

# ASiANS In BRITain

## FOODS AND DIETS

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(Hen)

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Alix is at present on secondment from Ealing Education Authority to the DHSS and the King Edward's Hospital Fund for London to develop training materials in this series.

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**This booklet gives brief details about some aspects of the diets of Asian people in Britain.**

# **ASIANS IN BRITAIN**

**Asians** refers to people from India, Pakistan and Bangladesh, and to people of Indian and Pakistani origin from East Africa.

## **CONTENTS**

**Religious and cultural traditions**

**Hindus**

**Sikhs**

**Muslims**

**Fasting**

**Regional diets: food and health**

**Pregnancy and after**

**Serving food in institutions**

**Nutritional problems**

**Nutritional advice**

**Guide to pronunciation**

## **RELIGIOUS AND CULTURAL TRADITIONS**

Asian people now living in Britain come from many backgrounds, each one having its own local diet. Some have lived in Britain twenty years or more, some are newcomers and some were born or grew up in Britain.

Traditional Asian foods and dietary habits are likely to be particularly important to people who came to Britain as adults and to people who have arrived recently.

For many Asian people, food has a spiritual significance that it has almost completely lost in the West. Certain foods are prohibited and few conservative or devout people would consider eating them.

Not everyone follows religious prohibitions equally strictly and for each individual this is a question of personal conscience. Women and other people tend to be more conservative than men and younger people, and Muslims tend to be more conservative than Hindus and Sikhs.

Conservative older people within a family are likely to influence the diet of the whole family.

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	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 and scales
LARD	no	no	no	no

## HINDUS

### Meat, fish and eggs

Hindus believe that all living things are sacred and interdependent. Consequently, most Hindus are vegetarian. They do not eat meat or fish, or anything made with these. The cow is a sacred animal to Hindus and the eating of beef is strictly prohibited. Even Hindus who are not strict vegetarians will generally not eat beef, nor do they eat pork, since the pig is a scavenging animal and is considered unclean.

Some non-orthodox Hindus may eat fish.

In Asian tradition eggs are not a vegetarian food. Hindu men are more likely to eat eggs than women.

### Cheese

Most Asian adults find the flavour of Western cheese rancid and very strong. Most of it is also unsuitable for vegetarians since it is made with

animal rennet. Cottage and curd cheeses and vegetarian cheeses which are not made with animal rennet are acceptable.

#### **Alcohol**

Alcohol is prohibited, though a few Westernised Hindus may drink.

#### **Cooking and other restrictions**

Because of fears that food may contain or have come into contact with prohibited foods, some very orthodox Hindus, particularly older people, will not eat any food prepared outside their own homes.

#### **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.

### **SIKHS**

#### **Meat, fish and eggs**

Some Sikhs are strict vegetarians though there is a good deal of variation. Even non-vegetarian Sikhs do not usually eat beef, and may not eat pork because it is considered unclean.

Some non-orthodox Sikhs may eat fish.

Strict vegetarian Sikhs do not eat eggs.

#### **Alcohol**

Sikhs are strictly forbidden to drink alcohol. Less devout Sikhs, however, often drink alcohol.

### **MUSLIMS**

The restrictions outlined here apply to all Muslims.

Food restrictions, like many other aspects of Muslim daily life, are written in the Holy Quran (the Muslim Holy Book) and are regarded as the direct commands of God. Because of this there are unlikely to be individual variations. Most Muslims take great care not to break food prohibitions will not eat or buy any food whose ingredients they are not absolutely sure of.

#### **Meat, fish and eggs**

Muslims may not eat pork or anything made from pork, nor pork products.

They may eat only meat which is 'halal,' killed according to Islamic law: the name of Allah must be pronounced over the animal, and its throat must be cut so that it bleeds to death.

All fish is permitted provided it has fins and scales. Prawns are also permitted.

Eggs are permitted.

#### **Alcohol**

Alcohol is strictly 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.

#### **Cooking and other restrictions**

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

### **FASTING**

Members of all three religions may fast at certain times. For Hindus and Sikhs the decision to 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.

#### **Hindus and Sikhs**

Hindus, especially women, may fast on major religious festivals, and may also make regular weekly fasts. Individuals may also fast for special intentions. A few very devout Sikhs, especially women, may fast similarly.

A Hindu or Sikh fast does not usually involve abstaining from all food, though practices vary. Most people eat only foods that are considered pure, such as fruit, nuts or potatoes, and avoid other foods. Some may eat nothing until sunset.

#### **Muslims**

Ramzan is the ninth month of the Islamic year. During the whole month Muslims must abstain from all food and all liquid (including water) between dawn and sunset. It is considered a grave sin for anyone to break the fast of Ramzan without good reason, and entails a serious penance.

Fasting is considered one of the highest forms of worship. It also enables people to practice self-discipline and helps them to understand and share the feelings of the poor and the hungry.

Ramzan is the only compulsory fast but some very devout Muslims may make voluntary fasts on other days of religious significance. Some Muslims may also fast as penance for misdeeds.

#### **Exemptions from fasting**

Everyone over the age of about 12 should fast, but there are exemptions:

- **the elderly** in poor health 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 required to fast but should make up the fast at a later date. (However, some pregnant women may decide to fast, taking the opportunity of making a full and complete fast since they are not menstruating).
- **people who are ill or on a journey** are not bound to fast but must also make up the number of days as soon as possible after Ramzan.

Children are usually encouraged to begin to fast for a few days at the age of about seven.

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.

#### **Fasting and illness**

People who are too ill do not have to fast. However, special provision may be required in hospital for Muslim patients who can and wish to fast: they need a meal before dawn, and 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 and will probably not take any medicine through the mouth or nose between dawn and sunset. Some people will not accept injections or suppositories. Fasting should be taken into account when medicines are prescribed and given.

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.

#### **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. The exact dates depend upon the sighting of the new moon in different countries and so cannot be forecast precisely.

**Table 2: DATES OF RAMZAN UNTIL 2,000 A.D.**

<b>A.D. Year</b>	<b>Islamic Year</b>	<b>Beginning of Ramzan</b>	<b>End of Ramzan (Feast of Eed-ul-Fitr)</b>
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

## **REGIONAL DIETS: FOOD AND HEALTH**

The Indian subcontinent is as large as Europe and the regions within it have a wide variety of local diets. However, since almost all the Asian groups in Britain originated in the northern part of the subcontinent, there are similarities.

Traditional Asian diets are generally high in roughage, cereals and vegetables, and low in animal fat and sugar — a good diet in terms of nutritional knowledge.

Asian traditions about food are strongly related to the belief that what you eat affects you emotionally, spiritually and physically, and to the need for a balance of different foods. Diets are affected by beliefs related to the idea of 'hot' and 'cold' foods.

Asians in Britain may hold less firmly to these cultural traditions than they would at home.

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

### **Meat, pulses, vegetables and spices**

Meat is usually curried and generally eaten in far smaller quantities than is traditional in English diets.

Pulses such as lentils and chickpeas are a major source of protein for vegetarians. About ten different varieties are commonly used in Britain. They may be cooked whole or split in a spicy sauce, or made into soup. Cereals such as chapattis and rice are generally eaten with pulses to ensure that the maximum value is taken from the protein in each.

Many British vegetables such as potatoes, carrots, cauliflower, onions and cucumber, are common in the northern subcontinent. Asian people in Britain can buy imported tropical foods such as ladyfingers, sweet potatoes, gourds and different varieties of beans. Vegetables are usually curried with spices. Salads are usually undressed or sprinkled with fresh lemon juice.

Spices are essential in most Asian cooking. Each spice is used in a special way and often only with certain foods. The most commonly used spices are cardamom, cinnamon, cumin, coriander, ginger, turmeric and chilli powder. Less spicy food is given to children and to people who are ill.

### **'Hot' and 'cold' foods**

Most Asian food beliefs are related to the idea of 'hot' and 'cold' foods. 'Hot' foods are believed to raise the body temperature and excite, possibly over-excite, the emotions. '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 temperature of the food. Too many of either can, it is thought, unbalance the body and the emotions and can cause ill health.

Hindu and Muslim traditions vary slightly over which foods are 'hot' and which are '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'.



**Table 3: REGIONAL DIETS OF MAIN ASIAN GROUPS IN BRITAIN**

From the INDIAN PUNJAB		From GUJARAT		From PAKISTAN	From BANGLADESH
SIKHS	HINDUS	HINDUS	MUSLIMS	MUSLIMS	MUSLIMS
<b>Main staple cereal</b>					
chapattis	chapattis	chapattis or rice	chapattis or rice	chapattis	rice
<b>Main fats</b>					
ghee (clarified butter)	ghee	groundnut or mustard oil some ghee	groundnut or mustard oil some ghee	ghee or groundnut oil	groundnut or mustard oil — a little ghee
<b>Meat and Fish</b>					
no beef	no beef	no beef	no pork	no pork	no pork
some vegetarians	mostly vegetarians	mostly vegetarians	halal meat only (usually chicken or mutton)	halal meat only (usually chicken or mutton)	halal meat only (usually chicken or mutton)
Others eat mainly chicken or mutton			little if any fish	little fish	a lot of fresh or dried fish
no fish	no fish	no fish			
<b>Eggs</b>					
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)
<b>Dairy Products</b>					
very important:	very important:	important:	fairly important:	fairly important:	few:
milk yoghurt curd cheese	milk yoghurt curd cheese	milk yoghurt	milk yoghurt	milk yoghurt	milk
<b>Pulses</b>					
major source of protein	major source of protein	major source of protein	important	important	important
<b>Vegetables and Fruits</b>					
curries	curries	curries	curries	curries	curries
occasional salad	occasional salad	occasional salad	occasional salad	occasional salad	occasional salad
fresh fruit	fresh fruit	fresh fruit	fresh fruit	fresh fruit	fresh fruit

Usually people eat a variety of foods which balance each other, possibly eating more 'cold' foods in summer and more 'hot' foods in winter.

At certain times, for example during pregnancy and lactation and during illness, the effects of 'hot' and 'cold' foods become particularly significant. Certain foods may be encouraged and others avoided. This may affect the acceptability of some dietary advice.

### **Meals in Britain**

Asian housewives in Britain continue to cook what they cooked at home as far as possible. Most Asian families in Britain have recreated their traditional diets very successfully, using a combination of imported and local foodstuffs. Few people will adopt completely new methods of cooking and food preparation, and those new local foodstuffs most likely to be used are those that most resemble what is already familiar and can be cooked in traditional ways.

Most people eat three meals a day, with the main meal in the evening.

Breakfast is the meal most likely to have been influenced by British customs, with many families eating packaged cereals and toast.

The midday meal may be only a light snack, particularly for women alone at home, or it may be similar to the evening meal.

On normal occasions the evening meal consists of chapattis or rice which usually provide about half the bulk of the meal. There will also probably be one or more dishes of vegetable or meat curry and a dal. Yoghurt and pickles may be provided as side dishes. The meal may be followed by fresh fruit and tea.

All the dishes are usually placed in the centre of the table and people help themselves throughout the meal.

## **PREGNANCY AND AFTER**

### **Pregnancy**

Pregnancy is recognised as a crucial time for both mother and baby. Pregnant women are encouraged to rest, particularly during the second half of the pregnancy. They may avoid oily foods, some spices and 'hot' foods.

Some Hindu and Sikh women who are not vegetarian may become vegetarian when they are pregnant. Women who leave work to stay at home towards the end of their pregnancy may find it easier to be strict vegetarians at home.

The meat intake of many non-vegetarian women may be small.

Hindu and Sikh women may continue their regular pattern of fasts and may make additional fasts to ensure a successful outcome to the pregnancy. Muslim women are not required to fast during Ramzan if they are pregnant but may wish to.

### **Mothers after the birth**

Beliefs about what a mother should and should not eat become very significant after the birth. This is considered to be an extremely dangerous time 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.

Women in some communities are given special 'hot' foods 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. In other communities, women's diets may be severely restricted during this period to avoid bringing any harm to the mother or the baby. Dietary traditions vary a good deal at this time and will need discussing on an individual basis.

### **Infant feeding and weaning**

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 until the baby is at least twelve and possibly twenty-four months old.

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.

Many Asian 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 progressive and Western and far better for the baby if a family can afford it.

Asian women new to Britain may have problems with bottle-feeding since it is unfamiliar to most of them. Instructions about mixing feeds and sterilising bottles are rarely written in Asian languages. Expense may also cause problems for people already on low incomes.

Weaning customs vary from area to area of the subcontinent but food supplements are not normally given to breast-fed babies for the first nine months or year. Some children are weaned later. Weaning foods are usually given with the hands, rather than with a spoon. The texture of food is consequently firm but soft, rather like cold semolina pudding. Children may simply be weaned to bits of food from the family meal, with the spices rinsed off.

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

Since the tradition in Asia is generally to wean when a baby is able to tolerate more adult foods, Asian mothers may be unsure which foods are suitable for very young babies. However good their normal diet, some Asian mothers may need help preparing foods for their children at this age.

Many proprietary baby foods are unsuitable for Muslims and for vegetarians since they contain non-halal meat products. Muslim and vegetarian mothers often buy only those which they know have no meat content 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. Problems may also arise later when Asian 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 reweaned to the flavours of curries and spicy foods.

Mothers new to Britain may need to be shown such implements as baby food mincers which will make the preparation of their own food much easier. Plain baby rice is a suitable and acceptable base to which mothers can gradually add foods from their own diet.

### **SERVING FOOD IN INSTITUTIONS**

In Britain Asian people often have difficulty in choosing food that they can eat. Certain dishes are prohibited and many others may contain prohibited ingredients. If people do not know what is in a dish and what cooking fat was used, they cannot eat it.

**Food which contains any prohibited ingredients at all is prohibited.**

**Food which has been in contact with prohibited food, even on the same plate, is prohibited.**

**Food which has been prepared in the same pots and pans and with the same utensils, or served with the same utensils as prohibited food, is prohibited.**

In hospitals 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.

For many Asian patients the 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 new and often disliked. The 'curries' normally served in British hospitals do not resemble Asian dishes, and most Asian patients find them as unappetising as much other British food. Unpalatable or inedible hospital food may be a real source of distress to patients.

Asian food is normally eaten with the fingers of the right hand, or with a spoon. People will need to wash their hands before and after eating and may wish to rinse out their mouths after a meal.

### **NUTRITIONAL PROBLEMS**

The most useful general advice is often to stress the importance of continuing the family's traditional basic diet, combined with practical help in buying and preparing the cheaper English vegetables and other unfamiliar but valuable foods.

However, the changed climate, lifestyle and conditions of Britain may also require certain dietary changes to avoid specific nutritional problems. Problems found are:

**Iron deficiency anaemia**

**Vitamin D deficiency**

**Vitamin B12 and Folic Acid deficiencies**

### 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, grams	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 (unrefined cane sugar)	

### 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 the 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 times such as during growth spurt or during 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 and 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 oily fish but most find the strong smell disgusting.

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 forms 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 of Vitamin D.

#### **FOODS WHICH CONTAIN VITAMIN D**

<b>For vegetarians and others</b>	<b>For non-vegetarians only</b>
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 fats. 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.

### **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.

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**

<b>For vegetarians and others</b>	<b>For non-vegetarians only</b>
Unboiled milk	meat and offal
some yeast extracts	wheat extracts
dried milks	eggs (may be acceptable to some vegetarians)
yoghurt	fish
curd cheese	

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

### **FOODS WHICH CONTAIN FOLIC ACID**

<b>For vegetarians and others</b>	<b>For non-vegetarians only</b>
Flour and flour products (especially wholemeal)	meat, especially liver
whole wheat breakfast cereals	fish
green leafy vegetables, e.g. lettuce, mustard leaves, spinach, cabbage, spring greens (cooked for a short time only or in salads) some other vegetables	eggs (may be eaten by some vegetarians)
nuts	
dried milk	
cheese	
fruit, e.g. bananas, oranges, (and orange juice), dates, grapefruit, sweet melon, avocado pears	

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.

### **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. Indicate clearly 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 a normal Asian diet. Require as little radical change as possible. If change is necessary, concentrate on one or two very important items.

**5. Try suggesting 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.

## GUIDE TO PRONUNCIATION

In the list below, stressed syllables are italicised: *England*, *expect*.

'*a*' is pronounced very short — as in 'material' and 'lighter.'

'*a*' is pronounced short — as in 'must' or 'funny.'

'*aa*' is pronounced long — as in 'mast' and 'farm.'

'*u*' is pronounced short — as in 'put' and 'foot.'

'*ay*' — as in 'rain' and 'pain.'

'*q*' is like 'k' but sounded at the back of the throat.

'*r*' is usually pronounced quite strongly.

chapatti — chapati

dal — daal

Eed-ul-fitr — eed'l fîtar

ghee — gee

Gujarati — goojaarati

gur — gur

halal — halal

Hindu — hîndoo

Jain — Jayn

Muslim — musslim

Punjab — pânjaab

Quran — quraan

Ramzan — ramzaan

Sikh — sik or seek

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