

Afghan food and cultural profile: dietetic consultation guide



This resource is a guide for dietitian/nutritionists to provide culturally appropriate and effective services to Afghan community members. It follows the ADIME format and provides information about the food and food practices of people from Afghanistan 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
 - Enquire whether the client would feel more comfortable at the appointment if an interpreter were present.
 - Be sure to confirm the client's preferred language, as there are more than 30 languages spoken in Afghanistan. The three most common languages spoken by Afghan people in Australia are Dari, Pashtun and Farsi.
- Encourage the family member who is responsible for the acquisition and preparation of food at home to attend appointments. This is usually the responsibility of the adult women in the household.
- Afghan women may prefer to see a female dietitian, but the gender of the health professional is unlikely to be an issue for Afghan men.

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 available.

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, which can be [accessed here](#).

Traditional greetings and etiquette

- Making contact such as shaking hands and kissing is appropriate between those of the same gender.
- Approach older Afghans with respect and be formal; for example, stand up to greet them. Younger people may expect a less formal approach.
- *Salam* or *Salam alaikum* means 'peace be unto you'. These are suitable greetings for everyone.
- "Hello" is also appropriate.
- Verbal greetings may also be delivered with the hand over the heart, which is a sign of respect.
- Do not initiate discussions regarding family matters, religion, politics or the conflict in Afghanistan, as this may be considered offensive.

English	Pashto	Dari	Farsi
How are you?	<i>Tsenga yee</i>	<i>Chutoor hasta</i>	<i>Shoma chetur hastin</i>
Thank you	<i>Tashakor manana</i>	<i>Tashakor</i>	<i>Mamnoon</i>
Goodbye	<i>Ter bia ledolo</i>	<i>Khoda hafez</i>	<i>Khoda hafez</i>

Background

Religion	Islam is the official religion of Afghanistan, with 84% of the population being Sunni Muslims, 15% Shi'ite Muslims, and the remaining 1% or fewer do not practice any religion ¹ . In Australia, 91.1% of people from Afghanistan identify Islam as their religion ² .
Ethnicity	Afghanistan is made up of various ethnic groups, with the two largest groups being the Pashtuns (ethnic Afghans) and the Tajiks ¹ . There are also the Uzbek and Hazara people. In Australia, 66.3% of people from Afghanistan identify as Pashtuns and 16.3% are Hazaras ² .
Language	The official languages of Afghanistan are Pashto, the language of the Pashtun people, and Dari the language of the Tajik people. Farsi (which is the official language of Iran) is also commonly spoken in the Afghan community. However, it is estimated that there are more than 30 unofficial languages spoken within Afghanistan ¹ . In Australia, 50.3% of people born in Afghanistan speak Dari, followed by Hazaraghi (20.7%) ² .
History of conflict³	Lands controlled by the Pashtuns were united in 1747 and are considered to be the precursor to Afghanistan, but it was not until the 1880s that the area was named Afghanistan. Between 1839 and 1919, three wars were fought with Great Britain. A peace treaty was later signed in 1919, recognising Afghanistan as an independent state. There was a communist coup in 1978 and a Soviet invasion in 1979. The ensuing war ended in 1989, but civil war endured until 1992. By 1996, the Taliban had risen to power and enforced strict Sharia (Islamic) laws that oppressed the rights of women. US and British forces began bombing Al-Qaeda targets in Afghanistan in response to the September 11, 2001 terrorist attacks in the USA. The Taliban were overthrown in December 2001, and the war left Afghanistan's economy and infrastructure in ruins. In recent times, the Taliban insurgency has continued in Afghanistan, including the persecution of minority groups, leading to unrest and civilian deaths.
Migration history	The first cohort of Afghan people arrived in Australia during the 1860s and was employed as cameleers to explore the interior of the country. ¹ They established a successful camel transportation business, and the cameleers' path subsequently became the train line named The Ghan that now runs into central Australia. Currently, most Afghan migrants enter Australia through the Humanitarian Program. They have sought sanctuary in many countries since 1979 due to the continued civil war, the rise of the Taliban and invasion by the Soviet Union. Before arriving in Australia, they often flee to Pakistan and Iran.
Gender roles	Traditionally, Afghan male and female roles are divided clearly. Men are responsible for the public sphere (outside the home), while women are responsible for the domestic sphere (inside the home), including food preparation. In Australia, however, gender roles may vary between families.

Household size	In Afghanistan, the average size of a household is 7.8 people. ⁴ Traditionally, a household consists of a husband and wife, the sons with their spouses and children, and the unmarried daughters. In Brisbane, the common Afghan household size is six to seven people. There are also some families with two to three members.
Population in Australia	According to the Department of Immigration and Citizenship (2012), there were around 35,000 people from Afghanistan living in Australia. Victoria had the highest number of Afghan settlers, followed by New South Wales between the years 2006-2011. ² There were approximately 1,381 Afghan people were residing in Brisbane in 2011. ⁵

Health profile in Australia

Life expectancy	In Afghanistan, life expectancy is 60 years. ⁶ There are currently no life expectancy data for the Afghan population in Australia.
New arrivals	Many newly arrived Afghan refugees have some vitamin or mineral deficiencies related to poor nutrition, most likely due to lack of food variety while fleeing Afghanistan. ^{7,8} The common deficient micronutrients are vitamin A, B group vitamins, vitamin C, vitamin D, iodine and iron. ^{7,8,9,10} Females are more likely than males to have vitamin D deficiency, most likely due to lack of exposure to sunlight from covering for religious reasons and staying indoors. ⁷
Chronic disease	Dyslipidemia, diabetes, overweight and obesity, and hypertension are prevalent in the Afghan community, including those who are newly arrived. ^{7,11}
Other health problems	It is likely that a high number of Afghan migrants and refugees have <i>Helicobacter pylori</i> infection, given the prevalence is high in developing countries and specifically in countries neighbouring Afghanistan. ¹² Infection with <i>H.pylori</i> increases the risk of peptic ulcers and gastric cancers. Mental health issues are also reported as prevalent in the Brisbane community as a result of the experiences of war and displacement.
Oral health	Afghan refugees may suffer from poor oral health, although do not assume this is the case for everyone. Contributing factors are a lack of access to dental practitioners and oral health education, poor oral hygiene, and placing a low priority on oral health due to conflict and refugee experiences. ¹³
Social determinants of health and other influences	<p>Culture shock and language barriers are common difficulties reported by Afghan people when they arrive in Australia.</p> <p>Afghan people often rely on their social support network. Lack of social support can be a barrier for refugees to confidently access and navigate health services. Discrimination towards Afghan refugees has also been reported as a barrier to accessing health services.</p> <p>A lack of employment contributes to people struggling financially. Consider this in the context of any advice provided.</p>

Traditional food and food practices

Food choices can be influenced by geography, as well as culture and religion. Seafood is not commonly eaten, because Afghanistan is a landlocked country. Meat is generally more expensive and less available than vegetables. Some Afghans may also believe food is elemental in nature, and can produce hot or cold, or be neutral in the body, although this is reportedly an old belief that is losing credibility. Foods themselves may be classified as 'hot' or 'cold' according to this belief. It is thought that heat may be related to metabolism, and thus 'hot' foods, such as flour-based foods, are higher in caloric density, while vegetables, fruits, green tea and water-based foods are viewed as 'cool' foods.¹⁴



Religious and cultural influences

Afghan people usually adhere to the strict rules of the Islamic faith for all aspects of life, including food and food practices. Afghan people avoid pork and products with gelatins and food additives if they are not halal. Like other Muslims around the world, they observe Ramadan, which is a period of obligatory fasting that occurs in the ninth month of the Muslim calendar.

Traditional meals and snacks

Breakfast	Afghan or Lebanese bread with peanut butter and jam, cheese and fried eggs are common foods for breakfast. Tea with milk and sugar (one to four teaspoons or even more) is also served with breakfast.
Main and other meals	Lunch is usually eaten at noon and is the largest meal of the day. Common lunch dishes are curries (mainly meat) with rice, and garlic/spinach yoghurt dips with bread. Dinner is similar to lunch, but the portion size may be smaller. The most commonly consumed meats are lamb, mutton and beef. Goat may be consumed less often. Other common foods are kidney beans, chick peas and <i>dhal</i> (cooked lentils). Yoghurt and dairy products are used as dressings, sauces and condiments.
Fruit and vegetables	Afghans eat a wide variety of fruits and vegetables. Common fruits include dates, melons and other dried fruits. Common vegetables include eggplant, spinach, potato, carrot, peas, onion, legumes, tomato, cucumber and lettuce. Fresh mint and coriander are also very common.
Snacks	Nuts, raisins, chocolate, biscuits and lollies are common snacks.
Beverages	Sugar-sweetened tea is a common beverage in the Afghan community. Other sweet beverages, including fruit juice and soft drink, are also popular, especially among younger people. Some young Afghan people may drink alcohol, even though this is against Islam. Be discrete when asking about alcohol, and explain why the question is important. A salty yoghurt drink (<i>Doogh</i>), traditionally also containing cucumber, is mostly consumed in summer in Afghanistan and usually enjoyed at lunchtime with rice or meat.
Celebration foods and religious food practices	All Muslims practise fasting during the month of Ramadan, except those who are sick, weak or pregnant, children aged less than 12 years, and nursing women. ¹⁵ During Ramadan, people are not allowed to eat and drink during daytime; however, they still have three meals per day. They usually have the first light meal at sunset, a large meal after prayer, wake up at midnight to have the third meal before sunrise, and then sleep again. Although they practise fasting during daytime, in community consultations in Brisbane (2015), many Afghans reported that they gain weight during Ramadan. Common foods that Afghan people eat when the month of Ramadan finishes (Eid) are homemade sweets, cakes, nuts and fruits. <i>Dastarkhan</i> refers to a large spread of food for ceremonial purposes. It consists of a tablecloth on the floor with the food placed on it. Family and guests sit around the cloth. Celebrations consist of many homemade sweets, cakes, cupcakes, nuts and fruits. Charcoal-barbequed kebabs, curries and rice are also common celebration foods. Afghans always treat guests with respect and offer the best food they can provide. Meals for guests often include four or five main dishes served with rice.

Common traditional foods

<i>Kabuli pulao</i> (Also spelt <i>Kabuli palaw</i> or <i>pallow</i>) made from a meat of choice (often lamb), basmati rice, carrots, onions, raisins, sugar, cardamom, cumin and water		This is Afghanistan's national dish. The rice is cooked in the meat juices with fried carrots and raisins mixed in. It is usually eaten on special occasions. It can be made vegetarian by replacing meat with vegetables.
Dumplings, made from flour, water, minced beef and onions, or just vegetables		Steamed tortellini-style dumplings, topped with a tomato-based sauce and yoghurt: <ul style="list-style-type: none"> • <i>Mantoo</i> – meat version • <i>Aushak</i> – vegetarian version.

Traditional meals and snacks – continued

<p>Kofta, made from minced meat, flour, onion, coriander, cumin, paprika and other spices</p>		<p>Fried, well-seasoned meatballs. These may be served with a tomato-based sauce or yoghurt.</p>
<p>Korma, made from meat, garlic, onions, chick peas, ginger, turmeric, tomatoes, chilli, yoghurt and dried plums</p>		<p>A stew made with onion and garlic as a base. Meat, vegetables and spices are added, and the dish is served with a yoghurt sauce.</p>
<p>Afghan bread, made from wheat flour and water</p>		<p>There are three main types. These are usually baked in a <i>tandoor</i> oven and include:</p> <ul style="list-style-type: none"> • <i>Naan</i> (thin and oval in shape) • <i>Obi naan</i> (thicker than the <i>naan</i> and circular in shape) • <i>Lavash</i> (thin, often torn into pieces and used for eating meats and stews).
<p>Banjan boranee, made from eggplant, tomato and yoghurt</p>		<p>A traditional dish with fried eggplants, covered in a tomato-based sauce and served with yoghurt sauce.</p>

Food habits in Australia

<p>Food practices</p>	<p>Common foods: Bread is eaten at every main meal. Rice with curry is very common. Lamb is the most common meat eaten by Afghan people in Australia. Beef and chicken are also used in Afghan dishes. Seafood is the least common protein food because of lack of availability in Afghanistan and subsequent unawareness of how to purchase and cook it in Australia.</p> <p>Meal patterns: Most Afghan people eat three main meals and may include two or three snacks over the day. Main meals will feature rice with a meat and beans or vegetable-based dish. Salad and yoghurt may also accompany the main dish.</p> <p>Eating practices: Afghan families cook at home most of the time and usually only eat out for social events; however, some young people, especially those who live alone, tend to have takeaway foods more often.</p>
<p>Adaptations to diet in Australia</p>	<p>Alternative foods: Lamb, beef and chicken may be substituted for goat meat because goat is not readily available in Australia. Most traditional dishes use lamb, mutton or beef.</p> <p>Changes to diet: Due to better availability and lower prices of food in Australia, most Afghan people in Brisbane report eating more meat, and some people also report eating more vegetables, fruits and dairy products. Less oil is used when cooking after they arrive in Australia, although a significant amount is still used in all cooking.</p> <p>Other influences: Takeaway foods are eaten more often in Australia, especially by younger people. Popular choices include <i>Nando's</i>, <i>McDonald's</i> and <i>Hungry Jack's</i>. Snack foods such as potato crisps, biscuits and chocolate bars are also consumed in varying amounts, depending on the family.</p>

Food habits in Australia – continued

Cooking methods	<p>Deep-frying, stewing and stir-frying are the common cooking methods among Afghan community members. A <i>tandoor</i> (oven) is also used for baking.</p> <p>Rice is usually parboiled, drained, and cooked further with oil. Afghan people tend to use very large amounts of sunflower oil when cooking.</p>
Eating style	<p>Traditionally, food is eaten with the right hand, using <i>naan</i> bread as a scoop.¹⁶ In Australia, meals are still served on large communal plates and individuals will dish out their own serves onto a smaller plate.</p>
Shopping/meal preparation	<p>Afghan men and women usually shop together because men often drive their wives to the shops; however, women are responsible for cooking at home and usually make the decisions when shopping for groceries. They generally enjoy grocery shopping and usually shop two to three times a week or more.</p> <p>Young men who live alone generally learn to cook their own meals.</p>
Food in pregnancy	<p>No food is specifically avoided or encouraged during pregnancy.</p> <p>After giving birth, women prefer to eat foods they perceive as ‘hot’ and avoid ‘cold’ foods.</p> <p>Traditional hot foods include:</p> <ul style="list-style-type: none"> • <i>Lete</i> (walnut/almond soup) • <i>Kutchi</i>, <i>kocha</i> or <i>kachee</i> (blended soup made from flour, butter, honey and milk). It is thought that this increases breastmilk production and prevents constipation in new mothers.
Breastfeeding and first foods	<p>Breastfeeding: Breastfeeding is encouraged in Islam, and most Afghan women breastfeed for up to two years (as recommended in the Koran).</p> <p>Potential breastfeeding issues:</p> <ul style="list-style-type: none"> • Some women lack knowledge on how to maintain their supply of breast milk. • Women may stop breastfeeding their child when they perceive themselves to be seriously ill. • Women are unlikely to breastfeed their children in public. • Introduction of formula is not common, unless the woman perceives she doesn’t produce enough breastmilk or unless recommended by the GP. <p>Introduction of solids: Solids are introduced at four to six months. A common first food is <i>firni</i> (custard pudding) and a puréed meat and vegetable soup (soft chicken or beef, rice, carrot, herbs and other vegetables). A traditional practice (described by Afghan women in Brisbane) in the first few hours after birth can be to give the baby purslane seeds mixed with a little bit of <i>nabat</i> sugar (saffron-infused rocks of sugar) and butter, followed by warm water and more <i>nabat</i> sugar. It is believed this helps relieve stomach upsets in the baby prior to breastfeeding.</p>

During the consultation

3. Assessment

Key considerations

Anthropometry:

- Ask for permission before taking measurements of a client.
- There are no cultural sensitivities relating to taking weight and height measurements generally. However, it may not be suitable for male dietitians to physically take waist measurements of Afghan women. In this instance another female staff or family member could assist.

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

Prompt	Why?
<input type="checkbox"/> Amount and type of vegetables consumed	Vegetables may have been displaced due to higher meat consumption since settling in Australia.
<input type="checkbox"/> Types, frequency and serve sizes of meat	Meat is readily available and more affordable in Australia compared to Afghanistan, so people report an increase in meat consumption.
<input type="checkbox"/> Amount and types of fruits consumed	There is a preference for sweet foods as snacks. This can result in the over-consumption of fruits, especially dried fruits such as dates and apricots.
<input type="checkbox"/> Amount of oil and fats added to foods	Large amounts of oil may be used during cooking (pan frying, deep frying, in sweets and rice).
<input type="checkbox"/> Amount of sugar added to foods	Sugar is added to tea by most people, in varying amounts.
<input type="checkbox"/> Amount of sweet food consumed (e.g. biscuits, cakes and celebration foods)	Sweet foods are commonly eaten at everyday meals, home visits and special occasions, and may be eaten with afternoon and morning tea.
<input type="checkbox"/> Amount of salt added to foods	Amount added during cooking varies between families. Adding salt at the table is also common.
<input type="checkbox"/> Takeaways/soft drink consumption	This is a common addition to diets after arriving in Australia, especially for young people.
<input type="checkbox"/> Intake of food sources of vitamin D	This is due to lack of exposure to sunlight from covering for religious reasons and staying indoors (for females).
<input type="checkbox"/> Dietary changes during Ramadan	Food habits may be different during the month of fasting.
<input type="checkbox"/> Dietary changes during Eid and other celebrations	Feasting may contribute to being overweight and/or impact on the control of diabetes.

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"> • Predicted Excessive Energy Intake (NI-1.7) • Excessive energy intake (NI-1.5) • Excessive fat intake (NI-5.6.2) • Unintended weight gain (NC-3.4) • Overweight/obesity (NC-3.3) 	<ul style="list-style-type: none"> • Adoption of Australian behaviours including less healthy food choices and reduced exercise over time (NI-1.7) • Continued consumption of traditional high fat, high sugar Afghan diet that may have been appropriate for energy requirements in Afghanistan (NI-1.7, NI-1.5, NI-5.6.2, NC-3.4, NC-3.3)
Type 2 diabetes	<ul style="list-style-type: none"> • Excessive carbohydrate intake (NI-5.8.2) • Inconsistent carbohydrate intake (NI-5.8.4) • Excessive energy intake (NI-1.5) • Overweight/obesity (NC-3.3) • Unintended weight gain (NC-3.4) 	<ul style="list-style-type: none"> • Traditional meals often include both bread and rice (NI-5.8.2) • Fasting during Ramadan and intake of extra carbohydrate-containing foods at religious and other celebrations, as well as social obligations to visit and provide food for visitors (NI-5.8.4)
Cardiovascular disease	<ul style="list-style-type: none"> • Excessive fat intake (NI-5.6.2) • Inappropriate intake of fats (high saturated fat intake) (NI-5.6.3) • Excessive mineral intake (sodium) (NI-5.10.2) 	<ul style="list-style-type: none"> • Taste preference for some high fat foods and large portion sizes (NI-1.5, NI-5.6.2, NC-3.3, NC-3.4, NI-5.6.2) • Frequent intake of high saturated fat takeaways for younger people (NI-5.6.2, NI-5.6.3)
General	<ul style="list-style-type: none"> • Food- and nutrition-related knowledge deficit (NB-1.1) • Undesirable food choices (NB-1.7) – lack of vegetables • Inadequate vitamin intake (vitamin D) (NI-5.9.1) • Malnutrition (NI-5.2) • Disordered eating pattern (NB-1.5) 	<ul style="list-style-type: none"> • Taste preference for highly seasoned foods and large amounts of salt added during cooking and at the table (NI-5.10.2) • Short duration of stay in Australia and unfamiliarity with local foods, especially vegetables (NB-1.1, NB-1.7) • Lack of nutrition education in country of origin and lack of access to appropriate nutrition and health information in Australia (NB-1.1, NB-1.7) • Single men not knowing how to cook nutritious meals because women are generally the food preparers (NB-1.1) • Lack of exposure to sunlight, especially for Muslim women who cover themselves or stay indoors (NI-5.9.1) • Potential malnutrition for newly arrived refugees due to reliance on inadequate food rations in camps (NI-5.2) • Disordered eating in response to emotional trauma, depression and/or high stress levels (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>The health and welfare of family members, especially children, are motivating factors for a healthy lifestyle. This is especially so for men, as they are responsible for their families.</p> <p>Religion has varying levels of influences on individuals; however, it could be a motivating factor. The Koran emphasises the importance of staying healthy to perform acts of worship.</p> <p>Women may be motivated to lose weight for aesthetic reasons.</p>
Preferred education methods	<p>Need for interpreters: It is important to check if an interpreter is required and which language the client prefers.</p> <p>Types of resources: Pictorial, audio and visual resources may be useful. Resources in a client's own language may also be beneficial if they are able to read.</p> <p>Counselling style: Afghan people usually appreciate those who talk calmly and in a conversational tone. Afghan people may nod to show politeness and respect, so nodding may not be an indication as to whether the information is understood or whether the client agrees.</p> <p>Elderly people may respond better to prescriptive nutrition advice rather than negotiating behaviour change.</p>
Literacy levels	<p>Do not assume that all Afghan clients can read. The literacy level amongst the community varies depending on migration journeys and where people lived in Afghanistan. In 2011, 32% of the adult population of Afghanistan could read and write, and the youth literacy rate was 47%. Gender disparity remains high in Afghanistan, with only 18% of adult women able to read and write, compared to 45% of adult men. Among youths between 15 and 24 years, the situation is improved, with a female literacy rate of 32% and a male literacy rate of 62% in 2011.¹⁷</p> <p>In Australia in 2011, 34% of Afghanistan-born people aged 15 years and above had variations of higher non-school qualifications compared to 56% of the total Australian population.²</p>
Health beliefs	<p>The <i>Evil eye</i>, which is said to be a curse that is projected by a look or glare, is commonly believed to cause ill health. Ill health may also be attributed to the will of Allah (God) or not adhering to the principles of Islam. Imbalances of 'hot' and 'cold' forces within the body are also believed to cause illness. People may like to eat foods with the opposite properties to restore balance.</p> <p>Prayer may be perceived to have healing effects.</p>

6. Monitoring and evaluation

Methods for monitoring

- It may be inappropriate for male practitioners to take waist circumference or other such measurements of female patients. In this instance another female staff or family member could assist.
- Health is assessed in practical terms, so this may be a useful way of measuring change and reinforcing the benefits of continued dietary compliance. Examples include being able to work and to appropriately care for one's family.
- Check if the patient 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 wives to attend their husbands' follow-up appointments, as women are usually responsible for food preparation.

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>
- The Afghan Cuisine YouTube channel provides cooking videos on Afghan food. Go to <https://www.youtube.com/user/cookwithsaid>
- For Metro South Health telephone interpreter services, go to <http://paweb.sth.health.qld.gov.au/pasupport/administration/interpreters/booking.asp>
- The Halal Food Brisbane website can be found at <http://www.halalfoodbrisbane.com/?content=butchers>
- Halal Square Groceries Database identifies halal-certified items that are available in supermarkets around Australia. See <http://www.halalsquare.com.au/groceries/index.php/>

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