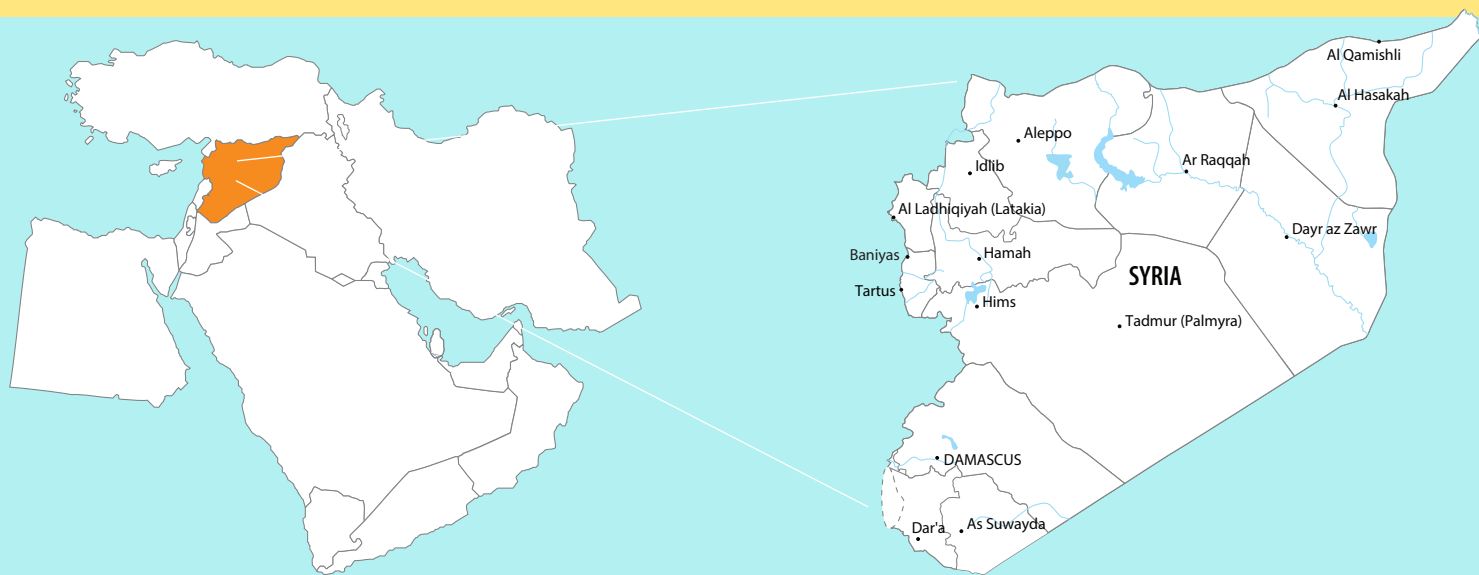


Syrian food and cultural profile: dietetic consultation guide



This resource is a guide for dietitian/nutritionists to provide culturally appropriate and effective services to Syrian community members. It follows the ADIME format and provides information about the food and food practices of people from Syria who have settled in Brisbane (Australia).

The profile follows the chronological steps in individual case management.

These include:

- [1. Booking a client appointment](#)
- [2. Preparation for the consultation](#)
- [3. Assessment](#)
- [4. Diagnosis](#)
- [5. Intervention](#)
- [6. Monitoring and evaluation](#)

1. Booking a client appointment

Key considerations

- Interpreters
 - Almost all Syrians speak Arabic.
 - Arabic interpreters from Syria, Iraq, Jordan, Lebanon, Egypt or Palestine can be used. Arabic speakers from Sudan may be difficult to understand.
 - For Kurdish refugees, their dialect should be established before requesting a Kurdish interpreter (i.e. *Kurmanji* or *Sorani*). They may also be open to the use of an Arabic-speaking interpreter.
- The presence and emotional support of family and friends is extremely important during illness. Spouses or another significant family member should be invited to consultations to increase retention of information and provide social support for dietary changes.

2. Preparation for the consultation

Working with an interpreter

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 services must consider the potential legal consequences of adverse outcomes when using unaccredited people to 'interpret' if an accredited interpreter is able to be sourced.

If you have limited experience working with an interpreter, it is recommended that you improve these skills prior to the appointment. There are many online orientation courses available, and Queensland Health has produced guidelines for working with interpreters that can be [accessed here](#).

Traditional greetings and etiquette

Traditional greetings are not required or expected from health professionals; however, the traditional greeting Marhaba (meaning 'Hello') will be well received by all Syrians. It is courteous to enquire about another's health, even when the people are not well acquainted.

Syrian women generally dress much more conservatively than Western women, and many Muslim women cover their hair with a headscarf and wear an overcoat. Some Syrians may be uncomfortable if revealing clothing is worn by health professionals or community workers.

Syrians are often passionate about their food and may communicate in an animated way when discussing the subject.

Background

Religion	The main religions in Syria are Muslim 87% (including Sunni 74%, and Alawi, Ismaili and Shia 13%), Christian 10% and Druze 3%. ¹ Syrians may or may not be devout in their faith: varying levels of religious belief and practice are accepted, even within the same family.
Ethnicity	Syria is a culturally diverse country. Arabs, including Muslims and Christians, make up around 90% of Syria's population. Kurds, Armenians, Turkomans and Circassians make up the remaining 10%. ² There are also a few thousand Jewish people. Despite Syria's cultural and religious diversity, it is a cohesive and tolerant society with little social division between those of different religions or ethnicities.
Language	Most Syrians have attended at least primary school and have basic literacy skills in Arabic. ¹ All Syrians speak, read and write in Arabic. ¹ Different ethnic groups may speak different languages and dialects at home.
History of conflict	Syria has been in civil war since 2011. By October 2014, nearly 9.5 million of Syria's 22 million pre-war population had been displaced. ¹ Of these, over three million have found temporary asylum in the neighbouring countries of Lebanon, Turkey, Jordan, Iraq and Egypt. ¹ Only about 15% of Syrian refugees live in refugee camps. ¹ Those living in camps are mainly Muslims. The rest live outside camps, in cities, towns and rural areas, often in difficult circumstances and in locations not easily reached by humanitarian aid organisations.
Migration history	Before migrating to Australia, many Syrian refugees will have lived in refugee camps in Lebanon, Jordan or Turkey. ¹ While all camps generally meet international standards, conditions differ considerably. Because some people feel there is stigma attached to being a refugee and living in camps, they may choose to live in surrounding countries in other accommodation.
Gender roles	<p>Gender roles in Syria vary according to economic class, family, and where people reside (i.e. urban vs rural).¹ In many families, women look after the home and children, with cooking for the family being an important and enjoyed role; however, men may cook meat on the barbeque or enjoy cooking selected meals. In restaurants in cities, cooks are mostly men.</p> <p>Both men and women may shop for food. Men are mainly responsible for working and financially supporting the entire family, although in urban areas many women are in paid employment. In rural areas, both women and their husbands work to produce food.</p>
Household size	Little reliable information is available about the size of households in Syria, but authorities believe that they average between five and seven persons and that city households are slightly smaller than rural households. ³ Children live at home until marriage, and widows tend to live with their immediate family.
Population in Australia	The 2011 Census reported 8,713 people born in Syria living in Australia. The geographic distribution of Syrians in Australia is similar to that of Lebanese people, with New South Wales housing 61% of the total, and nearly 90% living in New South Wales and Victoria combined. ⁴

Health profile in Australia

Life expectancy	No data are available for the small number of Syrians currently living in Australia. In Syria, life expectancy in 2013 was 75.7 years, with 78.3 years for women and 73.4 years for men. ⁵
New arrivals	Those who have lived in refugee camps for a prolonged period are likely to suffer from malnutrition, with key nutrient deficiencies because the food provided is limited in its amount and variety. Those living outside camps may also be malnourished because they cannot afford sufficient food.
Chronic disease	Adult obesity prevalence was 21.6% in 2014. ² Syria is the 18th highest ranked country for death from coronary heart disease, with a death rate of 211 per 100,000 compared to 55 per 100,000 in Australia. ⁶ The national prevalence of diabetes in Syria was 7.4% in 2014. ⁷ These chronic diseases may have gone untreated since the conflict began due to loss of health infrastructure.
Other health problems	<p>Many Syrians have amputations and other war injuries, or a range of psychological conditions that may include insomnia, post-traumatic stress disorder and depression.⁸ Disordered eating due to psychological distress is likely to occur in some refugees arriving in Australia.</p> <p>Favism (Glucose-6-phosphate dehydrogenase deficiency) is also more common in people of Middle Eastern background, with a prevalence of around 3% of the population.⁹ Intake of fava beans (broad beans) by those with favism can result in haemolytic anaemia.</p>
Oral health	There have been reports of oral trauma injuries sustained during conflict. The loss of access to dental clinics, oral health practitioners and personal teeth-cleaning equipment due to the war have resulted in decreased oral hygiene and increased periodontal diseases. ¹⁰
Social determinants of health and other influences	Until recently, the Syrian government provided universal health care. ¹ Wealthy Syrians were also able to access private universities and health clinics. ¹ For this reason, Syrian people may have reasonably high expectations of the Australian health system. They are also likely to have reasonably high levels of health literacy. It is common for doctors in Syria to provide dietary advice, and people generally understand the links between food intake and health. Food literacy levels are also generally high.

Traditional food and food practices

Sharing meals with family and friends is an important social activity for Syrians. This includes inviting others to share a meal.¹ The Syrian cuisine is very like that of its Middle Eastern neighbours (e.g. Lebanese cuisine), with a wide variety of grains, meats, cheeses, fruits and vegetables eaten. Syrians are also used to purchasing and eating seasonally. They enjoy cooking fresh food rather than packaged or commercially pre-prepared goods. Vegetables and fruit are often purchased in large quantities from markets. Freezing vegetables may be viewed with suspicion due to perceived loss of nutrients.

Gardening is a popular pastime in Syrian communities, with herbs often grown on balconies in city units.

Religious and cultural influences

Syrians of all religious backgrounds share the same cuisine, with only minor differences. Muslims vary in the extent to which a halal diet is followed, although pork is universally avoided. Observant Muslims will not drink alcohol, but it may be consumed by more secular Muslims and those of other religious backgrounds. When alcohol is consumed it is almost always with food and/or on a special occasion.

Rural Syrians, including the Druze, are generally farmers who grow their own food and bake their own bread. They generally follow a vegetarian diet, with meat served only on special occasions. They prefer lamb but also eat chicken and beef. Pork may be avoided for religious reasons, and food is cooked with olive oil, ghee or animal fat.

Traditional meals and snacks

Breakfast	<p>Weekday breakfast consists of a number of simple dishes, often including white, salty cheeses (e.g. <i>labneh</i>, <i>haloumi</i>, <i>fetta</i> and <i>shanklish</i>), Lebanese flat bread, <i>manaquish</i>, <i>makdous</i>, olives, <i>zaatar</i>, olive oil, yoghurt, hummus, jam and a plate of green vegetables (cucumber is very popular). Breakfast is served with tea and coffee.</p> <p>On the weekends other dishes are added, such as <i>foole</i>, <i>fateh</i>, eggs and <i>sujuk</i> (a spicy sausage high in salt and fat) and <i>pastrami</i> (brined and dried meat).</p>
Main and other meals	<p>Lunch generally consists of a single main hot dish (e.g. <i>kafta</i>, <i>mujadara</i>, <i>molokhia</i> with chicken, <i>Sheikh Mahshi</i> or <i>Syrian broad beans</i>) with Arabic rice and/or flat bread, salad and pickles.</p> <p>For celebrations, a meal called a <i>mezze</i>, composed of many small dishes, may be eaten. These dishes can include dips (such as hummus and <i>moutabel</i> (an eggplant dip known in Australia as <i>baba ghanouj</i>) and <i>muhammara</i>), savoury meat or legume-based items (such as <i>kibbeh</i>, <i>sambusic</i>, <i>bastirma</i> (highly seasoned, air-dried, cured beef, camel, lamb or goat), kebabs, falafel and stuffed grape leaves) and salads, e.g. tabouleh and breads (flat bread and <i>lahmajun</i>) with olives, <i>shanklish</i> and pickles.</p> <p>Barbeques are also popular. Foods served at barbeques include meats (e.g. lamb or beef kebabs, <i>Shish Tawook</i> (chicken breast kebabs), <i>fattoush</i>, tabouleh, flat bread, and dips like hummus, <i>baba ghanouj</i> and <i>muhammara</i>).</p> <p>Dinner is usually late and similar to breakfast, or can include a falafel or <i>shawarma</i>, or a hamburger made with beef or lamb.</p> <p>Fish from the coast or freshwater fish is a favourite food; however, many people may be unfamiliar with shellfish or other seafood. A favourite dish is <i>samaka harra</i> (whole fish stuffed with roasted red pepper and walnut).</p>
Fruit and vegetables	<p>Popular choices include cherries, peaches, grapes, apricots, apples, oranges, mandarins, other citrus fruits, berries, dates, figs, plums and watermelons. Syrians generally like to eat fruit before it is ripe. This includes some nuts (e.g. green almonds and pistachios). Popular vegetables include eggplant, tomato and cucumber. Vegetables pickled in salt and vinegar (e.g. turnips and cucumbers) are eaten with many meals.</p>
Snacks	<p>Salted watermelon seeds (<i>bezer</i>), dates, almonds and walnuts that have been soaked in cold water, and olives are eaten as snacks. Meat- and cheese-filled breads, pizza and pastries may be eaten when out (e.g. <i>sambusic</i>, <i>lahmajun</i> and <i>manaquish</i>), as well as <i>shawarma</i> (lamb or chicken meat roasted on a large skewer and wrapped in flat bread with hummus, garlic paste and tahini, with or without salad and pickles), which is similar to <i>souvlaki</i>.</p>
Beverages	<p>Cups of tea and coffee are often drunk throughout the day and are served with lots of sugar. Herbal teas include rose hip and camomile, and spiced teas with walnuts are also popular. <i>Mate</i>, made from the yerba mate plant, is widely consumed and may be drunk in large quantities. Sugar and cardamom may or may not be added. <i>Mate</i> contains caffeine, polyphenols and a variety of antioxidants, and has been linked to a number of health benefits including weight loss.</p> <p>Cold drinks include:</p> <ul style="list-style-type: none">• <i>Ayran</i>, a cold, salted yoghurt beverage mainly drunk in summer and during Ramadan.• <i>Jallab</i>, a fruit syrup made from carob, dates, grape molasses and rose water. It is usually sold with crushed ice and floating pine nuts and raisins.¹¹• Syrian mint lemonade (sometimes called <i>Bolo/Pollo</i>), made from fresh lemon juice, mint leaves, sugar and water.• Tamarind drink, made with dried and soaked tamarind and sugar.• <i>Erek el-sous</i>, distilled from the roots of liquorice plants and generally unsweetened. It has been linked with many health benefits, but too much of it can cause high blood pressure.¹² <p>Alcoholic drinks include <i>arak</i> (a clear, aniseed-flavoured liquor made from grapes, which is generally diluted with water and ice), wine, and Syrian and imported beer.</p> <p>It is important to be discrete when asking about alcohol consumption, especially with Muslim clients.</p>

Traditional meals and snacks – continued

Celebration foods and religious food practices

Observant Muslims participate in Ramadan except when they are sick, weak, pregnant, breastfeeding or aged less than 12 years old. During Ramadan, people do not eat or drink from sunrise (*alfajer*) to sunset (*Maghreb*). They may have three meals during the night, or a large meal after sunset and snacks during the night. They generally have a light meal with water or fruit juice before sunrise. Favourite drinks during Ramadan include tamarind drink, *ayran* and *erek el-sous*.

Eid al Fitr is the festival that follows Ramadan. It lasts for three days. Common foods that Syrian people eat during Eid are home-made or bought sweets (e.g. *baklava*), biscuits and cakes (e.g. *Mamoul*, a shortbread biscuit filled with dates, walnuts or pistachios), nuts and fruits.

Eastern Orthodox Christians also have fast days, including the 40 days of Lent, when they abstain from all animal products (meat, fish and dairy, wine and other alcoholic drinks').

Food is an important part of many celebrations. Apart from religious festivals, food is also a central element at weddings, parties and other festivities.¹³ Religious and other celebrations are a time to visit relatives and neighbours. The same celebration foods are eaten by followers of all religions. Visitors are often provided with a gift of sweets (e.g. sugar-coated almonds, nougat and Turkish Delight) to take home.

Common traditional foods

Breakfast foods

Chickpea *fateh/fatteh*, made from chickpeas, yoghurt, tahini, garlic and salt on a lebanese (flat) bread base.



Fateh is served topped with paprika, cumin and pine nuts, or almond slivers fried in ghee or butter.

Alternative: Chicken *fateh* is made from boiled chicken with yoghurt, garlic, tahini, and roasted pieces of bread and chicken stock.

Foole, made from broad beans, lemon juice, fresh garlic, olive oil, chopped tomato and parsley.



Salad dish with broad beans as the main ingredient. The beans are boiled and served with chopped tomatoes, parsley, onions, garlic, olive oil and lemon. Foole can be served alone or with a yoghurt and tahini sauce.

May also be eaten as the evening meal.

Makdous/magdoos, made from baby eggplants, red chillies, garlic, walnuts, salt and oil.



Baby eggplant stuffed with walnuts, red chillies, garlic and salt, and pickled and preserved in olive oil.

Main meal items

Kafta (Syrian meatballs in rich tomato sauce), made from minced lamb, red chilli flakes, onion, tomato, oil or ghee, and salt.



Minced lamb is mixed with a range of spices, including red chilli flakes, and cooked in a pan with chopped onions and oil or ghee. The mixture is then formed into balls, placed in an oven pan with chopped tomatoes and salt, and baked in the oven. *Kafta* is served with rice.

Common traditional foods – continued

Mujadara, made from brown or green lentils, salt, long-grain rice or *burgul*, and oil. It is garnished with fried, browned onion.



Frequently eaten and easy to make, a main meal that is accompanied by turnip pickles and a green salad.

Molokhia with chicken, lamb or beef, made from dried or fresh molokhia leaves, chicken breast and drumsticks, chicken stock, spices (cardamom, bay leaves, cinnamon and cloves), oil, ghee and salt.



Eaten all year round as a family main meal. Molokhia leaves are cooked with oil or ghee before adding the meat. Lemon juice is poured on the top of the dish immediately prior to serving. *Molokhia* dishes are usually served with rice, although some families may eat them with bread.

Sheikh Mahshi/Ablama, made from small zucchini, ground lamb or beef, onion, tomato, vegetable oil or ghee, salt, pepper, yoghurt, tahini, garlic and fresh mint.



Small zucchini fried in oil or ghee, stuffed with ground lamb and onion, and then cooked in a yoghurt or tomato paste-based sauce and garnished with fresh mint. *Sheikh Mahshi/Ablama* is eaten with flavoured rice, yoghurt and pickles, with or without flat bread. Other types of *mahshi* may include eggplant, vine leaves, capsicum and potatoes stuffed with minced beef, walnuts, pine nuts, rice, garlic, tomatoes or parsley.

Syrian Broad Beans/Fool Moukala Bi Zayt, made from fresh (including the pod if young) or frozen broad beans, olive oil, salt, fresh coriander and garlic.



Served at room temperature with a topping of yoghurt (garlic may be added), with lemon squeezed on top. It is eaten as a vegetarian main meal served with bread, or served as a side dish with other dishes as the main meal.

Arabic/Syrian/vermicelli rice, made from very thin wheat spaghetti pieces (e.g. fideli, fideos), rice, meat stock, ghee and salt.



Syrians generally have a preference for flavoured rather than plain boiled or steamed rice. Medium- or short-grain white rice is cooked in meat stock with vermicelli pasta and served with pan-fried pine nuts and flaked almonds.

Rice may also be cooked with oil or ghee and topped with a sprinkle of black pepper.

Mezze items (including cheeses)

Kibbeh, made from minced lamb or beef, burghul, onion and a range of spices (e.g. cumin, basil, chilli powder and mixed spices), pine nuts, ghee and salt.



Kibbeh is the national dish and is cooked in various ways (raw, baked or fried, or cooked in yoghurt) and is prepared in various shapes. It is a time-consuming dish that requires a mincing machine. *Kibbeh* are eaten as a main meal at lunch and at special occasions and larger family gatherings.

Borak/sambusak/samosa, made from flour, canola oil or ghee, melted butter and salt, and may be topped with poppy or sesame seeds.



A range of savoury filled pastries, with the most popular being filled with meat, spinach or cheese. *Borak* can be oven baked or deep fried.

Fillings: Cheeses (e.g. feta), egg and savoury mince (lamb or beef).

Common traditional foods – continued

Lahmbajeen/Syrian pizza/sfiha, made with minced beef or lamb, onion, garlic, tomato, salt, and a range of herbs and spices.

Optional: Pine nuts.



Syrian pizza with minced beef or lamb, onion, garlic, tomato, salt, and a range of herbs and spices.

May be eaten when out for lunch or dinner.

Manaquish is similar and is made from bread dough (flour, yeast, olive oil and salt), topped with *Za'atar*, cheese or spiced meat.

BBQ items

Fattoush, made from flat bread (toasted or fried), cucumber, radish, onion, tomato and mixed herbs (including *sumac*, a deep red spice that adds a lemony taste to salads and meats), tossed with vinegar and olive oil.

May include fresh pomegranates or pomegranate syrup.



Fattoush is a Middle Eastern salad belonging to the family of dishes that use stale flatbread as a base. *Sumac* is usually used to give *fattoush* its sour taste.

Fattoush is eaten at barbeques or as a snack, and is an essential food during Ramadan.

Muhammara, made from red capsicum, breadcrumbs, walnuts, garlic, tahini, pomegranate molasses, cumin, chilli flakes, olive oil and salt.

Optional: Onion, garlic, chilli flakes and lemon juice.



Muhammara is a spicy red capsicum and walnut dip made with pomegranate molasses and served with toasted flat bread.

Celebration and sweet foods

There are many traditional Syrian desserts. Most are made from pastry or a semolina dough, nuts, a sugar syrup and sometimes a sweet cheese. The desserts listed below are two examples.

Kanafeh is a dessert made from vermicelli/shredded filo pastry and stuffed with layers of *Ashta* (Syrian clotted cream) or thickened cream, milk, semolina, sugar and rosewater, sweet white cheese, nuts and syrup.



Eaten after main meals as a dessert.

Syrians enjoy a broad range of sweet cakes, with common ingredients including semolina, various pastries, nuts (almonds, pistachios, cashews and walnuts), honey and sugar syrups, cheese, cream, and butter or ghee.

Mabroumeh, made from vermicelli pastry, pistachios, sugar and ghee.



Mabroumeh is a sweet vermicelli pastry wrapped around nuts (usually pistachios) and cut into pieces.

Like *baklava*, it is eaten any time, is offered to visitors, and can keep for a prolonged period of time.

Syrian spices

Za'atar, made from oregano, *sumac*, ground cumin, sesame seeds, salt and black pepper. May also include salt, thyme and marjoram.



Za'atar is commonly eaten with flat bread/pita, which is dipped in olive oil and then *za'atar*. It is also baked onto a Syrian pizza named *manaquish za'atar*.

There is a special type of *za'atar* from Aleppo (Northern Syria) that includes shredded coconut and pistachios.

Food habits in Australia

Many Syrians prefer to continue to follow their traditional diet after settling in Australia. They can source many of their favourite foods from local Middle Eastern food stores.

Food practices	<p>Common foods: Fresh fruit and vegetables, legumes, meats including lamb (most popular), chicken and beef, white cheeses, yoghurt, cracked wheat and rice.</p> <p>Meal patterns: Three meals a day, with some snacking on sweet foods (e.g. <i>baklava</i>, sweet biscuits, fresh and dried fruit), especially by children. Dessert is rarely eaten; mainly fruit. Sometimes bread with jam and butter is eaten after a main meal, but more often at afternoon tea.</p> <p>Eating practices: Food plays an important role in the social lives of most Syrians. Cooking is enjoyed and is seen as a demonstration of caring for family members. In the cities, lunch may be eaten outside the home at local food outlets. Hospitality is very important, and meals with friends or visitors are likely to last two to three hours.¹⁴</p> <p>For some meals, foods may be picked up using flat bread rather than eating with utensils. At breakfast, family members may have a plate with flat bread beside it, or just flat bread, with food being eaten directly from communal plates. Muslims traditionally do not use their left hand when eating.</p>
Adaptations to diet in Australia	<p>Alternative foods: Spinach may be substituted for Mulukhiyah/molokhia (<i>corchorus olitorius</i>) leaves in Australia, although they are available in some Asian food markets. Most traditional foods are available in cities where migrants from similar Middle Eastern countries (e.g. Lebanon) have settled. Some foods that were made in the home seasonally and preserved are now purchased frozen or ready made, e.g. frozen broad beans and canned chickpeas.</p> <p>Changes to diet: Generally, the foods eaten change little after settling in Australia. Many people use olive oil as a substitute for ghee in their cooking in Australia, or substitute canola oil for high-temperature cooking and add olive oil for flavour.</p> <p>Other influences: In Syria, fresh fruits and some vegetables are seasonally available, resulting in an emphasis on preserving vast quantities of food for the winter months. In Australia, fresh fruit and vegetables are available and purchased all year round.</p>
Cooking methods	<p>A wide variety of cooking methods are used, including oven baking, frying, pressure cooking and barbequing. Pickling of vegetables is popular. Vegetable oils, ghee, butter and salt are often used in cooking a wide variety of foods.</p>
Shopping/meal preparation	<p>Shopping and cooking are often shared by both men and women. In Syria, food shopping is done daily, with visits to numerous specialty food shops; but in Australia, food such as flat bread may be purchased and frozen, and shopping done less frequently.</p>
Food in pregnancy	<p>Most Syrian women understand the importance of eating well during their pregnancy, for the health of their baby and themselves.</p>

Food habits in Australia – continued

Breastfeeding and first foods

Women are generally cared for by relatives and friends for the first month after birth. This is primarily for the health of the mother. They may eat high-iron foods such as liver or parsley-containing foods (e.g. tabouli) and drink camomile tea with walnuts. If the baby has colic, they are provided cooled boiled water with *yansoon* (anise – a spice also known as aniseed) as a remedy.

Syrian women are generally keen to leave hospital quickly after birth. This is due to high hospital costs and because family will look after them.

Breastfeeding: Most women breastfeed for up to the first 15 months or longer. This is especially so for Muslim women because the Koran recommends that infants should be breastfed for the first two years, with breastfeeding considered to be a child's right. Women generally don't express milk for later use. Babies are encouraged to feed quickly after birth, and the value of colostrum is recognised.

Babies may be given water to drink from a spoon early, i.e. at 3–5 months old.

Potential breastfeeding issues: Women may supplement breastfeeding with artificial formula if they consider that they can't provide enough breastmilk for their baby. Women generally consult their doctor before ceasing breastfeeding if they are ill or require medications that may be harmful to their infant.

Introduction of solids: Solid foods are generally introduced at around 4 months. Food group introduction is staged. First foods are rice- or wheat-based baby cereals with milk, then puréed fruits (e.g. banana and cooked apple). Puréed vegetables are added at around 6 months. Once infants have teeth, they eat the foods provided to the rest of the family.

During the consultation

3. Assessment

Key considerations

- **Anthropometry:** Female Muslim clients may be uncomfortable having a male practitioner take measurements that involve body contact. To avoid causing offence, practitioners should ask beforehand whether the client is comfortable with the measurement being taken, or consider alternative methods of taking measurements if consent is not provided.
- **Meal patterns:** Three meals are consumed per day. Lunch is the main meal and usually consumed as a family at home around midday. Due to work commitments and cultural influences after migration, meal times may change with length of stay in Australia.

When taking a diet history, be sure to check the following:

Prompt	Why?
<input type="checkbox"/> Amount of oil and fat added to foods	Large amounts of oil may be used during cooking (pan frying, deep frying, in sweets and rice).
<input type="checkbox"/> Types of fats and oils used in cooking	Significant amounts of ghee, butter and some vegetable oils high in saturated fat may be used in cooking.
<input type="checkbox"/> Amount of salt added to foods	Salt is added to many foods during cooking. Adding salt at the table is also common.
<input type="checkbox"/> Amount of sugar added to foods	Large amounts of sugar may be added to tea. Syrian sweets often contain large amounts of sugar and/or honey, including the use of syrups poured over cakes.

Prompt	Why?
<input type="checkbox"/> Soft drink and fruit drink/juice consumption	Soft drink is commonly consumed in Syria and is known as 'cola'. High consumption of soft drinks, fruit drinks and juices may continue in Australia, especially amongst young people.
<input type="checkbox"/> Intake of food sources of vitamin D (for Muslim clients)	For more strict Muslims, vitamin D deficiency may be linked to limited skin exposure to the sun, especially for females.
<input type="checkbox"/> Fasting for religious reasons by Muslims, Eastern Orthodox Christians and other religious groups	<p>During Ramadan, the timing of meals and what is eaten may change for Muslim Syrians. While no food or drink is taken during daylight hours, large meals of many dishes are eaten during the night, and dates and other sweet foods and drinks are consumed. For this reason, people's overall energy consumption may not decrease, or might even increase during Ramadan.</p> <p>Eastern Orthodox Christians also have fast days, including the 40 days of Lent, when they abstain from all animal products (meat and other animal products), wine and other alcoholic drinks.</p>
<input type="checkbox"/> Dietary changes during Eid (for Muslim clients) and other religious celebrations	Feasting may contribute to being overweight and/or impact on the control of diabetes.
<input type="checkbox"/> Amount of sweet food consumed (e.g. biscuits, cakes and celebration foods)	Sweet foods such as baklava are commonly eaten during the day, when visiting or being visited, and on special occasions.
<input type="checkbox"/> Amount and type of vegetables consumed	Lack of access to some vegetables (e.g. small zucchini, eggplant and some bitter green leaves) may result in lower overall intakes in Australia.

4. Diagnosis

The following examples may be used as a guide for common PESS* statements. 'Problems' are taken from the *Nutritional Diagnosis Terminology eNCPT 2014*, which is available free in the members' section of the Dietitians Association of Australia website.

	Common <u>P</u> roblems (P)	Common (A) <u>E</u> tologies (E) for PESS* statements
Overweight and obesity	<ul style="list-style-type: none"> Excessive energy intake (NI-1.5) Predicted excessive energy Intake (NI-1.7) Excessive fat intake (NI-5.6.2) Unintended weight gain (NC-3.4) Overweight/obesity (NC-3.3) 	<ul style="list-style-type: none"> Large amounts of fat (vegetable oils, butter, ghee, clotted cream, full-fat yoghurt and nuts) included in traditional recipes (NI-1.5, NI-1.7, NI-5.6.2, NC-3.3) Frequent intakes of high fat, high sugar biscuits and cakes during religious and other celebrations, visits by relatives and friends, and visiting other homes (NI-1.5, NI-5.6.2, NC-3.4, NC-3.3, NI-5.8.2) Easier access to celebration and other high fat or high sugar foods and beverages after arriving in Australia (NI-1.7) Fasting, especially during Ramadan for Syrian Muslims (NI-5.8.4) Traditional consumption of large amounts of flat bread and/or rice with all meals (NI-5.8.2) High salt intake due to adding salt during the cooking of many traditional dishes, the use of salty foods (cheeses), the preservation of foods in brine (pickles and olives) and a preference for highly seasoned foods (NI-5.10.2) Due to lack of exposure to sunlight, especially for Muslim women who cover themselves or stay indoors (NI-5.9.1) Lack of sufficient and balanced food supply to meet energy and nutrient needs due to restrictions in food supply within Syria as a result of long-term conflict, during travel, and in refugee camps and other emergency accommodation before arrival in Australia (NI-1.4, NI-5.3, NI-5.7.1, NI-5.2, NB-3.2) Disordered eating in response to emotional trauma, depression and/or high stress levels (NB-1.5)
Type 2 diabetes	<ul style="list-style-type: none"> Inconsistent carbohydrate intake (NI-5.8.4) Excessive energy intake (NI-1.5) Overweight/obesity (NC-3.3) Unintended weight gain (NC-3.4) Excessive carbohydrate intake (NI-5.8.2) 	
Cardiovascular disease	<ul style="list-style-type: none"> Inappropriate intake of fats (high saturated fat intake) (NI-5.6.3) Excessive mineral intake (sodium) (NI-5.10.2) 	
General	<ul style="list-style-type: none"> Inadequate vitamin intake (vitamin D) (NI-5.9.1) 	
Nutrition issues on arrival in Australia	<ul style="list-style-type: none"> Inadequate energy intake (NI-1.4) Inadequate protein–energy Intake (NI-5.3) Inadequate protein intake (NI-5.7.1) Malnutrition (NI-5.2) Limited access to food and/or water (NB-3.2) Disordered eating pattern (NB-1.5) 	

* PESS: Problem, (A)Etiology, Signs and Symptoms

For the Signs and Symptoms (SS) for PESS statements, use standard clinical measurements. Make sure the Signs and Symptoms relate to the identified Problems and not their (A)Etologies.

5. Intervention

Nutrition education

Motivating factors for a healthy lifestyle	<p>Syrians highly value Western medicine and place great faith and trust in doctors.¹ They are also generally well educated about food and its links to health. For this reason, most Syrians will seek medical attention early and will follow instructions provided by health professionals. An understanding of the potential health consequences of not complying with dietary recommendations may increase the probability of behaviour change.</p> <p>Because Syrians value their traditional cuisine and food is eaten communally, Syrians are likely to take dietary advice only as long as taste is not compromised and recommended food is culturally appropriate.</p> <p>Eating fresh food, being frugal and recycling are valued behaviours in Syrian society. For this reason, dietary recommendations that involve eating affordable, seasonally available food are likely to be well received. Use of leftovers will also be welcomed.</p> <p>The health and wellbeing of family members is generally very important to Syrian people. For this reason, Syrians can be enlisted to encourage other family members to follow dietary advice. This is especially important in the care of elderly or ill relatives, who are considered to be the family's responsibility.</p>
Preferred education methods	<p>Some level of negotiation may be useful for certain clients, but generally there will be an expectation that the health professional will provide clear, practical and detailed advice in an authoritative manner. At the same time, Syrian clients are likely to ask a number of questions and request clarification.</p> <p>Written information will be appreciated if it is appropriate and in a language that is understood. Check the person's preferred language for written information because it may be different from their preferred spoken language. Syrians under 30 years of age generally have good computer and technology skills. Even older Syrians have a basic knowledge of email and Skype. Providing appropriate websites (in their preferred language) is likely to assist those who want more detailed information.</p> <p>It is important to recognise that Syrians come from a country with a relatively well-resourced and modern health system and are generally health literate. They may have higher expectations of the health system in Australia (e.g. in terms of the time spent with health practitioners) than can be provided. Asking about their expectations of service may assist in negotiating what level of service is possible.</p>
Literacy levels	<p>Children are taught to write early because the Arabic script is difficult to learn later in life. Of the total population in Syria aged 15 and over, 86.4% can read and write in one or more languages. Literacy rates are higher for men than women (91.7% vs 81%).²</p>
Health beliefs	<p>Syrians have a good understanding of the link between health and dietary behaviours, with many people reducing their intake of saturated fat and moving to wholegrain foods. Fresh foods are valued over more processed foods and are viewed as healthier (and more palatable) choices.</p>

6. Monitoring and evaluation

Methods for monitoring

- Some Syrian people may not understand the need to attend review appointments if they no longer have symptoms.¹ It is important to stress the reason for follow-up with Syrian clients and its practical importance to their health.
- Although most Syrians will accept health practitioners of the opposite sex, it is important to identify potential clinical practices that may be offensive. For strict Muslim clients, it may be inappropriate for male practitioners to take waist circumference or other such measurements of female patients. To avoid causing offence, practitioners should ask beforehand whether the client is comfortable with the measurement being taken, or consider alternative methods of taking measurements if consent is not provided.
- Check if the client has access to transport (especially if referring to an outpatient clinic), otherwise phone follow-up may be more appropriate.
- Confirm the client's preference for having an interpreter present at their next appointment. For short follow-up consultations, telephone interpreting services may be more appropriate.
- Encourage family members to attend follow-up appointments so they can provide social support. Make sure the person who mainly prepares the family's meals is present.

Useful information

- 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>
- For Metro South Health telephone interpreter services, go to <http://paweb.sth.health.qld.gov.au/pasupport/administration/interpreters/booking.asp>
- Halal Square Groceries Database identifies halal-certified items that are available in supermarkets around Australia. See <http://www.halalsquare.com.au/groceries/>
- *Refugees from Syria* by the Cultural Orientation Resource Centre (COR), which was published in November 2014. See <http://www.culturalorientation.net/library/publications/refugees-from-syria>

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