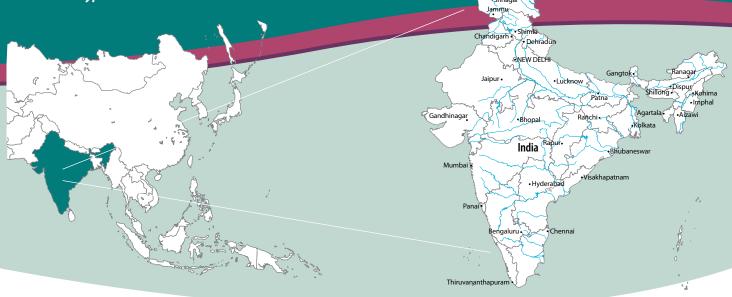
Tood and cultural practices of the Indian community in Australia - a community resource

Food is central to the cultural and religious practices of most communities. For this reason, understanding and appreciating the food and food practices of another culture is part of building your own cultural competence. What people eat is also important to their long-term health. When people migrate to Australia, changes to the food they eat and reductions in physical activity often result in poorer health in the long term.

Common health problems include nutrition-related chronic diseases like type 2 diabetes and heart disease.



This resource provides information about the food and food practices of Indian people settled in Brisbane (Australia).

It also provides general information on traditional greetings and etiquette, a general background on their country and their health profile in Australia. For readers who are involved in nutrition education, there is also a section on culturally appropriate ways to approach this.

1. Traditional greetings and etiquette

- It is generally more appropriate to greet community members in English.
- Ask permission before using a person's first name.
- Don't shake hands with women, especially if you are a man.
- Stand to welcome older people as a sign of respect.
- Be friendly and smile throughout the interview.
- At the outset of your meeting, tell community members what the consultation is for and why the information they provide needs to be accurate.
- If you visit someone's home and are offered food, it is polite to eat it.

2. Cultural information and migration history

Ethnicity	The Indian community is mostly Indo-Aryan and Dravidian in origin. Cultural practices vary in India with geographical region and religion. India can be broadly divided into four major regions (North, South, East and West), each with its own distinctive language, customs and food practices.
Religion	Hinduism is the predominant religion practiced in India (80%), followed by Islam (13.4%), Christianity (2.3%), Sikhism (1.9%), Buddhism (0.8%) and Jainism (0.4%). The followers of these religions observe different dietary laws for fasting and feasting.

2. Cultural information and migration history – continued

Language	Over 400 official languages have been recorded in India², but 41% of the population speaks Hindi³ (the official language in government documents), while English is the secondary official language. Most states have their own language, e.g. Tamil, Bengali, Malayalam and Telegu.
Migration history	Indian migrants, as well as migrating from India, also migrate from Pakistan, Bangladesh and Sri Lanka. There are large Indian communities in Fiji, Malaysia, Singapore and the United Kingdom. Migration often separates family members. In the past, older parents were sponsored to join their children in migrating to Australia; however, recent changes to migration laws have made this practice prohibitively expensive.
Gender roles	Both marriage partners are expected to work; however, in the home women are responsible for a number of household duties.
Household size	The size of households in India varies from three to five and may include extended family. ⁴ In Australia in 2011, 78% of Indian migrants lived in households of two to four persons, with very few living in households of six of more persons (4%). ⁵
Population in Australia	All states and territories are home to the Indian-born population in Australia. The largest numbers live in New South Wales and Victoria. There are approximately 30,300 Indian-born people in Queensland, with largest numbers in the greater Brisbane area. ⁶

3. Health profile in Australia

Life expectancy	In Australia, the Indian-born population has higher rates of mortality and hospitalisation from diabetes and related complications. This is partly due to changes in food habits associated with migration and a more sedentary lifestyle.		
New arrivals	 Most migrants from India are healthy on arrival. It is important to stress the susceptibility to central obesity and the need to maintain a healthy weight. Vitamin D deficiency may be an issue because traditionally Indian women avoid the sun, use umbrellas for shad and wear clothes that cover most of the body. This is done for socio-cultural and religious purposes.⁸ Iron-deficiency anaemia is endemic for children, female adolescents and pregnant women in India. Poverty and strict vegetarianism, defined as a diet without any meat, fish or eggs, as well as minimal and inconsistent iron fortification of foods in India, are considered major causes.⁹ 		
Chronic disease	Some of the important health problems faced by Indian immigrants include chronic diseases such as diabetes, hypertension, cardiovascular disease and complications arising from any of these conditions. There is evidence from countries with a long history of migration from India (the UK, US and Canada) that the prevalence of type 2 diabetes and heart disease is much higher among South Asians (including Indians) than the general population. ¹⁰⁻¹⁴ This could partly be due to childhood malnutrition as well as genetic risk factors. ¹⁵ Other studies have shown that this risk continues over generations. ¹⁶		
Oral health	Alert new arrivals of the need for regular checkups. In general, preventative health is not seen as a priority in India, so people tend to wait until they have an issue before seeing a dentist.		
Social determinants of health and other influences	Indian migrants have entered Australia via a number of different non-humanitarian schemes. Government policies have encouraged many people to move to Australia from lower socio-economic backgrounds to receive training and subsequent employment in specific employment areas (e.g. aged care, cooking and hairdressing). This is not applicable to all migrants. There is a high proportion of highly qualified Indian migrants living in Australia. Most families place a high value on education, resulting in upward social mobility in Australia.		

4. Traditional food and food practices

Traditional food choices usually depend on regional preferences. About 30% of Indians are vegetarian.9

- North: Punjabi cuisine typically represents foods of all the states north and west of Maharashtra. This is the most popular food in restaurants and is synonymous with Indian food globally: predominantly wheat-based breads (roti and naan), basmati rice for special pulaos (rice-based dishes that include vegetables and/or meat), and legumes such as chickpeas and kidney beans. Dairy products such as paneer and yoghurt, butter and ghee are used extensively.
- **South:** This is primarily a rice-eating region. A variety of *dhals* (thick soup made from lentils or other legumes) and vegetables are popular. Both rice and *dhals* are served in a number of ways: pounded, ground, fermented, boiled and steamed. Coconut is used in cooking. Dairy is mainly in the form of plain, unsweetened yoghurt.

Common aspects

- Chicken and goat meat are popular all over India, depending on affordability. Beef is consumed only by Christians and Muslims, and pork by Christians only. Meat is not usually eaten every day of the week. Fish is popular in coastal areas.
- Fruits are usually consumed fresh.
- Desserts made from milk, sugar, rice or dhals, using ghee, nuts and spices such as cardamom, are common only on special occasions.
- Ghee may be served with rice as a flavour enhancer. Sesame, peanut and other vegetable oils are generally used in cooking. Pickles and pappadams (crispy wafers) are often used as accompaniments.
- Water is served with meals. 'Milky' coffee and tea with sugar are also consumed.
- Spices used include coriander seeds, asafoetida, cumin seeds, fenugreek, ginger, pepper, chilli, garlic, turmeric, saffron and cardamom.

Religion and religious festivals in all groups in India play a major role in food avoidances or inclusions.

Traditional meals and snacks

Breakfast	Cereal, toast, rice-based traditional dishes, <i>roti</i> and juice are consumed for breakfast.		
Main and other meals	Rice or <i>roti</i> (dry, pan-fried flat bread) with <i>dhals</i> , chicken or fish curry (or vegetarian meals for some communities) are eaten most days.		
Fruit and vegetables	Vegetables include <i>okra</i> , a variety of gourds, eggplant, snake beans, various leaves (similar to spinach), chocos, tapioca/cassava, drumsticks (long beans and leaves from a tree grown in the South of India), green adzuki beans in the pod and herbs (e.g. curry leaves). A comprehensive list of vegetables can be found here . Fruits include mangoes, tamarinds, bananas, papayas, sapodillas and imported temperate fruits such as apples and grapes.		
Snacks		ly to have a savoury fried snack, such as a samosa, with a hot drink. Peanuts, cashews and ular. Other common snacks are listed below: Banana, tapioca, jackfruit and potato (thin slices, deep fried) All deep-fried snacks (chickpea flour base with spices; different shapes and thicknesses) Deep-fried savoury snack made from rice, lentils and spices Deep-fried savoury snack made from lentils and spices Deep-fried chickpea flour with nuts Deep-fried pastry filled with potatoes, or other vegetables or meat Deep-fried potatoes in chickpea batter Deep-fried onions or cashew nuts with chickpea batter	

4. Traditional food and food practices - continued

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Indian restaurants.

Beverages Water, coffee, tea and juice.

Celebration foods and religious food practices

Takeaways

Cakes and sweets are generally not eaten regularly. When eaten, they are usually purchased unless made at home especially for a festival. Many sweets are milk/milk powder based. For an exhaustive list with pictures and ingredients, click here.

These are uncommon. Families occasionally eat out at fast food outlets, usually catering to children's requests, or at

Practices vary according to region and occasion. *Biryani* (made from meat or vegetables and rice) is a popular festive food eaten by all. Most Hindus will avoid any non-vegetarian food at festivals. Meat and fish are also avoided on certain days of the week as part of religious observances.

Fasting is important to almost all religious traditions. For Hindus, there are differences in how often this is practiced by individuals and how fasting is defined (e.g. it may just entail avoiding solid foods). In the Hindu tradition, people choose to fast as part of their worship of many different deities for various purposes, e.g. for married people to ensure a happy married life, and for unmarried girls to find an ideal husband.

Common traditional foods

Indian breads

Roti/chapatti, made from whole wheat flour (*atta*) and water



Roti are cooked on a dry griddle. They are commonly eaten at breakfast and main meals. Wheat flour is often purchased in 5 or 10 kg bags.

Puri, made from wheat flour, water, ghee and oil



Puri are deep fried and served with potato *masala* (curry made with potatoes) or *chole* (chickpea curry) and/or chutney.

Paratha, made from whole wheat flour (atta), oil, butter/oil for frying and salt



Paratha are made from layers of dough brushed with ghee or cooking oil and cooked on a griddle.

Dosa, made from rice, lentils, salt and a small amount of oil



Dosa is crepe-like bread that is dry fried and served with a variety of items (curry, *dhal*, chutney, etc.)

Naan, made from white flour, yeast, milk, egg, yoghurt, oil and salt



Dough is baked onto the side of a hot, dome-shaped clay oven referred to as a *tandoor*.

4

Food and cultural practices of the Indian community in Australia – a community resource

Common traditional foods-continued

Indian rices



Rice types vary greatly in their glycaemic indices and amounts of fibre; e.g. red rice is eaten by people from Southern India and is higher in fibre and protein than white rice. In Australia, basmati rice is used quite extensively. Jasmine rice is seldom consumed. Rice is often purchased in bulk from specialty Indian food stores.

5. Food habits in Australia

Food practices	Meal patterns: Three meals a day are eaten, with lunch and dinner being similar in composition. Eating style: Food is usually eaten with the fingers of the right hand; cutlery is rarely used except to serve food. Stainless steel plates and tumblers may be used. In traditional households, elderly family members and men are served before the rest of the family. In more modern households, the family eats together.
Adaptations to diet in Australia	Substitute foods: New Indian migrants may be reluctant to adopt new vegetables. Many grow their own traditional vegetables and fruit in Australia. Because of the wide range of Indian products (including frozen Indian meals) now available in Australia, there is no need to substitute traditional food items. Previous migrants relied on basmati rice as a staple, but now other traditional rice types are being purchased, including red rice. This is a type of wholegrain rice with a low GI, which takes longer to cook than basmati rice. Additions to diet: Young people may consume convenience breakfast foods such as cereal, sandwiches for lunch, chicken nuggets and other convenience (frozen, ready-to-bake) food on occasion. Meat, especially chicken, is eaten more frequently, and often people eat larger serve sizes in Australia than in India. Processed meats such as ham and sausages are also eaten. Barbecuing is popular. Men may drink beer and/or spirits. Women may drink sweet white wine. Other changes: People are not likely to snack between meals, but if they do, they tend to prefer savoury snacks.
Cooking methods	Most of the cooking is done on the stovetop by steaming, boiling, sautéing, braising, or frying. Ovens are used less frequently.
Shopping/meal preparation	Shopping is usually a shared responsibility, with men and women each purchasing different items. Fish and meat are usually purchased by men, because butchers and fishmongers tend very often to be men in many parts of India. Women tend to do most of the cooking. Daughters are generally taught to cook when they are young.
Food in pregnancy	In India, pregnant women observe dietary restrictions and taboos, including the avoidance of certain foods that may be termed 'hot' and 'cold', either in the belief that miscarriages can be avoided or the perception that these foods may be good or bad for mother and/or baby. For example, pawpaw is thought to cause miscarriages. Some women believe that excessive eating during pregnancy may result in a large foetus and difficult labour. In Australia, women rely on medical information provided by the mainstream health system but also may be influenced by traditional advice from relatives, especially their mothers. Traditionally, there are a large number of foods eaten or avoided post partum. More information on traditional health-related beliefs and nutrition

practices relating to pregnancy and childbirth can be **found here**.

5. Food habits in Australia - continued

Breastfeeding and first foods

Breastfeeding: In India, 46.4% of all babies are exclusively breastfed from birth to 6 months and may be breastfed for over 2 years.¹⁷ Traditionally, breastfeeding is initiated when the colostrum is fully expressed, and infants may be given other fluids (including honey) prelactation.¹⁸

Complementary foods: The majority of infants are given complementary foods within the first six months.¹⁸ More information on infant care and feeding can be **found here**.

6. Working with Indian community members

Using an interpreter

- Ask if a Hindi-speaking interpreter is required. This is unlikely, but may be more commonly required for people coming from Northern India. However, it is still important to ask community members or groups if they would prefer (or benefit from) having an interpreter present (rather than asking if they speak English).
- If an interpreter is requested, it is important that a trained and registered interpreter be used when required. The use of children, other family members or friends is not advisable. Health and other services must consider the potential legal consequences of adverse outcomes when using unaccredited people to 'interpret' if an accredited interpreter is available.
- If you have limited experience working with an interpreter, it is recommended that you improve these skills prior to meeting with community members. There are many online orientation courses available, and Queensland Health has produced guidelines (available here) for working with interpreters.

Literacy levels

English and native language literacy levels among Indian Australians are generally high.

Be aware that ...

- Note that access to free health care in Australia may be limited. Skilled non-permanent residents don't have access to Medicare.
- It is polite to eat food that is offered to visitors. For community members who need to follow a strict diet for
 medical reasons, they can avoid this cultural obligation by telling their hosts that they are fasting or have a
 medical problem such as diabetes.

Motivating factors for a healthy lifestyle

- Older Indian people may see weight gain as an inevitable consequence of ageing; however, younger people may
 be very sensitive to being overweight, especially to central obesity. Almost all women are keen to lose weight for
 aesthetic reasons.
- Being thrifty is a common value, so healthy lifestyle changes promoted in community programs that take this into account and are consistent with saving money are more likely to be adopted.
- For parents, motivating factors include being a good role model and avoiding sickness, because they often do not have family or social support in Australia.

Communication style

- The need for translated written materials depends on age and education. Many Indian migrants under 40 years of age rely heavily on the internet for health information. Recipe books are generally not used much, although recipe books that show alternative methods of cooking familiar traditional dishes may be well received.
- If you are providing information on healthy lifestyle, Indian people may prefer more prescriptive advice, not a series of options from which to choose. They generally want health professionals to act decisively and take a leadership role in health interventions.

Health beliefs

Beliefs are characterised by medical pluralism. Western biomedical practice is widely accepted. Traditional preventive measures, guided by Ayurvedic principles, may be used. Indian families place a high value on considering the needs of others, and are reluctant to seek health care for what they see as minor health issues. For this reason, they may present late for treatment.

Additional resources

- Indian Foods: AAPI's Guide to Nutrition, Health and Diabetes has been published by the American Association of Physicians of Indian Origin. This includes culturally appropriate nutrition information in English and regional languages. This can be found at http://aapiusa.org/Resources/ArticleID/97/Indian-Foods-AAPIs-Guide-to-Nutrition-Health-and-Diabetes-2nd-Edition
- Queensland Health's Indian Community Profile can be found at http://www.health.qld.gov.au/multicultural/health_workers/cultdiverguide.asp
- Queensland Health Working with Interpreters: Guidelines (http://www.health.qld.gov.au/multicultural/interpreters/guidelines_int.pdf)
- To find out more about multicultural health, Queensland Health's Multicultural Health page has information for the public and for health workers, including the *Multicultural health framework*. Go to http://www.health.qld.gov.au/multicultural/default.asp

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