the house during the day. This may affect attendance at clinics, and suitable times for home visits.

6.3.3 Patients

People who are ill do not have to fast. However, special provision may be required in hospital for Muslim patients who can and wish to fast: they will need to be able to eat a meal before dawn, and then another after sunset. Although people are not required to fast if their health is likely to be affected, some very devout Muslims may still wish to; they will probably also not take any medicines through the mouth or nose between dawn and sunset. Some people may not accept injections or suppositories. If someone is fasting, medicines should be prescribed and given taking this into account. Tablets and injections can be given, for example, at sunset, at midnight, and before dawn.

In cases of chronic illness, if there is a medical reason why fasting might be undesirable, only the patient can decide whether to fast or not. Other Muslims can advise, but they cannot give rulings. Some very devout Muslims may wish to fast whatever the consequences. As a substitute for fasting it is however possible to perform another virtuous act such as providing food for the needy.

Diabetic Muslims will not usually fast during Ramzan, but for those who do, it may be necessary to adjust insulin doses and the times at which it is given to fit in with meal patterns. Stress to patients that they must take some carbohydrate-containing food if they become hypoglycemic.

6.3.4 Dates of Ramzan

The dates of Ramzan fall about ten days earlier each year, because the Islamic year is lunar and so contains only 354 days. Table 2 gives the estimated dates of Ramzan until 2,000 A.D. The exact dates depend on the sighting of the new moon in different countries and so cannot be forecast precisely.

6.3.5 Other fast days

Ramzan is the only compulsory Muslim fast but some very devout Muslims may make voluntary fasts, particularly on special days such as the first 10 days of Moharram (the first month of the Islamic year), the week before Ramzan, and on a Thursday to prepare for Friday, the Muslim holy day. Some Muslims may also fast as penance for misdeeds.

Table 2:

DATES OF RAMZAN UNTIL 2000 A.D.

A.D.Year	Islamic Year	Beginning of Ramzan	End of Ramzan (feast of Eed-ul-Fitr)
1981	1401	4 July	2/3 August
1982	1402	24 June	22/23 July
1983	1403	13 June	12/13 July
1984	1404	2 June	2/3 July
1985	1405	22 May	20/21 June
1986	1406	12 May	10/11 June
1987	1407	2 May	31 May/1 June
1988	1408	22 April	21/22 May
1989	1409	12 April	11/12 May
1990	1410	2 April	1/2 May
1991	1411	23 March	21/22 April
1992	1412	13 March	11/12 April
1993	1413	3 March	1/2 April
1994	1414	21 February	22/23 March
1995	1415	11 February	12/13 March
1996	1416	1 February	2/3 March
1997	1417	22 January	20/21 February
1998	1418	12 January	10/11 February
1999	1419	2 January	31 Jan/1 Feb.
2000	1420	23 December	21/22 January

7. REGIONAL DIETS

It is sometimes assumed that Asian diets are not as nutritious as British diets. This reflects British dietary prejudices rather than fact. Asian diets are generally high in cereals, roughage and vegetables, and low in animal fat and sugar, a good diet in terms of nutritional knowledge.

Nutritional problems that occur in the Indian subcontinent are almost always due to poverty. Among Asian people in Britain, any nutritional problems are generally due to migration (because certain foods are no longer available), change of climate, or low wages.

7.1 'Asian' Food

The Indian subcontinent is as large as Europe and the regions within it have as wide a variety of local diets. Gujarati, Punjabi and Bengali food are as different, and as similar, as Italian, German and Belgian food. However, since almost all the Asian groups in Britain originated in the northern part of the subcontinent, there are certain similarities in their diets, just as there are in Western European diets. (Southern Indian food differs a good deal from Northern Indian food, so families from, for example, Kerala or Sri Lanka will eat a very different diet.)

Each regional or national diet is based on locally grown foodstuffs and influenced by religious and cultural restrictions and beliefs. In rural areas of the subcontinent, the local diet has remained almost unchanged for hundreds of years.

The section below gives broad details of the local diets of the areas from which most Asians have come to Britain (see Table 3 for a summary). More detailed information should be gained from patients and clients themselves. The information given here is particularly relevant to people who have migrated to Britain as adults; Asians born or brought up in Britain are likely to eat a more British-style diet, incorporating local foods.

Table 3: Summary of regional diets of the main Asian groups in Britain

(See Appendix I for a map of the Indian subcontinent)

	From the INDIAN PUNJAB		From GUJARAT		From PAKISTAN	From BANGLADESH
	SIKHS	HINDUS	HINDUS	MUSLIMS	MUSLIMS	MUSLIMS
Main staple cereal	chapattis	chapattis	chapattis or rice	chapattis or rice	chapattis	rice
Main fats	ghee	ghee	groundnut or mustard oil some ghee	groundnut or mustard oil some ghee	ghee or groundnut oil	groundnut or mustard oil - a little ghee
Meat and Fish	no beef some vegetarians Others eat mainly chicken or mutton no fish	no beef mostly vegetarians no fish	no beef mostly vegetarians no fish	no pork halal meat only (usually chicken or mutton) little if any fish	no pork halal meat only (usually chicken or mutton) little fish	no pork halal meat only (usually chicken or mutton) a lot of fresh or dried fish
Eggs	not a major part of the diet	not eaten by strict vegetarians	not eaten by strict vegetarians	usually hard-boiled, fried, or omelette	usually hard-boiled, fried, or omelette	few - usually hard-boiled fried, or omelette (in curries)
Dairy Products	very important: milk yoghurt curd cheese	very important: milk yoghurt curd cheese	important: milk yoghurt	fairly important: milk yoghurt	fairly important: milk yoghurt	few: milk
Pulses	major source of protein	major source of protein	major source of protein	important	important	important
Vegetables and Fruits	curries occasional salad fresh fruit	curries occasional salad fresh fruit	curries occasional salad fresh fruit	curries occasional salad fresh fruit	curries occasional salad fresh fruit	curries occasional salad fresh fruit

Note: Asian families in East Africa ate a diet largely based on the area of the subcontinent from which they had emigrated.

7.2 Ingredients

Table 4 lists the main staples, protein sources and fats used in Britain and in the northern part of the subcontinent.

Table 4: Staples, protein sources and fats

	U.K.	NORTHERN INDIAN SUBCONTINENT
STAPLES	Bread (wheat) Potatoes	Chapattis (wheat) Rice
MAIN SOURCES OF PROTEIN	Meat Dairy Products	Pulses Cereals Dairy products Meat (non-vegetarians)
MAIN FATS	Butter/Margarine Vegetable oils Lard	Ghee (clarified butter) Vegetable oils

7.3 Staples

Most people eat both chapattis and rice, but with one or the other predominating, depending on local agriculture: in Punjab and the north-western subcontinent, the main local crop is wheat and chapattis form the main staple. The main local crop and the staple in Bangladesh is rice. Gujaratis grow both rice and wheat and eat both rice and chapattis regularly.

7.3.1 Chapattis are flat unleavened pancakes made of a dough of wheat flour (atta) and water. Oil is sometimes added to the dough. They are cooked on a dry slightly curved griddle (tawa) and browned off quickly over a naked flame.

Punjabis and Pakistanis tend to prefer brown , coarser flour of higher extraction and Gujaratis prefer white flour, though some people in Britain may begin to use brown flour as a result of health food advertising. Bangladeshis eat chapattis occasionally but rice is

considered a better food. Gujaratis may use millet (bajra) flour for chapattis. This makes a heavier, darker chapatti, which is considered more nutritious and digestible and is popular when someone is ill.

Different groups traditionally make different sizes of chapattis. Gujarati chapattis are smaller and thinner than Punjabi ones, and Pakistani chapattis tend to be the largest.

Varieties of chapattis may also be eaten, often on special occasions. For example, ghee may be mixed into the basic dough (parathas) or the chapatti may be deep fried (pooris). The different groups may make other varieties.

7.3.2 Rice is usually boiled but may occasionally be fried. Several different kinds of rice are grown, and different varieties are used depending on the kind of dish being prepared. Flaked rice and powdered rice are used by all groups for sweet and savoury dishes and powdered rice is often used to make weaning foods.

Rice may be bought parboiled (soaked, parboiled and dried before milling) or raw. Brown rice is not used and is generally considered inferior and a poor man's food, in the same way that brown flour used to be considered inferior in Britain. Since it has a very different flavour and texture from white rice, it is most unlikely to be acceptable as an alternative staple.

7.4 Main sources of protein

7.4.1 Cereals (see 8.3.1)

7.4.2 Pulses are the dried seeds of leguminous vegetables, high in vegetable protein. Apart from those already familiar in Britain: peas, broad beans, kidney beans and lentils, there are many other varieties which form an important part of Asian diets, particularly for vegetarians. Non-vegetarians may eat fewer pulse dishes.

There are more than 60 varieties of pulses. Those listed in Table 5 are those most commonly used in the northern part of the subcontinent. (English names are given where available, but it is useful to remember the Asian names.)

Table 5: Some commonly used pulses

arhar	-	pigeon pea	matar	-	peas
chana	-	chickpea	moong	-	green gram
khesari			mot		
kulthi	-	horse gram	rajma	-	kidney beans
lobia	-	cowpea	urad	-	black gram
masoor	-	lentils			

Dal is a general Asian term for pulses. Pulses can be used whole or washed and split. The most popular everyday dal is a thin soupy dish of masoor or arhar dal. Bengalis, who eat relatively few other pulses, have this as an accompaniment to most meals. Sabut means whole pulses: sabut moong, sabut urad. Flour made from ground chickpeas, bessan, also known as gram flour, can be added to various dishes, or made into batter for frying as in many Asian fried snacks.

The word 'gram', often used by British people as an alternative to 'pulse', is not an Indian word, and is not understood by most Asians.

Cereals and pulses are generally eaten together. This ensures that the maximum value is taken from the protein in each, and is particularly important for vegetarians.

7.4.3 Dairy products are extremely popular among Punjabis and Gujaratis. Punjabi food in particular has a reputation for large quantities of ghee (clarified butter), milk, yoghurt and paneer (curd cheese). Gujaratis drink milk and use yoghurt in drinks and cooked dishes. Dairy products are less important in Mirpur and N.W. Frontier Province in Pakistan, and hardly used at all in Bangladesh except in tea or milk puddings. Most groups consider boiled milk good for people who are ill.

Most Asians drink milk boiled and sweetened. They are not accustomed to and do not like the flavour of cold unboiled milk. In the subcontinent milk is not pasteurised and is always boiled before drinking. Asian tea, which contains a lot of milk, is made by boiling the milk and the tea together. This gives it a creamier flavour. Milk is an important source of Vitamin B_{12} for vegetarians in Britain but most of the B_{12} in milk is destroyed by boiling or prolonged heating.

In cases where it is necessary to advise people to drink extra milk, and where the Vitamin B_{12} content is important:

- suggest that people should drink some unboiled milk, possibly with the flavour disguised.

- advising people to make their tea the British way, adding cold milk, is unlikely to succeed. The tea will be too cold, and the flavour will be unacceptable.

- some people may consider cold unboiled milk harmful or liable to spread disease. They may believe that it causes cattarh, and oedoema in pregnancy. It may be useful to point out that in Britain milk is pasteurised, and that British people drink it cold without harm.

- some Asian adults,particularly Bengalis, may be lactose intolerant, and able to digest only small quantities of milk.

Yoghurt is often one of the savoury side dishes in a meal and is believed to be good for the digestion. Cucumber or mint may be chopped into it. It is not regarded as a pudding-type food. Yoghurt is also used to make lassi (a salted or sweet drink of yoghurt mixed with water) and, by Gujaratis, a yoghurt curry, cuddy.

Many people make their own yoghurt at home as it is less acid than most bought varieties. A few commercial yoghurts are fortified with Vitamin D, and can help to increase Vitamin D intake. The Vitamin D content of home-made yoghurt can be increased by using a fortified evaporated milk.

In advising people to increase their milk intake, suggest extra yoghurt rather than unboiled milk.

Cheese is not part of traditional Asian diets. Many Asian adults in Britain dislike its rancid smell and flavour. However, many people are prepared to give their children cheese and may even eat some less strong processed cheese themselves. Most cheese is prohibited to vegetarians and Muslims because it is made with animal rennet.

Sikhs and Hindus from Punjab often make a type of curd cheese, paneer: this tastes similar to cottage cheese but is smoother in texture. It is sometimes fried in small pieces and added to curries. Punjabis may find British manufactured cottage cheese and curd cheese acceptable because of their similarity to paneer.

Butter is usually eaten in the form of ghee (see 7.5.).

Eggs are not eaten by strict vegetarians. Other groups generally eat them in an omelette, usually with onions and spices, or hard-boiled or fried. Scrambled eggs are not a traditional Asian dish. Weekly egg consumption is generally lower than the British average.

7.4.4 Meat and Fish

Meat: among non-vegetarian Asians the most commonly eaten meats are chicken, mutton and goat. Muslims also eat beef.

Meat is usually curried. The quantities eaten are often very small in comparison with an average British portion, and many Asian non-vegetarians should be considered vegetarian in nutritional terms.

Pathans from N.W. Frontier Province in Pakistan traditionally eat proportionately more meat and fewer vegetables and pulses than the other Pakistani Muslim groups. Meat is traditionally often spit-roasted, and eaten with nan, flat bread roasted in a clay oven, both difficult to manage in Britain.

Fish: The only Asian group in Britain for whom fish is traditionally a major part of the diet is the Bengalis. Fish is also eaten in Pakistan, generally curried.

In Bangladesh, fish is plentiful. Sylhet is an inland area and so Sylhetis are accustomed to fresh water fish. Some Bengalis in Britain still eat a certain amount of fish but many find the sea fish available in Britain strange, and not as fresh as they like. Bengali families in Britain may spend large sums of money on imported Bengali fish on very special occasions, rather like British emigrants who buy expensive imported Christmas puddings and mince pies at Christmas.

Those Asian people in Britain who eat fish are more likely to buy easily prepared fish products such as fish fingers and fish and chips than unfamiliar whole fresh fish to cook at home.

7.5 Fats

Ghee is butter which has been boiled for about an hour to clarify it, remove any solids, and reduce the moisture content. Ghee stores better than butter and, unlike ordinary butter, does not burn easily. It is more suitable for making curries. It is also often considered better and tastier than oil. Certain groups, for example Punjabis, use large quantities of ghee in their cooking. Ghee is often prepared in large quantities by housewives but can be bought ready made in tins from Asian supermarkets.

Ghee is not usually used for spreading in Asian cookery, but a little ghee may be spread on freshly cooked chapattis as they are stacked on the plate.

The most commonly used vegetable oil is groundnut oil. Others include mustard oil (used particularly by Gujaratis and Bangladeshis), sunflower oil, sesame oil, and occasionally palm oil. Tinned vegetable ghee is also available. This is made from hydrogenated vegetable oils. The use of vegetable oils is increasing in Britain and many families are beginning to use margarine, largely because of the high cost of butter.

7.6 Vegetables

Many vegetables familiar in Britain are also grown in the northern part of the subcontinent, and are used extensively. The popularity of different vegetables varies in different areas. Many Asian vegetables are imported to Britain for the Asian communities. Here are some of the foods in common usage as vegetables in the northern subcontinent. Note that potatoes, which in Britain are used as a staple, are used as a vegetable in Asian cooking.

Table 6: Some Northern Indian vegetables

aloo	-	potato	methi saag	-	fenugreek leaves
aloo saag	-	potato leaves	mooli	-	white radish
baingan	-	eggplant	palak	-	spinach
band gobi	-	cabbage	papdi	-	double beans
bindi	-	lady fingers	peta	-	ash gourd
chana saag	-	chickpea leaves	pyaz	-	onions
fali	-	green beans	saijan	-	drumstick
ful gobi	-	cauliflower	salad	-	lettuce
gajar	-	carrot	sarson-ka-saag	-	mustard leaves
gooar	-	cluster beans	shakarkundi	-	sweet potato
hara dania	-	coriander leaves	tamater	-	tomato
kadoo	-	pumpkin	tar	-	cucumber
karela	-	bitter gourd	tindoora	-	round gourd
kumra saag	-	pumpkin leaves	torai	-	ridge gourd
matar	-	peas			

Other vegetables may be grown and eaten locally, depending on local climate and agriculture. Gujarat has a drier, hotter climate than the other areas, suitable for growing different varieties of gourds. Plantains (a banana-like vegetable) and arums (a root vegetable) are popular in Bangladesh.

Asian families in East Africa ate a diet based on the area from which they had emigrated. They added new local foods to their diet: cassava, yam.

made of mangos, garlic, green chilli, eggplant, lime, lemon and/or onion. Sweet pickles may be of mango or lime. The most popular is savoury mango pickle.

Chutneys are usually made fresh for each meal, though they may be stored for a few days. The ingredients vary depending on the dishes they accompany, but include many kinds of fruits, vegetables and spices. Most chutneys are uncooked. Popular chutneys include mint, coriander, tamarind and onion, and mint and coconut.

8.3 Sweets

Sweets are eaten relatively rarely by most people in the subcontinent partly because they are extremely expensive: people eat them mainly at festivals, and on very special occasions such as weddings. They are usually made of ghee, milk which is often evaporated, sugar, semolina or lentil flour, nuts, fruits and vegetables such as carrots, sometimes decorated with silver leaf. Asians may eat more sweets in Britain where they are more easily available and relatively cheap. The main traditional form of sweet is unrefined cane sugar (gur) rich in iron.

Adults,particularly older people, may follow a meal with paan. This is slaked lime spread with tobacco and flaked betel nut and a red paste (kato) on layers of betel leaves. Other ingredients may be added: cardamom, fennel and coconut. Paan aids digestion and sweetens the breath. It also gives calcium. In Britain paan is fairly expensive and fewer people eat it. The gums and teeth of people who eat paan regularly may become stained red.

9. COOKING AND SERVING

9.1 Cooking methods

Methods of preparing food are unlikely to change radically when people migrate. The new foods most likely to be adopted are those that can be prepared in a familiar way.

Roasting, baking and grilling are unfamiliar to many Asian women, particularly if they come from rural areas. In these areas women generally cook on a charcoal fire, most suitable for simmering, slow frying and boiling.

Plain boiled vegetables, other than pulses, are not part of normal Asian diets. Many Asian people find traditional British boiled vegetables, however well prepared, tasteless and unappetising. The most popular Asian way of cooking vegetables is in a form of dry stewing, frying the ingredients and then simmering them slowly for some time in a little water. This is the method used for most curries, both meat and vegetable. People who are ill may occasionally be given unspiced boiled vegetables.

British health workers have expressed concern over the long cooking of vegetables. However, the water in which the vegetables have been stewed is absorbed and not thrown away, and there is less danger of losing all the goodness.

It is impossible to make most Asian dishes, especially curries, entirely without fat. This is important when advising patients on low calorie or low fat diets.

Pulses are usually prepared by boiling in water until soft, many women using a pressure cooker in Britain, and then adding them to other ingredients such as spices and onions, which have usually been fried. Some of the larger, harder pulses are soaked overnight before cooking.

Rice is generally boiled and different varieties may be used with different dishes. On special occasions rice is fried in ghee till the

grains are translucent and then enough liquid is added to cook it. This is called a pulao.

9.2 Serving

Traditionally, most British meals are based around meat or a high protein food, accompanied by suitable vegetables and staples. The protein food traditionally forms roughly half the meal, though proportions are now beginning to change,and the vegetable and staple a quarter each. Asian meals are generally based around the staple, which forms the central part of the meal accompanied by small quantities of other foods. The staple may form half the meal or more in terms of bulk. Bengali men, for example, may eat a pound (uncooked weight) of rice at a meal. (Proportions served in Indian restaurants that cater for British people generally reflect British rather than Asian expectations.)

The quantities of meat most British people expect in a meat-based meal are large to most Asians. Even non-vegetarian Asians are likely to eat little meat,in British terms, unless they come from a wealthy background. There is likely to be a great deal of difference in actual intake, for example, between British and Asian women who say that they eat chicken twice a week.

Traditional Asian breakfasts are usually savoury: chapattis, paratas, pooris, popped corn or chevra (fried spiced pulses and nuts). Non-vegetarians may eat eggs. Tea is usually drunk.

In Britain many Asian families have adopted a British-style breakfast especially for their children because it is quick and convenient and is thought to give important nourishment for the British climate. Breakfast here is likely to consist of tea, cereal with milk and sugar, or an egg with bread and butter, or chapattis and yoghurt.

The midday meal often consists of leftovers from the previous evening with chapattis or rice, particularly if the women are at home alone. Fried snacks may be eaten as well.

Most Asian families eat their main meal in the evening in Britain, since this fits in best with daily routines.

For this meal all the dishes are usually placed in the centre of the table where everyone can reach them. People serve themselves with very small helpings from the central dishes throughout the meal. Each person may take the foods in a certain order but there is no system of 'courses' as in Western meals. Food is normally taken with the hands, usually the right hand since the left is considered unclean. If the staple is chapattis, the chapatti is broken with both hands and the food spooned up with a small piece of chapatti held in the right hand. Spoons may be used to serve the more liquid dishes and rice. All the food is cooked and served in small pieces.

A family main meal would probably consist of:

chapattis and/or rice, usually forming the main bulk of the meal
plus one or more vegetable or meat curries
plus a dish of pulses

yoghurt, pickles or chutney may be served as side dishes

The meal may be followed by fresh fruit.

Everyone usually has a glass of water. The meal may be followed by cups of tea. Spices such as cardamom may be added to the tea for extra flavour and to help digestion. Coffee is rarely drunk in the northern subcontinent except by Westernised families. Cocoa is not used as a beverage in the tropics.

In many Asian families, particularly the more conservative, the men of the family eat first (with any guests), followed by the children and then the women. Women often cook fresh chapattis during the meal, and eat when everyone else has had enough. In Bengali families the wife normally serves the food from the central dishes, only eating when everyone else has eaten. This may mean that, even in non-vegetarian Asian families, particularly on a limited budget, there can be very little meat remaining by the time the women eat.

10. FOOD AND HEALTH

People in every country have and use a store of knowledge about foods that are good or bad for them, especially at important times such as during illness, and before and after childbirth. Much of this knowledge is based on sound principles and is effective in maintaining and promoting health.

Asian culture is particularly conscious of the link between diet and health. In the Indian subcontinent, beliefs about food are part of a whole science based on maintaining a physical and emotional balance. What you eat affects the whole of you: your personality and your emotions as well as your physical well-being.

10.1 Hot and cold foods

Most Asian food beliefs relate to the idea of 'hot and cold' foods and the need to balance these to maintain physical and emotional equilibrium. Certain foods - 'hot' foods - are believed to raise the body temperature, excite the emotions and increase activity. 'Cold' foods are believed to cool the body temperature, calm the emotions and to make a person cheerful and strong. ('Hot' and 'cold' has nothing to do with the actual temperature of the food.) Too many of either can unbalance the body and the emotions and cause problems.

Hindu and Muslim traditions vary slightly over which foods are 'hot' and 'cold'. Views also vary between communities and between families. Foods that are salty or high in animal protein are generally considered 'hot'. Foods that are sweet, bitter, sour, or astringent in flavour are generally considered 'cold'.

Usually people eat a variety of foods which balance each other in their heating and cooling actions, possibly eating more 'cold' foods in summer and 'hot' foods in winter, rather as we consider salads more suitable in summer, and heavier, stodgier foods and soups in winter. Foods such as meat which are 'hot' may be considered more suitable for men and boys in some communities. Some Hindus (members of the Swami Narayan sect) do not eat onions and garlic, because these are 'hot' foods and heat the body

and the emotions undesirably.

At certain times the effects of 'hot' and 'cold' foods become particularly significant. Pregnancy is considered to heat the body, and so 'hot' foods, which could cause a further rise in temperature, and a miscarriage or harm to the foetus, may be avoided. Some non-vegetarian women may cut down on meat and eggs when they are pregnant. During lactation, a 'cold' condition, 'cold' foods may be avoided in case they give the baby a cold or a cough. An adult with a cold or cough may also avoid 'cold' foods. He may eat 'hot' foods and drink tea containing 'hot' spices, in the same way as a British person might have a hot toddy or a glass of brandy. But if he is feverish, he may eat 'cold' foods to bring his temperature down. Diarrhoea is considered a 'hot' condition and so more cold foods are required, while constipation is considered a 'cold' condition. Advice from a traditional Asian medical practitioner will always take diet into account and will often recommend dietary change as a part of treatment and to ensure improved health in the future.

Some people in Britain, particularly traditional families from rural areas or families with older members, will follow these beliefs carefully and may restrict their diet severely. Any discussion about a change of diet must take account of this since some people may be unable to eat some foods that are advised. People in hospital may also reject certain foods because they believe that their condition requires it. People will not necessarily articulate their beliefs in terms of 'hot' and 'cold' foods. They may simply feel convinced that there are certain foods which everybody knows one should not eat, or which are particularly good for one, at certain times.

The list given here is a general summary of Northern Hindu beliefs. Muslim beliefs may differ to some extent.

'Hot' foods

most pulses, including lentils

garlic, chilli, ginger and most other spices

meat (especially red)

fish

carrots, eggplant, onions

dates

tea, coffee

brown sugar (gur)

eggs

honey

nuts

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fish

carrots, eggplant, onions

dates

tea, coffee

brown sugar (gur)

eggs

honey

nuts

11. PREGNANCY

Pregnant women are encouraged to rest, particularly during the second half of the pregnancy, and are usually discouraged from doing things that might be harmful, such as bending and lifting heavy things. They will tend to avoid oily foods and certain spices. Pregnancy is considered to be a 'hot' condition and so 'hot' foods may be avoided and 'cold' foods increased.

Some Asian women will need dietary advice during pregnancy. In such cases, it is essential to find out who is deciding what a woman eats and to discuss the problem with whoever this is.

11.1 Vegetarian women

Those Asian women most at risk nutritionally during pregnancy seem to be vegetarians: most Hindus and some Sikhs. They often eat very little and may need to be encouraged to take more milk or yoghurt, and to supplement their normal meals with high-energy or high-protein snacks. Recommending radical changes in the types of food eaten is unlikely to be successful when the harmful effects of certain foods on the foetus are feared, and when few women feel adventurous about food.

Some Hindu and Sikh women who are not vegetarian may become vegetarian when they are pregnant. This is particularly likely with women who normally go out to work, but who stay at home towards the end of their pregnancy, and find it easier to be strict vegetarians at home. If there is an older woman in the house she may enforce a vegetarian diet.

11.2 Non-vegetarian women

Muslim and non-vegetarian Sikhs seem to have fewer nutritional problems during pregnancy. Most Bengalis believe that eggs, fish, meat, fresh fruit, and vegetables are good during pregnancy, though their diet is

very low in dairy products. Punjabi Sikhs often eat dairy foods, and Pakistani women tend to eat more eggs, meat and vegetables. Nevertheless, the meat intake of many non-vegetarian women may be small and it is important to emphasise the need for a high intake of vegetable protein.

11.3 Fasting

Some women fast when they are pregnant. Hindu women may continue their regular pattern of fasts, and some may even make additional fasts to ensure a successful outcome to the pregnancy. Muslim women are not bound to fast during Ramzan if they are pregnant but they may wish to fast all the same. During Ramzan it is important to check whether any pregnant Muslim woman is fasting.

A few women, particularly those from rural areas, may cut down on their food intake during the final months of pregnancy to avoid producing a large baby and having a difficult delivery.

12. MOTHERS AFTER THE BIRTH

Beliefs about what a mother should and should not eat become very significant after the birth. Both maternal and infant mortality rates are high in the rural subcontinent and the period immediately after the birth is considered to be extremely dangerous for both mother and child; mothers must stay in bed and keep warm for at least the first week, and must rest as much as possible for the first forty days. In some communities special food is eaten at this time. In others the diet may be severely restricted to avoid bringing any harm to the mother or the baby. Dietary traditions vary a good deal and will need discussing on an individual basis.

Women in some communities are given special 'hot' food for several days after the birth to help them regain their strength and promote lactation. In Britain, older female relatives may bring these foods to women in hospital. One such food is panjeeri, made with wheat flour, ghee, sugar, raisins and almonds. Gujaratis may be given katloo, made of chickpea flour, nuts, edible gum (goond) and spices, and shiro, a special porridge made from semolina, somewhat like dry semolina pudding. Some women eat a diet of 'hot' food and drink special teas to promote bleeding and cleanse the body of blood retained since the birth.

Those people from poorer areas where health care facilities are limited and mortality rates higher, are likely to feel that it is really important to keep the strict traditional restrictions on diet, and to believe that these are absolutely essential for the survival and health of both mother and baby.

In some rural areas of Bangladesh, for example, the forty-day post-partum period is divided into two. The first part lasts up to six days and is considered the most dangerous. Mothers do not eat meat, fish or eggs, and eat very little but rice. Many Bengali women in Britain refuse to eat any food in hospital immediately after the birth.

After the first 4 to 6 days the mother is by custom allowed to drink milk, to eat most vegetables, though without hot spices, and to eat certain kinds

of fish. However, during the whole forty-day period she should still not eat beef, lentils, eggs or green leafy vegetables. To eat these might harm her or her baby.

In Britain, Bengali women from rural areas may be less strict about avoiding foods, though many will still restrict their diet. Women who, encouraged by their husbands or by health workers, have eaten certain 'prohibited' foods, may worry about the long-term effects of these foods on their babies or themselves, particularly if they or their babies then become ill.

Women from other areas of the Indian subcontinent may avoid such foods as potatoes, tomatoes, acid foods and pulses, eating more of others such as egg plant.

Each community follows different customs and it will be necessary to find out more details about different communities locally.

13. INFANT WEANING AND FEEDING

An appreciation of traditional weaning practices in the different areas of the subcontinent, and of the difficulties mothers may encounter because of their new situation here, is essential.

13.1 Traditional feeding and weaning practices

Breast feeding

There are major variations between different areas of the subcontinent and it is necessary to find out specific details for local communities and families. Generally, however, the custom in rural areas is for almost all mothers to breast-feed on demand till at least twelve and possibly twenty-four months. Some mothers may breast-feed for longer, till the birth of another baby, and even up to three years. For Muslims, the Holy Quran recommends breast-feeding a baby for two years, provided this is what the parents wish and the mother's health is not harmed.

Some women do not breast-feed during the colostrum stage as they believe that colostrum is bad or dirty and may harm the baby. A baby is normally given sugared water until the colostrum stage is over, and then breast-fed.

While a mother is breast-feeding she will often avoid certain 'cold' foods, sour foods, yoghurt, and cold drinks.

Weaning

Customs vary from area to area but food supplements are not normally given to breast-fed babies for the first nine months or year. The first supplements may be buffalo's or cow's milk, sweetened rice and semolina mixtures, bananas, biscuits, rice gruel, or rice and dal. Weaning to these foods takes place at about twelve months to two years.

Some children are not weaned until a tooth comes through, or until they have started to toddle. Weaning foods are usually given with the hands,

rather than with a spoon. The texture of food is consequently usually firm but soft, rather like cold semolina pudding. Some children are simply weaned to bits of food from the family meal, with the spices rinsed off.

Some mothers consider certain foods indigestible for babies and toddlers: eggs may be considered too rich for Bangladeshi babies; some Asian mothers may believe that nuts are hard for young children to digest and cause stomach aches, tea may be thought harmful, and yoghurt to cause colds. Fat babies are often considered healthy and safe from disease.

Most children move fairly quickly to a fully adult diet, but without some of the spices. There is little or no traditional toddlers' diet between milk and adult food.

13.2 Breast or bottle feeding in Britain

Many Asian mothers, like many other mothers in Britain, bottle-feed their babies. This is often a radical change for them and may be for a variety of reasons, the most important of which seems to be that bottle-feeding is considered to be the progressive Western thing to do and best for the baby now that most families can afford it.

Motivation to bottle-feed is therefore often extremely strong. Older women may refuse to allow their daughters or daughters-in-law to breast-feed because they believe scientifically produced British baby milks are far better. In the Indian subcontinent, middle and upper class women often bottle-feed, and so bottle-feeding has a high status and is something to which many women from villages aspire.

Other major reasons for bottle-feeding include:

- Since breasts are sexual objects in Western culture, husbands may refuse to let their wives breast-feed in Britain. Wives may feel embarrassed to display their breasts while feeding.

- Women who return to work can leave the baby to be bottle-fed by another woman.

- The belief that a woman must eat a special diet if she is breast-feeding means that she will need to prepare special food. She may be unwilling to do this.

- Some mothers, who feel weak and ill themselves, particularly if they cannot rest for the prescribed 40 days, may worry that they will pass this weakness and illness to their babies through their milk, particularly in the British climate.

- Some mothers do not have anyone close to whom they can turn for advice on breast-feeding problems.

When a woman will not breast-feed the baby during the colostrum stage, inadequate communication in the post-natal ward may lead nursing staff to believe that she does not wish to breast-feed at all and they may start the baby on a permanent bottle regime.

Clear explanation and advice may be needed where mothers are initially convinced that bottle-feeding is better for their babies.

Bottle feeding

Asian women new to Britain may have problems with bottle-feeding if it is unfamiliar to them. Instructions about mixing feeds and sterilising bottles are rarely written in Asian languages.

- Failure to understand or observe proper sterilising procedures may lead to gastric infection.

- Failure to mix the feed correctly may lead to undernourishment or overfeeding.

- Expense may cause problems for people already on a low income.

Some mothers may believe that milk is a complete food, adequate for small babies, and may keep babies on a milk-only diet for up to two and a half or three years. They may also move to cow's milk too early. However, a milk-only diet for a long period impedes normal growth and development, and may lead to specific deficiencies such as anaemia and rickets. If weaning

is left too late, children may refuse to accept weaning foods or solids.

13.3 Weaning in Britain

For nutritional and developmental reasons, the practice in Britain is to encourage mothers to start supplementing a baby's milk diet between three and eight months. There is an established tradition of a British 'in-between' diet to bridge the gap between milk and an adult diet. Babies are weaned to proprietary baby foods and packaged cereals, and then to puréed versions of the family's food.

Since the tradition in the Indian subcontinent is generally to wean much later (when the baby is able to tolerate more 'adult' foods), mothers may be unsure which foods are suitable for very young babies. However good their normal diet, Asian mothers may need help in preparing foods for their children at this stage. Older women in the family are unlikely to have had experience of weaning so early and often cannot advise or help. They may also worry about the effects of introducing solids so early.

Many proprietary baby foods are unsuitable for Muslims and for vegetarians since they contain non-halal meat products. Muslim and vegetarian mothers usually buy only those which they know contain no meat at all such as puddings and custards. A long-term diet of sweet dishes alone is not sufficiently nutritious and leads to a very sweet tooth and tooth decay. It is also an unnecessary expense. However, the names of these foods may be passed around the women of the community and people may believe that they must be excellent and nutritious because they are British.

Problems may also arise later when parents try to wean a child off proprietary baby foods to the family's normal diet. Children who have accepted the flavours of British-style baby foods may refuse to be re-weaned to the flavours of curries and spicy foods. This can be extremely distressing for mothers and can cause long-term problems. If a mother cannot re-wean her child to suitable family foods, it is likely to stay on a diet of British-style baby foods.

Many mothers will need help and advice on how to prepare the adult diet to make it suitable for small babies. Mothers new to Britain may need to be shown such implements as liquidisers or baby food mincers which will make the preparation of food much easier. Plain baby rice is a suitable and acceptable base to which mothers can gradually add foods from their own diet.

The weaning diet outlined below is based on some of the foods that are likely to be in the home already. The precise foods recommended will depend on the foods available and on the baby's weight and progress. For mothers with their first babies it may be necessary to demonstrate the preparation of some of the foods, for example, mixing the baby rice to the correct consistency, and mashing, sieving and grating the other foods.

Sample weaning diet for an Asian infant (depending on weight and progress)

Months 1 - 3

breast or bottle milk
vitamin drops

about Month 4

breast or bottle milk
vitamin drops
plain baby rice
orange juice

about Month 5

as month 4
with new foods added to baby rice:
- mashed banana, potato, carrot
- sieved dal (without chilli)
- puréed apple

about Month 6

as month 5

plus lightly boiled egg yolk
mashed tomatoes, peas
sieved spinach and other green leafy vegetables
yoghurt
grated cheese
cottage or curd cheese
pipped and skinned grapes

plus bits of apple, carrot, for baby to hold

about Month 7

as month 6

plus sieved, grated or finely chopped meat and fish
finely chopped lady fingers, eggplant or other vegetables from curry
scrambled eggs
bits of chapatti, rice or brown bread and butter

by about Month 9

eating with family but curries and dals set aside before adding chilli.

14. FOOD IN HOSPITALS AND INSTITUTIONS

14.1 Religious restrictions and taste

Problems with food are frequently mentioned when Asian patients are asked about their experience in hospitals. The food is often unfamiliar and may be forbidden and many patients will refuse it. The name of a dish often gives no clue to its ingredients: shepherd's pie, hot pot, jam roly poly, toad in the hole, and spotted dick. If people do not know what is in the dish and what cooking fat was used they cannot eat it.

Certain rules must be obeyed:

i. Food which contains any prohibited ingredients at all may not be eaten: eggs fried in bacon fat, puddings cooked in tins greased with lard, are forbidden to Muslims and to vegetarian Hindus and Sikhs. Cakes containing eggs are forbidden to strict vegetarians. Potatoes or vegetables with meat gravy on them are likely to be refused.

ii. Food which has been in contact with prohibited foods may not be eaten: a salad from which a slice of roast beef has been removed has already been contaminated to a Hindu. A Muslim cannot eat from a dish that has contained non-halal meat or gravy.

iii. Utensils that have not been washed since they were last used for prohibited food contaminate any other food that comes into contact with them. The same spoon cannot be used to serve potato for Muslims and stew for other patients.

Some very conservative Hindus, Sikhs and Muslims consider that if a utensil has ever been used for forbidden food it contaminates all other foods. They will refuse all food that has been prepared outside their own homes. However, in hospital and other institutions it may be impossible to keep utensils and cooking pots completely separate and most devout people feel able to accept this so long as they are sure that all utensils and cooking pots have been well washed since they last touched prohibited food.

Taste, textures and the manner of serving are also major factors. For many Asian patients, their first encounter with British food occurs when they are ill in hospital, when they most want the comfort of familiar food. Many Asian people find British cooking tasteless, heavy, and unpleasant in texture. Flavours such as cheese sauce are completely new and often disliked. The 'curries' normally served in British hospitals do not resemble Asian curries, and most Asian patients find them as unappetising as much other British food. Unpalatable or inedible hospital food may be a reason why Asian patients discharge themselves early from hospital or refuse to go in.

14.2 The provision of suitable food by the hospital

Where there is a substantial Asian population it is desirable to provide a suitable Asian diet, in the same way as many areas with a substantial Jewish population provide special food from a kosher kitchen. This requires close contact with members of all the local Asian communities, both to ensure that the food provided is acceptable, and to ensure that its acceptability is recognised.

Although meat is eaten by Muslims (provided it is 'halal),by some Sikhs and a few Hindus, a well-cooked Asian vegetarian diet is generally acceptable to everyone, and may cause fewest complications for catering staff. To ensure that the plan has the support of those people for whom it is intended, it may be useful to set up a small preliminary working party of people from the local Asian communities to work out a practicable and acceptable proposal which can then be presented to the health authority for further discussions. It is important to ensure that all the communities are represented. The working party could be organised, for example, by the local Community Relations Council.

It may generally be necessary to use separate utensils for cooking the Asian diet. This will depend on local communities. It may also be necessary for the hospital kitchen to be inspected by respected religious leaders so that they can assure their communities that the food will be acceptable to them in religious terms.

The taste and texture of the food provided is also important. In most places it is possible to find someone to teach the hospital catering staff how to prepare simple Asian dishes such as dal, vegetable curry and chapattis. This is not a complicated procedure and should take very little time. Another option may be to appoint an Asian cook to specialise in Asian diets.

- Frozen and ready-prepared meats and chapattis are also now available from several firms and can be warmed and served to those patients who wish for them. Patients may wish to choose some dishes such as salads, chips, and puddings from the ordinary menu as well. Chapattis once warmed, should be wrapped, for example in a paper napkin, so that they do not become dry and brittle before they reach the patient.

- For vegetarians and Muslims any fried food must be fried in butter, vegetarian margarine or vegetable oil. Soup stocks must be vegetable based. Cake tins must not be greased with lard or other animal fat.

- The texture of short-grain rice - pudding rice - is not suitable for main course dishes. Long-grain rice is always used.

- Very small quantities of yoghurt and pickles to accompany most Asian meals as side dishes. It may be possible to bulk buy a popular Indian pickle, mixed or mango, and plain yoghurt, and serve them with meals. Because of the strong smell of the pickles it is desirable to send them up to wards in small lidded disposable pots.

- A repetitive diet of, for example, British tinned mixed vegetables, which have a very distinctive taste, with a curry sauce, is unlikely to be popular however delicious the sauce.

- Salads are not dressed. Lettuce leaves, tomatoes, and cucumber are chopped up before serving.

- British-style puddings are not normally part of most Asian diets but they are often popular in hospital. Strict vegetarians may refuse all cakes and egg-based puddings or those which they believe may contain eggs.

- Food should be cooked and served in bite-sized pieces. Each item would normally be served on a separate dish. It is not normal to serve all the items together on a plate. Serving the food on trays divided into small sections may solve this problem.

In some hospitals suitable meals, taking religious restrictions and taste into account, have been provided for Asian patients but take-up has been low. Patients may not realise that the food is available, or that it follows religious food restrictions and so is permissible. Liaison with local religious leaders may be necessary so that patients and their families can be reassured by people whose religious authority they trust.

There will, however, always be the very conservative patient who will never eat hospital food; this may be because he has never before eaten any food that was not prepared by his own family. Difficulties should be followed up by someone who speaks the patient's language and who is trusted, who can act, where necessary, as a go-between between hospital authorities and Asian communities.

For people who would like to find out more about the preparation of food for Asian patients in hospital, the DHSS Catering and Dietetic Branch has a handbook, Catering for Minority Groups, for use by NHS caterers, dietitians and nurses.

Whether or not a special Asian diet is provided ward staff may need to advise patients on what is available and on which dishes from the normal hospital menu are acceptable in religious terms. It is essential that ward staff should know the exact ingredients of all the dishes and how they have been prepared. Training for ward staff on this and other aspects of providing food for Asian patients may be necessary.

14.3 Bringing food into the hospital

Unless a hospital is providing an adequate and acceptable diet for its patients, they will have to rely on food brought in by relatives.

Bringing in food is standard practice in rural hospitals in the subcontinent and is one of the duties for which the patient's family is

usually responsible. At least one family member of the same sex usually stays in hospital with a relative and cares and provides for him or her. Patients' relatives may still fulfil those duties in Britain.

In East Africa food was provided by the hospitals but since most hospitals were run by the Asian communities themselves, they provided suitable and familiar food for their patients.

Families who bring food in for patients may need help and advice on what to bring. Light and nourishing dishes such as yoghurt (home-made yoghurt is often preferred as it is generally less sour), vegetables, soups, or curries with few spices, are usually suitable. There is particularly likely to be a problem if there is nobody at home to cook except the husband.

There have, in some places, been some complaints from other patients that food brought in to Asian patients smells offensive. This is usually due to the spices used, which are an integral part of the whole dish. It may be useful to point out to patients who complain, that, to people from other countries, British food, such as boiled cabbage, fish, and fried beef fat, also has a very strong smell which can be offensive.

14.4 Arrangements on the ward

Whether or not a special Asian diet is provided certain arrangements will be necessary on the ward:

- Food is normally eaten with the fingers of the right hand, or with a spoon. Many Asian people find it as difficult to cut food with a knife and fork on a plate as most British people would to eat their meals using chopsticks or to eat rice and gravy with their fingers.

- A patient must always be able to reach his food with his right hand. It is important to take this into account when fixing drips, arranging trays, lockers, and so on.

- People will need to wash their hands before and after eating. Some people may also wish to rinse out their mouths with clean water after a meal.

- People who normally eat with their fingers are unlikely to wish to begin to use a knife and fork, particularly in public. They may refuse food, or eat only foods that they feel will not make them conspicuous, such as sandwiches and biscuits.

- Special provision will be needed for those Muslims who are fasting during Ramzan.

- Patients for whom food is brought into the hospital may need facilities for storing and heating food and for washing up.

15. NUTRITIONAL PROBLEMS

Problems commonly found are:

Iron deficiency anaemia

Vitamin D deficiency

Vitamin B_{12} and folic acid deficiencies

Brief details of these deficiencies, their cause, and suitable foods that could be recommended are given here.

15.1 Iron deficiency

Iron deficiency is one cause of anaemia. Iron is poorly absorbed from vegetable sources and so almost all vegetarians need additional iron. Symptoms are unspecific: they include general listlessness and tiredness, breathlessness, loss of appetite, swollen ankles, giddiness and headaches.

Iron deficiency anaemia can be prevented by increasing sources of iron in the diet and/or taking iron tablets. The absorption of iron can be improved if Vitamin C, for example an orange, orange juice, or a tomato, is taken at the same time.

Foods which contain iron:

For vegetarians and others	For non-vegetarians only
anything containing whole wheat flour, chapattis, bread, and biscuits	meat, especially liver and red meats
some fortified breakfast cereals	meat extracts
all pulses: beans, peas, lentils	eggs (may be acceptable to some vegetarians)
all dark green leafy vegetables: mustard leaves, spinach, coriander leaves	
oats and oat products	
dried fruit: raisins, figs	
nuts	
gur	

Unlike ordinary brown sugar, gur (made by heating sugar cane juice) has a high iron content. Sweet dishes made with gur will contribute a significant amount of iron to the diet. (Gur is also sometimes known

as jaggery.)

15.2 Vitamin D deficiency

Vitamin D can be obtained by the action of sunlight on the skin during the summer months, or from dietary sources. It is essential for the growth and strength of the bones, particularly in infancy, childhood, during adolescent growth spurt, during pregnancy and lactation, and in old age. Severe Vitamin D deficiency causes rickets in children and osteomalacia in adults.

Children with rickets are weak and irritable. They may become bow-legged or knock-kneed and waddle when they walk, or even become unable to walk. Their wrists and ankles may ache. Their arms, skulls and ribs may also be affected. The correction of severe deformities caused by rickets requires painful surgery and several months in hospital.

Osteomalacia in adolescents and adults leads to listlessness, aching bones, and weakness of the muscles. Babies born to mothers with severe Vitamin D deficiency can be very ill.

People with subclinical or mild rickets or osteomalacia may develop a severe form of the disease at crucial times: during growth spurt or pregnancy.

Research indicates that certain groups within the British population are particularly at risk of Vitamin D deficiency: vegetarians, people who spend most of their time indoors, people with poor general living conditions or on a low income, or people with a family history of rickets or osteomalacia. Any one of these factors may lead to Vitamin D deficiency. Individuals most at risk within these groups are children up to the age of 5, adolescents, pregnant and lactating women, and infants, depending on the feeding practice and health of the mother.

It is very difficult for people in Britain on traditional Asian diets to get adequate Vitamin D either from the sun or from their diet. As far as diet is concerned, liver, eggs, and oily fish are the only natural sources

of Vitamin D but are not eaten by vegetarian Hindus and Sikhs. Fish does not form part of the normal diet of most Indians and Pakistanis in Britain. A few non-vegetarian Asians in Britain are now eating sardines and other tinned fish but most find the strong smell of sardines and mackerel disgusting. Salmon is expensive and only contains Vitamin D if it comes from the Pacific.

Various processed foods in Britain are artificially fortified with Vitamin D. These include all margarines, most evaporated milks and some dried milks. None of these processed foods form part of normal Asian diets. Margarine is new to most Asians and may be disliked because of its taste, or because people fear that it contains animal fat, which many brands do.

People in the high risk groups, and particularly pregnant women, with a low dietary intake of Vitamin D, require medicinal supplements.

Foods which contain Vitamin D:

For vegetarians and others	For non-vegetarians only
some baby milk powders	fish (oily)
some evaporated milks	fish oils
some dried milks	liver
margarine (vegetarian brands)	eggs (may be acceptable to some vegetarians)
some commercial yoghurts (or home-made yoghurt made with evaporated milk)	margarine

Certain margarines contain animal fat. Check which locally available brands do not. Only margarines in packets which specifically state 'edible vegetable oils' are suitable for vegetarians. The use of margarine, or of ghee made with a mixture of margarine and butter, would increase Vitamin D intake. Ghee made in this way has the advantage of staying soft during cold weather, and still has a buttery flavour.

Some people may be prepared to use fortified evaporated or dried milks in cooking. Check which local brands are fortified.

15.3 Vitamin B12 and Folic Acid deficiencies

A deficiency of either or both Vitamin B12 and Folic Acid, can cause Megaloblastic Anaemia. The effects may be sluggishness, apathy, changes in behaviour and personality, and, in women, failure to conceive.

Vitamin B12 deficiency

Vegetarians, most Hindus and some Sikhs, may get very little Vitamin B12 in their diet and are likely to suffer from Vitamin B12 deficiency. Supplements may be required.

Foods which contain Vitamin B12:

For vegetarians and others	For non-vegetarians only
unboiled milk	meat and offal
some yeast extracts	meat extracts
dried milks	fish
curd cheese	eggs (may be acceptable to some vegetarians)

Unboiled milk and yeast extracts may be unacceptable because of their flavour.

Folic Acid deficiency

Folic Acid is found in a wide variety of foods, particularly cereals, lightly cooked green vegetables, meat, fish and eggs. Most of it is probably lost in prolonged cooking as in the preparation of curries, though some may be retained since the cooking water is not discarded. Imported vegetables which have been stored for some time may also lack Folic Acid. Asian women, especially vegetarians, are particularly at risk of Folic Acid deficiency, and the deficiency may become severe during pregnancy, when the requirement increases dramatically. Many pregnant women who are receiving ante-natal care have Iron and Folic Acid tablets prescribed for them. Asian women may need larger quantities.

Foods which contain Folic Acid

For vegetarians and others

flour and flour products (especially wholemeal)

wholewheat breakfast cereals

green leafy vegetables, eg. lettuce, mustard leaves, spinach, cabbage, spring greens (cooked for short time only or in salads)

some other vegetables

nuts

dried milk

cheese

fruit: bananas, oranges (and orange juice), dates, grapefruit, sweet melon

For non-vegetarians only

meat, especially liver

fish

eggs (may be eaten by some vegetarians)

16. NUTRITIONAL ADVICE

The same basic rules about giving nutritional advice apply to Asian clients as to everybody. There may, however, be additional factors to take into account:

1. Find out about the client's normal diet

Find out which religious and regional group and social class the family comes from. Base your questions on the knowledge you already have about this group to indicate your interest and enhance mutual confidence.

Look for individual and family differences and preferences. Work as far as possible on the basis of the client's existing diet and choices, demonstrating that this is how you wish to base your advice. It is almost always possible for you to give nutritional advice that does not clash with beliefs and practices.

2. Find out about the restrictions the client follows

Some Asian families worry that British people will laugh at or despise their customs. They may tell you what they think you would like to hear rather than expose themselves to ridicule. Expect most people to follow religious restrictions on food, and accept without question the restrictions that they do follow. Indicate clearly your respect for and understanding of your client's dietary choices.

Do not assume that every client follows all the traditional customs and practices. Many wish to eat some British foods and ask for help and advice.

3. Work with all those people who are responsible for decisions about diet

In most English families a young mother is responsible for decisions about what she cooks for her family and what she and they eat. In an Asian family there may be several people responsible for such decisions. It may not be the young mother alone who needs explanation and persuasion, but her mother-in-law, older sisters-in-law

or her husband. Their support is crucial and their opposition unbeatable. Work within the authority structure of the family to avoid embarrassment and frustration.

In many Bengali families, for example, the men do the shopping and will need to be informed.

Find out who the key people are in each family.

4. Look critically at any radical changes you might advise and decide whether they are really necessary for the client's health

Advice that is standard and easy to follow for people on a British diet may require major changes in normal Asian diets. Require as little change as possible. If change is necessary, concentrate on one or two very important items.

5. Try advising some new foods that are easily available and fairly cheap

Tell people the names of suitable foods that you think they might be able to use in their cooking. Explain what they are like and why they are useful. If possible, demonstrate how to prepare them. Many people would like to use cheaper British vegetables but are baffled by what to do with them. Bear in mind that the foods most likely to be accepted are those which can be cooked according to traditional Asian methods.

6. Work out how to explain so that your client will understand

A language barrier makes it even more important that your advice is understood. Use an interpreter if you cannot communicate effectively in English.

7. Build up a relationship of mutual trust, liking and honesty

Asian cultures stress the importance of personal relationships in any transaction. People are more likely to follow your advice because they like you and feel that they have a personal relationship with you as a friend rather than because of your professional status, training or knowledge. To build up an effective relationship requires extra time and effort, especially across cultural and language barriers, but without it, very little is likely to be achieved.

17. USING THIS PACK

17.1 Deciding what to cover

Information on diet is important to health workers in many different disciplines: all medical and nursing staff need a general understanding, but certain groups, such as midwives and health visitors, health educators, catering staff, and dietitians, need more specialised knowledge. Training sessions for different groups will cover topics in different depth and the time required will vary.

This pack is intended to be flexible enough for trainers and tutors to pick out and use the material relevant to their own target groups. Where more specialist or detailed knowledge is required about a particular community, or for a group of trainees, it will provide a useful basis for finding out more.

The next few pages contain suggested sets of training aims and objectives for:

i. general nursing and medical staff

ii. midwives

iii. health visitors

iv. health education officers

v. catering staff

Aims and objectives for other groups will vary according to their needs.

17.2 Sample Training Aims and Objectives

TARGET GROUP I: GENERAL NURSING AND MEDICAL STAFF

Course aims:

To give a basic understanding of the dietary habits of Asian people in Britain and of cultural factors that might affect dietary choice.

To enable staff to give support and advice on meals in hospital to Asian people

Learning objectives: At the end of the session general nursing and medical staff will be able to:

(a) Identify the main Asian groups from the Indian subcontinent and East Africa in Britain and locally, state where they come from and which religious group they belong to.

(b) List the Hindu, Sikh and Muslim dietary restrictions and outline how they are likely to be followed.

(c) Describe the main features of the diets of Asian groups in Britain.

(d) List the main cultural factors that might affect food choices, in particular at times when special health care is needed.

(e) Outline the practical issues involved in providing suitable food for Asian people in hospital and in helping people to choose food from the hospital menu.

Course Assessment:

Are Asian patients receiving more support and better advice about their food in hospital?

TARGET GROUP II: MIDWIVES

Course aims:

To give a basic understanding of the dietary habits of Asian people in Britain.

To give a more specialised knowledge of cultural factors that may affect dietary choice during and after pregnancy and while breast-feeding.

To enable midwives to give informed support and effective dietary advice to Asian women and their families during pregnancy and after childbirth, and to give support and advice on meals in hospital.

To enable them to give informed support and effective advice to Asian women feeding their babies.

Learning objectives: At the end of the session midwives will be able to:

(a) Identify the main Asian groups from the Indian subcontinent and East Africa in Britain and locally, state where they come from and which religious group they belong to.

(b) List the Hindu, Sikh and Muslim dietary restrictions and outline how they are likely to be followed.

(c) Describe the main features of the diets of Asian groups in Britain.

(d) List the main cultural factors that might affect food choices at certain times and particularly during and after pregnancy and during lactation.

(e) Outline the main factors that might affect a woman's choice on breast or bottle-feeding.

(f) Outline the practical issues involved in providing suitable food for Asian women in hospital during and after pregnancy and in helping them to choose food from the hospital menu.

(g) Describe and deal with common problems regarding food that might occur with an Asian woman during and after her pregnancy or in hospital.

Course Assessment:

Are Asian women receiving more support and more effective advice about their diets at home and in hospital during and after pregnancy, and about feeding their babies?

TARGET GROUP III: HEALTH VISITORS

Course aims:

To give a basic understanding of the dietary habits of Asian people in Britain.

To give a more specialised knowledge of cultural factors that may affect dietary choice at special times such as during illness, during and after pregnancy and while breast-feeding.

To enable health visitors to give informed support and effective dietary advice to Asian women and their families.

To enable them to give informed support and effective advice to Asian women feeding and weaning their babies.

Learning objectives: At the end of the session health visitors will be able to:

(a) Identify the main Asian groups from the Indian subcontinent and East Africa in Britain and locally, state where they come from and which religious groups they belong to.

(b) List the Hindu, Sikh and Muslim dietary restrictions and outline how they are likely to be followed.

(c) Describe the main features of the diets of Asian groups in Britain.

(d) List the main cultural factors that might affect food choices during illness, during and after pregnancy and while breast-feeding.

(e) Outline the main factors that might affect a woman's choice on breast or bottle-feeding.

(f) Outline traditional Asian weaning patterns and suitable advice for an Asian woman weaning her baby in Britain.

(g) List and discuss possible nutritional problems among Asians in Britain, and suggest ways of helping with these.

Course Assessment:

Are Asian women receiving more support and more effective advice about their own and their families' diets?

TARGET GROUP IV: HEALTH EDUCATION OFFICERS

Course aims:

To give a basic understanding of the dietary habits of Asian people in Britain and of cultural factors that might affect dietary choice.

To enable health education officers to give informed support and advice on all aspects of nutrition to Asian people.

To enable them to give information and advice on Asian diets to health workers.

Learning Objectives: At the end of the session health education officers will be able to:

(a) Identify the main Asian groups from the Indian subcontinent and East Africa in Britain and locally, state where they come from and which religious groups they belong to.

(b) List the Hindu, Sikh and Muslim dietary restrictions and outline how they are likely to be followed.

(c) Describe the main features of the diets of Asian groups in Britain.

(d) List the main cultural factors that might affect food choices during illness, during and after pregnancy and while breast-feeding.

(e) Outline the main factors that might affect a woman's choice on breast or bottle-feeding.

(f) Outline traditional Asian weaning patterns and suitable advice for an Asian woman weaning her baby in Britain.

(g) List and discuss possible nutritional problems among Asians in Britain and suggest ways of helping with these.

(h) List and discuss the nutritional topics and issues most important to health workers in other disciplines and branches.

Course Assessment:

Can health education officers give better support and advice to Asian people about their own and their families' diets?

Can they run formal or informal sessions on Asian diets and relevant advice for other health workers?

Can they give better support and advice about Asian diets in Britain, and provide better resource material, to health workers and others working with Asian people?

TARGET GROUP V: CATERING STAFF WITHIN A HOSPITAL

Course aims:

To give a basic understanding of the dietary habits of Asian people in Britain and of cultural factors that might affect dietary choice.

To give catering staff a practical understanding of what is involved in providing suitable and acceptable meals for Asian patients in hospital.

Learning Objectives: At the end of the session catering staff will be able to:

(a) Identify the main Asian groups from the Indian subcontinent and East Africa in Britain and locally, state where they come from and which religious groups they belong to.

(b) List the Hindu, Sikh and Muslim dietary restrictions and outline how they are likely to be followed.

(c) Describe the main features of the diets of Asian groups in Britain.

(d) List the main cultural factors that might affect food choices at certain times: during illness, pregnancy, and while breast-feeding.

(e) Outline and discuss the practical issues involved in providing suitable food for Asian people in hospital, taking religious and cultural factors and taste and familiarity into account.

Course Assessment:

Are Asian patients in hospital eating an appropriate diet?

17.3 Identifying the Asian communities in Britain and locally

17.3.1 Asian Communities in Britain

The diets of the different Asian groups in Britain vary a good deal depending largely on their area of origin and religious beliefs.

If trainees are not already familiar with the basic facts about the different groups 10 or 15 minutes should be spent on this at the beginning of the session. Use the OHP maps. Appendix I contains a brief outline of the main facts and lists the most important points to get across in a brief introductory session.

To prepare trainees for this introductory session and help them begin to sort out the main facts, they should all be given the booklet Asians in Britain: Introduction to read about one week before the training session.

Those trainees who are already familiar with the basic facts should also read Asians in Britain: Introduction, and may find it useful to revise the facts briefly in the training session using the OHP maps.

17.3.2 Local Asian Communities

Find out before the session which Asian communities have settled locally. If your trainees all work locally, you may be able to concentrate particularly on the dietary habits and norms of one or two Asian groups rather than covering them all.

Official information on the precise composition of ethnic minority communities in each area is often scanty. However the following local bodies may be able to help:

The Community Relations Council (number in telephone book or available from the Commission for Racial Equality 01-828-7022)

The Industrial Language Training Unit (to check whether there is one, telephone the National Centre for Industrial Language Training 01-571-2241)

Local Authority Planning Department.

When making your enquiries you may find it useful to begin by using the questionnaire in Appendix II.

Visit local Asian shops to find out what foods are available.

17.4 Using Asian people to help you

If possible, find one or more Asian people to help you with any queries that arise.

You may be able to get one or more Asian people to come to the training session to talk about, for example, what they and their families eat, what changes they have made in Britain and why, what particular foods they eat or avoid at certain times, and any problems they experienced during stays in hospital. It may be possible to arrange for a demonstration of how to prepare some popular dishes. Note that there are class differences affecting the diets of Asian families, in the same way as they affect the diets of British families, and it will be necessary to discuss these beforehand and point them out if the people helping you eat a very different diet from most of the local Asian population.

The people you find to help you should belong to one of the Asian groups covered in this pack. Explain to them your aims and what you want to achieve in the training session.

17.5 Asian trainees

You may have one or more Asian people among your trainees.

Make sure that you talk to an Asian trainee before the session and discuss what you are going to do. Find out which group he or she belongs to: if it is one of the groups you will be covering, find out if you may refer to him or her for comments and extra information when you deal with that particular group.

At the beginning of the session acknowledge any Asian trainees and ask them to tell the group where they or their families originated. Mention that you may refer to them for information during the session. Failure to acknowledge the special significance and interest of an Asian trainee in a session that deals specifically with Asians causes destructive tension and embarrassment.

17.6 Providing samples of foods

The best way of making trainees familiar and comfortable with Asian food is to bring some into the training session. You may be able to buy some samples locally , particularly those that store well such as pulses and spices.
If possible also get some cooked dishes for trainees to see and sample. Slides of different foods and of meals are provided with this training kit and can be shown to illustrate various points. A local Asian centre that runs women's groups, might cook some dishes for you and discuss their diet in Britain.

If funds are available, a restaurant that caters for the local Asian communities might supply a few sample dishes. Most Indian restaurants that cater for a British clientele are run by Bangladeshis and cook food that is especially adapted for British palates. Their food is unsuitable as an illustration of what Asian people normally eat.

If your local hospital supplies an Asian diet it may be possible to bring samples of the various foods and to discuss, perhaps with the Catering Officer, how well they have been accepted.

Trainees may like to try cooking some Asian food themselves. The following is a list of recommended cookbooks:

Curries and Accompaniments. S S Kalra and M H Fowler, Diana Balbir Publications 1976.

Indian Cookery. Daramjit Singh. Penguin 1970.

Indian Cookery from Pebble Mill and A Taste of India. Lalita Ahmed. B.B.C. Publications.

Indian Cooking. Kala Primlani. India Book House,Bombay 1968.

Indian Meat and Fish Cookery. Jack Santa Maria. Rider & Co. 1977.

Indian Vegetarian Cookery . Jack Santa Maria. Rider & Co. 1973

Mrs Balbir Singh's Indian Cookery. Mrs Balbir Singh. Mills & Boon 1975.

Step by Step Guide to Indian Cooking. Khalid Aziz. Hamlyn 1974.

APPENDIX I: ASIANS IN BRITAIN

(See also the booklet Asians in Britain: Introduction)

The Indian subcontinent consists of India, Pakistan, Bangladesh and Sri Lanka. In 1947, at Independence, the mainland was separated into Pakistan (East and West), as one state, with an almost entirely Muslim population, and India, with a mainly Hindu population but also containing some Muslims, and small minorities of Sikhs, Buddhists, Christians and other religious groups. In 1971, East Pakistan became the independent state of Bangladesh.

India, Pakistan, and Bangladesh, cover a land mass as large as Europe, and contain as many differences in language and culture. The word "Asian", like the word "European", is only a very general term of limited usefulness.

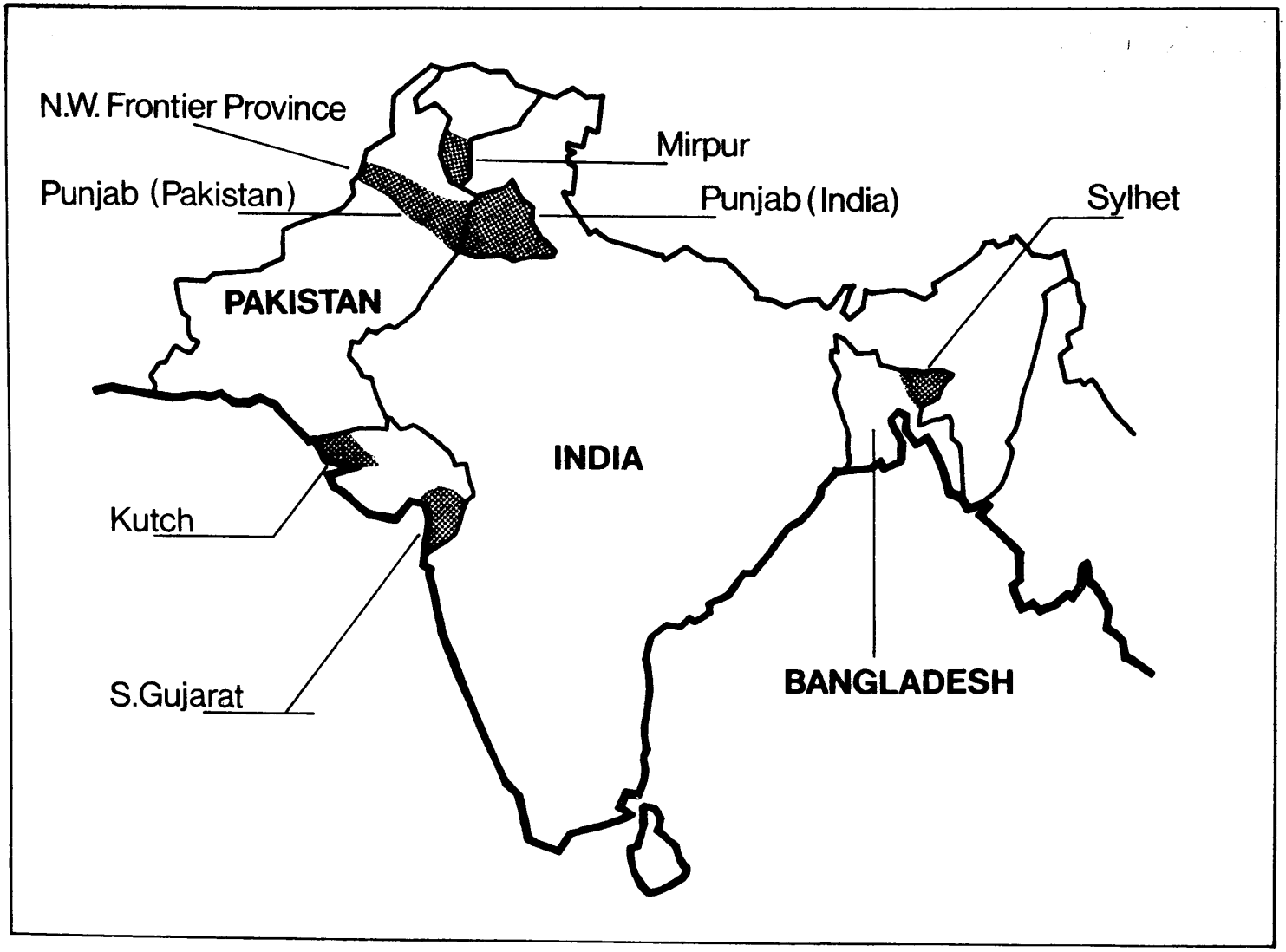
Most people from the Indian subcontinent who came to Britain to fill labour shortages in the 1950s and 1960s came from one of six areas in the north (Map 1). They speak one of five different languages and belong to one of three different religious groups: Hindus, Sikhs and Muslims. Each religious group has its own beliefs, values, history, practices and dietary restrictions.

Most of the people from the Indian subcontinent came from rural areas and from farming families. Few of them had met the administrative systems of an industrialised bureaucratic society, or Western style health care, before they came to Britain.

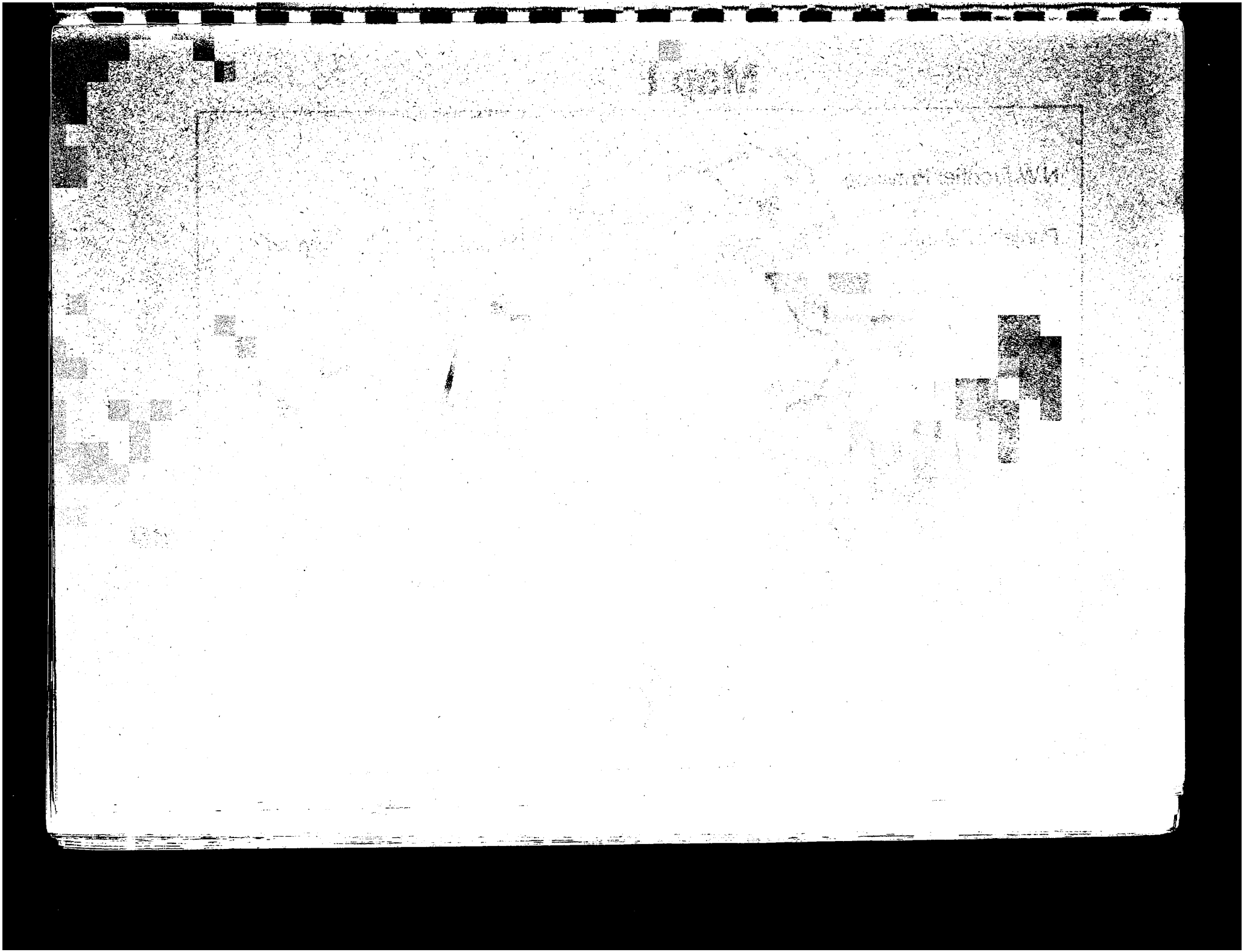
In general men came first and their wives and children followed later. Almost all the men had arrived in Britain before 1968, when the second law severely restricting Commonwealth immigration was passed. The only people still coming from the Indian subcontinent are dependants: wives and children joining their husbands and fathers who have been settled here for many years, and a few fiancés and fiancées of British residents.

Muslim men have generally delayed longest in bringing their wives and children to Britain, since they, possibly more than the other groups, fear the possible effects of British culture on their families and values.

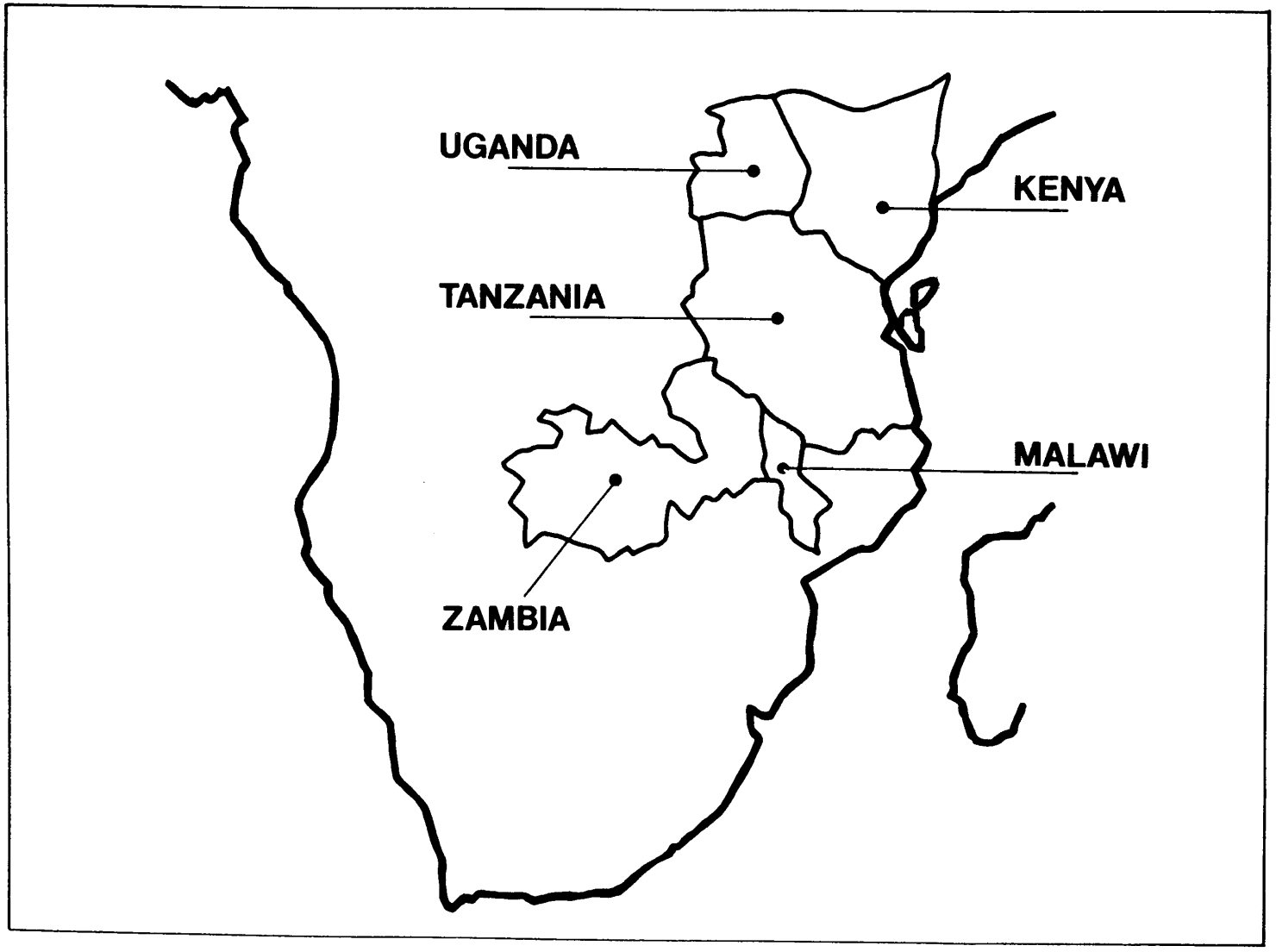
Map 1


N.W. Frontier Province
Mirpur
Punjab (Pakistan)
Punjab (India)
Sylhet
PAKISTAN
INDIA
Kutch
S.Gujarat
BANGLADESH

A2



Map 2



Most areas with Asian Muslim communities are still experiencing a certain amount of immigration of dependants. As a group, Muslim women and children may be newest to Britain and to British health care.*

There are also a few people settled in Britain from other areas of the subcontinent, most of whom are in the professions, such as doctors and lawyers. They often come from very different backgrounds and may have little in common (not even language) with the majority of Asians in Britain. Their dietary habits may not conform with the patterns outlined above.

EAST AFRICA

About one third of the Asian immigrants in Britain have come from East Africa, (Map 2), often as refugees, mainly from Uganda, Kenya and Tanzania. Others have come from Malawi and Zambia.

The families of most Asians in East Africa originally emigrated there from Gujarat and Punjab in the north western part of the subcontinent. Most of the Asian families originally emigrated to East Africa between 1890 and 1935, and, in a second period, between 1945 and 1960. Many families have been in East Africa for three or four generations, and many East African Asians have never seen India or Pakistan.

About 80 per cent of East African Asians are Hindus, mainly of Gujarati origin. There are also some Sikhs of Punjabi origin, and some Muslims of Punjabi and Gujarati origin. There are also a few people from other areas, eg. Goans, most of whom are Roman Catholics.

* *For more general information about practical and cultural aspects of the Asian communities in Britain, see Asian Patients in Hospital and at Home, Alix Henley. Pub: King's Fund 1979. Available from The Bookcentre, 13 Slaidburn Crescent, Fylde Road, Southport, Merseyside PR9 9YF. Price: £5.50 including post and packing.*

In East Africa they lived in towns and cities and had a very different life-style from that of most people who have come to Britain from the subcontinent. The men were mainly businessmen, shopkeepers, professionals and white-collar workers. Most of the women did not work, though some ran family shops and others went into teaching and medicine. In East Africa the Asians were encouraged to settle within their own communities and retained their own language, religion and most of their own customs and culture, though adapted to an urban life-style. Most Asians in East Africa continued to speak the languages of the areas from which their families had emigrated.

When the British left East Africa in the 1960s they gave the Asians there the choice of remaining British. This was in recognition of the fact that Asians were potentially vulnerable as a racial minority in newly independent African countries. Many accepted and were given special passports which gave them automatic right of entry at any time to the U.K. They began to take up this right in the late 1960s and 1970s.

East African Asians have generally arrived in Britain more recently than Indians, Pakistanis and Bangladeshis from the subcontinent. Some East African British passport holders are still arriving.

Since emigration was forced on them by political developments, East African Asian families have generally all arrived together, bringing elderly and infirm members with them. Most East African Asians have come from urban areas and so have experience of bureaucracy, Western-influenced administrative systems, and Western-style health care.

HINDUS IN BRITAIN

Gujarati Hindus

Most Hindus in Britain have come from Gujarat in India, and from Gujarati families in East Africa. They speak Gujarati. People from Northern Gujarat, Kutch, may speak Kutchi, a dialect of Gujarati.

Punjabi Hindus

A few Hindus have come from Punjab in India, and some from Punjabi Hindu families who had emigrated to East Africa. They speak Punjabi.

SIKHS IN BRITAIN

The Sikh religion originated in Punjab. Almost all the Sikhs in Britain have come from Punjab State in India. (Before Partition in 1947 they may have lived in what is now Pakistan.) A few Sikhs, whose families originally emigrated from Punjab have come from East Africa, Singapore and Malaysia. Sikhs speak Punjabi.

ASIAN MUSLIMS IN BRITAIN

Most Asian Muslims have come from Pakistan and Bangladesh. A few came from Gujarat State in India, and from Punjabi and Gujarati communities in East Africa.

Pakistani Muslims

Pakistanis in Britain have come from three main areas:

i. Most came from Mirpur District. They speak a dialect of Punjabi called Mirpuri.

ii. Some came from Punjab. They speak Punjabi (the same language as Indian Punjabis).

iii. A few came from the North West Frontier Province. They are known as Pathans and speak Pashto.

The national language and language of schooling in Pakistan is Urdu and almost all Pakistani men and many women speak and understand Urdu.

Bangladeshi Muslims

Most of the Bangladeshis in Britain have come from one area, Sylhet District, in the north east corner of Bangladesh. They speak Bengali, usually in a Sylheti dialect.

Indian Muslims

A few Indian Muslims from Gujarat in India have settled in small numbers in Britain. There are also some Gujarati Muslims from East Africa in Britain. They speak Gujarati.

APPENDIX II: LOCAL ASIAN COMMUNITIES: A QUESTIONNAIRE

These questions will help you find out which groups have settled locally. Possible sources of information are given in Section 19.3.2 above. Read the booklet Asians in Britain: Introduction beforehand to familiarise yourself with the basic facts.

1. Which country or countries did the major groups of Asians in the area come from?

India? ☐
Pakistan? ☐
Bangladesh? ☐
East Africa? ☐
Kenya? ☐
Uganda? ☐
Tanzania? ☐
Malawi? ☐
Zambia? ☐
Other(s)? ☐ .....

2. If they came from India, Pakistan or Bangladesh, where did they come from? And which religious group or groups do they belong to?

India - Gujarat? ☐ - Hindu? ☐
- Muslim? ☐
- Other? ☐.....

- Punjab? ☐ - Hindu? ☐
- Sikh? ☐
- Other? ☐.....

- Other areas? ☐ ..... Religion? .....
Language? .....

Pakistan - Mirpur? ☐ - Muslim? ☐
- Other? ☐.....

- Punjab? ☐ - Muslim? ☐
- Other? ☐.....

- North West Frontier Province? ☐ - Muslim? ☐
- Other? ☐.....

- Other areas? ☐ ..... Religion? .....
Language? .....

Bangladesh - Sylhet? ☐ - Muslim? ☐
- Other? ☐ .....

- Other areas? ☐ ..... Religion? .....
Language? .....

3. If they came from East Africa, where in India or Pakistan did their families originate? and what religious group or groups do they belong to?

Originated in Gujarat? ☐ - Hindu? ☐
- Muslim? ☐
- Other? ☐ .....

Originated in Punjab? ☐ - Hindu? ☐
- Sikh? ☐
- Muslim? ☐
- Other? ☐ .....

Other areas? ☐ ..... Religion(s)? .....
Language(s)? .....

4. What is the approximate size of each community?

5. When did they arrive and settle in the area?

Further optional details

6. Any information about:
employment patterns?

housing patterns?

movement within the area?

7. What, if any, are the other major ethnic minority groups settled in the area?

APPENDIX III: COMMONLY USED SPICES AND HERBS

English names are given but it is probably more useful to remember the Asian names. See Appendix IV for a guide to pronunciation.

Hindi/Urdu	English	Details of use and possible medicinal properties
garam masala	mixed spices	Standard mix (varied according to individual taste) used in most curries. Usually roasted, ground and mixed according to personal taste at home though can be bought ready mixed. Usually contains: cardamom, cinammon, cloves, cumin, mace, nutmeg, black pepper. Most typical flavour of Asian food.
adrak	fresh ginger	Hot spicy root. Usually fresh, grated or finely chopped. Helps digestion and induces sweating.
ajwain	carom seeds/ lovage	Used in pickles and batters for fried savouries. Good for digestion, stomach pain and after childbirth.
amchoor	mango powder	Dried green powder.
anardana	pomegranate seed	Seeds used as flavouring agent.
dalchini	cinammon	Dried inner bark. Used in sticks or ground in sweet dishes or curries. Chewed to sweeten the breath and help digestion. Good for the gums.
dhania	coriander	Crushed seeds or powder used in savoury dishes. Fresh leaves finely chopped used in mince meat or as garnish. Equivalent to parsley in British cooking.
elaichi	cardamom	Aromatic large brown pods containing seeds. Used occasionally in curries and pulaos. Small green pods used in sweets, puddings and some curries. Added to tea and may be chewed after meals to sweeten breath and improve digestion.
haldi	turmeric	Yellow powder from dried root, with musty bitter flavour, used to colour and flavour curries and sauces. Antiseptic and helps digestion.
hari mirch	green chilli	Fruit. Hot, especially the seeds. The smaller chillies are the hottest.
hing	asfoetida	Dried pulped root with strong smell. Used for pickles and other dishes. Medicinal properties.
imli	tamarind	Infused pulp of pod. Gives sweet-sour lemony flavour to pickles, sauces etc.

jaiphal	nutmeg	Small hard nut. Good for insomnia and digestion. Mainly used in sweet dishes.
javatri	mace	Hard shell around nutmeg with similar flavour but used differently. Used in meat dishes.
jeera kala	black cumin	Pungent seeds. Black or white used in rice or bread, ground in curries.
jeera sufaid	white cumin	Healing properties. Cumin water helps colic in infants.
kali mirch	black pepper	Small hard seeds ground and used to flavour curries etc. May be ground and added to tea to alleviate cold symptoms. (White pepper is black pepper with outer seed removed.)
kalonji	nijella seed	Little black seed used whole in pickles, sauces, breads & curries.
kesar	saffron	Yellow powder from stigmas of crocus flowers. Colours and flavours rice. Extremely expensive so haldi often used instead.
khas khas	poppy seeds	Tiny grey seeds used for gravies and while while breast-feeding. Stimulates the appetite. Good for the brain. Added to special food given to mothers after childbirth.
lal mirch	red chilli	Very hot, especially the smaller ones. Can be used in powder form.
lassan	garlic	Root often used in curries. Good for digestion and reduces flatulence. Antibacterial and healing agent.
laung	cloves	Dried flower bud used whole or ground. Strong flavour. Helps digestion. Oil used for earache and toothache.
methi	fenugreek	Small hard bitter seeds used powdered in pickles and curries. Very strong flavour used fresh or dried as herb in other dishes, or may be used whole as a spinach-like vegetable. Dried leaves particularly strong.
namak	salt	
rai	mustard seeds	Very small dark brown seeds. Mixed with methi seeds and fried quickly before adding other ingredients in curries. Also used in pickles. Leaves used as vegetables, like spinach.
saunf	aniseed	Seeds used to flavour dishes & pickles. Chewed after meals as a digestive aid and to sweeten breath.
simla mirch	paprika	Powdered dried large red pepper (capsicum). Mild flavour, and colouring.

soondh	dried powdered ginger	Used instead of fresh ginger.
til	sesame seeds	Small seeds; used for sweets, added to bread. Oil used for cooking.

APPENDIX IV: GLOSSARY AND A ROUGH GUIDE TO PRONUNCIATION

Almost all the Asian words in the text are in Hindi/Urdu. Hindi and Urdu are almost identical, particularly in their colloquial, everyday spoken forms. Hindi is the name used in India, and Urdu the name used in Pakistan. (Hindi and Urdu are written in different alphabets.)

Some Asian sounds and words are difficult to indicate in English spelling, but the spellings below give a very rough guide to correct pronunciation.

Vowels

'å' is pronounced very short - as in 'material' and 'heater'
'a' is pronounced short - as in 'must' and 'funny'
'aa' is pronounced long - as in 'mast' and 'farm'
'o' - a rounded 'o' between 'pot' and 'port'
'u' is pronounced short - as in 'put' and 'foot'
'oo' is pronounced long - as in 'pool' and 'flu'
'e' is pronounced short - as in 'pen' and 'fetch'
'i' is pronounced short - as in 'skip' or'fist'
'ee' is pronounced long - as in 'beat' and 'weep'
'ai' - as in 'fight', 'right' and 'kite'
'ay' - as in 'pain' and 'rain'
'au' - as in 'found' and 'round'

Consonants

'q' is like 'k' but sounded at the back of the throat
'kh' - like 'ch' in Scottish 'loch'
'r' - is usually pronounced quite strongly
'g' - as in 'goat' and 'get'
'gh' - like 'kh' but far back in the throat
'j' - as in 'jump' and 'job'
'ss' or 's' - as in 'miss' and 'soon'
'z' - as in 'has' and 'zoo'

Aspirated consonants are not generally indicated.

The stressed syllable in each word is underlined, as in England and expect.

aam (mango)	-	aam
adrak (fresh ginger)	-	adrak
ajwain (carom)	-	ajwayn
Allah (Arabic word for God)	-	allaah
aloo (potato)	-	aloo
aloo saag (potato leaves)	-	aloo saag
amchoor (mango powder)	-	aamchoor
amrud (guava)	-	amrud
ananas (pineapple)	-	ananas
anar (pomegranate)	-	anaar
anardana (pomegranate seeds)	-	anaardăna
arhar (pigeon pea)	-	arhar
atta (chapatti flour)	-	atta
badasha (sweet)	-	baadasha
baingan (eggplant)	-	bayngan
bajra (millet)	-	bajra
band gobi (cabbage)	-	band gobi
barfi (sweet)	-	baarfi
Bengali	-	bengaali
bessan (chickpea flour)	-	bayssan
bhajia (savoury snack)	-	bajia
bhuna chana (roast chickpeas)	-	boona chana
bindi (ladyfinger)	-	bindi
boondhi (fried savoury)	-	boondi
cassava (root vegetable)	-	cassaava
chakri (savoury snack)	-	chakri
chakotra (pomelo)	-	chakotra
chana (chickpeas)	-	chana
chana saag (chickpea leaves)	-	chana saag
chapatti (unleavened pancake)	-	chăpati
chevra (fried savoury)	-	chevra
cuddi (yoghurt curry)	-	cadi
dalchini (cinnamon)	-	dalchini
dal (pulse)	-	daal
dhania (coriander)	-	dania
dokhra (steamed savoury snack)	-	dokra
doodhi (bottle gourd)	-	dood

Eed-ul-fitr (Muslim festival)	-	eed'l fitàr
elaichi (cardamom)	-	elaichi
fali (green beans)	-	faali
ful gobi (cauliflower)	-	ful gobi
gantia (fried savoury)	-	gaantia
gajar (carrot)	-	gajar
garam masalla (mixed spices)	-	garàm màsaala
ghee (clarified butter)	-	gee
gooar (cluster bean)	-	gooaar
goond (edible gum)	-	goond
goonda (fruit used in pickle)	-	goonda
Gujarat	-	goojàraat
Gujarati	-	goojàraati
gulab jaman (sweet)	-	goolaab jaman
gur (cane sugar)	-	gur
gurdwara (Sikh temple)	-	gurdwara
halal (permitted to Muslims)	-	halal
haldi (turmeric)	-	haldi
halva (sweet)	-	halva
hara dhania (coriander leaves)	-	hara dania
hari mirch (green chilli)	-	hari mirch
hijra (Muhammad's journey to Medina)	-	hijra
Hindi	-	hindi
Hindu	-	hindoo
hing (asfoetida)	-	hing
imli (tamarind)	-	imli
Islam (the Muslim religion)	-	isslaam
jaggery (cane sugar)	-	jagri
Jain (offshoot of Hinduism)	-	jayn
jaiphal (nutmeg)	-	jaipaal
Janmastami (Hindu festival)	-	janmastami
javatri (mace)	-	javàtri
jeera kala (black cumin)	-	jeera kala
jeera sufaid (white cumin)	-	jeera sufayd
jellabi (sweet)	-	jellaybi

kadoo (pumpkin)	-	kadoo
kali mirch (black pepper)	-	kali mirch
kalonji (nigella seed)	-	kalonji
karbooja (sweet melon)	-	karbooja
karela (bitter gourd)	-	karela
Karva Chot (Hindu festival)	-	karva chot
kathal (jack fruit)	-	kataal
kati keri (sour mango pickle)	-	kati keri
katloo (eaten after childbirth)	-	katloo
kato (red paste used in paan)	-	kato
kela (banana)	-	kela
Kerala (South Indian State)	-	kerala
kesar (saffron)	-	kesar
khas khas (poppy seeds)	-	kas kas
khesari (a pulse)	-	kayssári
kitchree (Gujarati dish)	-	kitchree
kulthi (horse gram)	-	kulti
kumra saag (pumpkin leaves)	-	kumra saag
Kutch	-	katch
Kutchi	-	katchi
ladoo (sweet)	-	ladoo
lal mirch (red chilli)	-	lal mirch
lassan (garlic)	-	lassan
lassi (yoghurt drink)	-	lassi
laung (cloves)	-	long
limbu (lime)	-	limboo
lobia (cowpeas)	-	lobia
Mahashrivratri (Hindu festival)	-	mahaashrivratri
masalla (spices)	-	masaala
masoor (lentil)	-	masoor
matar (pea)	-	matar
methi (fenugreek)	-	meti
methi saag (fenugreek leaves)	-	meti saag
Mirpur	-	meerpoor
Mirpuri	-	meerpoori
Moharram (Muslim festival)	-	moharram
mooli (white radish)	-	mooli
moong (green gram)	-	moong

mot (a pulse)	-	mot
Muhammad (the Prophet of Islam)	-	muhammad
Muslim (follower of Islam)	-	musslim
namak (salt)	-	namak
nan (type of bread)	-	naan
narial (coconut)	-	narial
nimbu (lime)	-	nimboo
paan (substance chewed after meals)	-	paan
palak (spinach)	-	paalak
panjeeri (eaten after childbirth)	-	panjeeri
paneer (curd cheese)	-	paneer
papdi (double beans)	-	papdi
papita (papaya)	-	papeeta
paratha (fried savoury)	-	paraata
Pashto (language of Pathans)	-	pashto
Pathan	-	pataan
peta (ash gourd)	-	peta
poori (fried savoury)	-	poori
pulao (rice dish)	-	pulao
Punjab	-	panjaab
Punjabi	-	panjaabi
pyaz (onions)	-	piaaz
Quran (Muslim Holy book)	-	quraan
rai (mustard seed)	-	rai
rajma (kidney beans)	-	rajma
Ram Naumi (Hindu festival)	-	raam naumi
Ramzan (Muslim month of fasting)	-	ramzaan
rasgullah (sweet)	-	rassgullaah
sabut (whole pulse)	-	sabut
saijan (drumstick)	-	sayjan
salad (lettuce or salad)	-	salad
samosa (fried savoury)	-	samosa
santra (orange)	-	santra
sarson-ka-saag (spinach)	-	sarson-ka-saag

saunf (aniseed)	-	sonf
sev (fried savoury)	-	sayv
Shah	-	shaa
shakarkundi (sweet potato)	-	shakarkundi
shiro (eaten after childbirth)	-	sheero
Sikh	-	sik or seek
simla mirch (paprika)	-	simla mirch
soondh (dried powdered ginger)	-	soondh
Sri Lanka	-	shri lanka
supari (betel or areca nut)	-	supaari
Swami Narayan (Hindu sect)	-	swaami naraiyan
Sylhet	-	silet
Sylheti	-	sileti
tamater (tomato)	-	tamaata
tar (cucumber)	-	tar
tarbooj (water melon)	-	tarbooj
tawa (griddle for cooking chapattis)	-	tawa
til (sesame seeds)	-	til
tindoora (round gourd)	-	tindoora
torai (ridge gourd)	-	torai
urad (black gram)	-	oorad
Urdu	-	oordoo
val (field bean)	-	vaal

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