LIVING AND DYING TOGETHER
A Guide to Dignity and Respect in our Multi-faith Society
INTRODUCTION

Havering Primary Care Trust puts its patients and staff at the centre of all they do, and with this in mind we hope the information contained in this guide will enhance the care and services provided by our staff at St. George’s Hospital, Hornchurch.

The diversity of Havering residents is changing therefore to meet the needs of patients and their families and carers we developed this booklet which aims to provide information on different ethnic minority groups and religions. We believe this will help staff in the everyday caring of patients, communicating effectively and empathically with them and their families. It is hoped that this will help prevent offence or misunderstanding for all concerned.

This booklet does not cover every area of diversity as it has not been produced as a comprehensive information pack but to highlight key points pertinent to the culture, diversity and customs of each identified groups.

The PCT’s aim is to treat patients and their families and carers with respect and dignity at all times.
Acknowledgements

Very sincere thanks for all the people of all faiths who gave their time and expertise to ensure the information in this Faith & Practices booklet is accurate.
Foreword

Working on this project has given me the opportunity to further explore and learn about all the different cultures that go to make up the richness and diversity that is Havering.

However this project would have not been possible to complete without the significant input and support from a number of organisations, faith groups and individuals.

Havering Primary Care Trust (PCT) and I hope this Faith Practices Dignity & Respect in our Multi Faith Society will assist all the PCTs staff, independent contractors (e.g. GPs) to provide culturally sensitive services at a time when the end of ones life comes to a close.

Lynn Morris
Equalities Advisor
Corporate Affairs
September 2007

N.B. Please be aware that custom and practices sometimes change therefore this guide was correct at time of production consequently from time to time this guide will require updating.
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AFRICAN-CARIBBEAN COMMUNITY

Background

African-Caribbeans are primarily the descendants of West Africans captured or obtained in trade from African procurers. The Africans were then shipped by European slave traders to English, French, Dutch, Spanish, and Portuguese colonies founded from the 16th century. On arrival, the majority of Africans were set to work on the vast Caribbean sugar plantations for the benefit of the colonial powers.

Religion

The influx of African-Caribbeans to the United Kingdom was accompanied by religious practices more common to the North American continent. In Britain, many African-Caribbeans continued to practice Non-conformist Protestant denominations with an Evangelical influence such as Pentecostalism and Seventh Day Baptism. African-Caribbeans have supported new churches in many areas of the country, which have grown to act as social centres for the community. The manner of worship in some of these churches is more akin to that of African American practices, than to traditional English Anglican or Catholic liturgy. Gospel music also came to play a part in British cultural life. African-Caribbeans played a central role establishing British Gospel choirs, most notably the London Community Gospel Choir.

Some British African-Caribbeans continue to practice other religious beliefs such as Rastafarianism, which developed in Jamaica. The Rastafarian belief system, associated personal symbols such as dreadlocks and cultural practices concerning cannabis were to influence British society far beyond the African-
Caribbean community being adopted by both indigenous Britons and other ethnic groups residing in the nation.

**Diet**

The earliest Caribbean immigrants to post-war Britain found differences in diet and availability of food an uncomfortable challenge. In later years, as the community developed and food imports became more accessible to all, grocers specialising in Caribbean produce opened in British High streets. Caribbean restaurants can now also be found in most areas of Britain where West Indian communities reside, serving traditional Caribbean dishes such as curried goat, fried dumplings, ackee and salt fish (cod) (the is the national dish of Jamaica), fried plantain, "jerk", steamed cabbage and rice and peas (actually kidney beans).

Great emphasis is placed on the importance of family. The family would expect to be involved in an advisory and supportive role. This may include bringing in food for family members.

The following conditions and diseases are common with this community:-

- Sickle cell anaemia
- Hypertension
- Diabetes
- Hair and skin should have attention paid to as the community is prone to dry skin, specialised products should be used.

Many speak a dialect or patois (a combination of English, Western European and African languages) English is written and spoken.

**Useful Contacts**

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<td>Mrs C Shoetan</td>
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<td>Community House</td>
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<tr>
<td>020 7737 3603</td>
<td>19-21 Eastern Road</td>
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<td>Romford RM1 3NH</td>
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01708 769864
*Reference* HUBB; Wikipedia
BANGLADESHI COMMUNITY

Background

The Bangladeshi community is thriving in the capital with third generation Bangladeshis on their way to establishing themselves in the mainstream of London commerce and politics.

There are around 140,000 Bangladeshi people living in London and the south east of England and most of them come from the Sylhet region - a place of emerald green rice fields and dense tea gardens on the country’s eastern border.

Sylheti people are a distinct ethnic group within Bangladesh and Syhlet is famous for the Muslim Saint Hazrat Shah Jalal, the great torchbearer of Islam.

Religion

Majority are Muslim mainly Sunni but others maybe Shia. Hindu, Christianity and Buddhism are also followed by minority groups

Languages

Mainly Sylhet (a spoken dialect of Bengali which is not written), English. Bengali and Urdu

Social Customs

Chewing pan (which is a mixture of lime betel leaves and nuts, combined with other nuts and grains) usually after meals and is practised by both men and women. When chewed the mixture turns to a brilliant red colour. Relationships between men and women may seem formal. Touching may not be welcome, so a man might be wise to refrain from offering a handshake for example, to a Bangladeshi woman. Sometimes in Bangladesh men hold hands as an expression of friendship.
Naming Systems

It is usual to have two or three names which include pet names but these are used by family members and close friends only.

Additional Information

Higher incidence of the diagnosis of TB in this population. There is also increased risk of heart disease and diabetes. Peptic ulcers are quite common and there is suspicion that it is linked to chewing pan.

Useful Contacts

Tower Hamlets Health Strategy Group
The Brady Centre
192, Hanbury Street
London   E1 5HU
020 7247 1414

Reference: BBC-London; HUBB
To do no evil; To cultivate good; To purify one’s mind: This is the teaching of the Buddhas. The Dhammapada

Background

The Buddha was born Siddhartha Gautama, a prince of the Sakya tribe of Nepal, in approximately 566 BC. When he was twenty-nine years old, he left the comforts of his home to seek the meaning of the suffering he saw around him. After six years of arduous yogic training, he abandoned the way of self-mortification and instead sat in mindful meditation beneath a bodhi tree. On the full moon of May, with the rising of the morning star, Siddhartha Gautama became the Buddha, the enlightened one.

The Buddha wandered the plains of north-eastern India for 45 years more, teaching the path or Dharma he had realized in that moment. Around him developed a community or Sangha of monks and, later, nuns, drawn from every tribe and caste, devoted to practicing this path. In approximately 486 BC, at the age of 80, the Buddha died. His last words are said to be...

Impermanent are all created things;
Strive on with awareness.

Buddhist Beliefs

Buddhism originated approximately 2,500 years ago in northern India (now wracked with disease, a corpse, and a monk. He thus learned of life’s inevitable sufferings (old age, sickness, and death)
and the transience of all worldly pleasure. He also saw that the wise monastic had found peace in spite of life’s ills.

**Festivals and Special Days**

There are many special or holy days held throughout the year by the Buddhist community. The most significant celebration happens every May on the night of the full moon, when Buddhists all over the world celebrate the birth, enlightenment and death of the Buddha over 2,500 years ago. It has become to be known as Buddha Day.

- Buddhist New Year
- Vesak (Buddha Day)
- Magha Puja Day (Fourfold Assembly or Sangha Day)
- Asalha Puja Day (Dhamma Day)
- Uposatha (Observance Day)
- Pavarana Day
- Kathina Ceremony (Robe Offering Ceremony)
- Anapanasati Day
- Abhidhamma Day
- Songkran
- Loy Krathong (Festival of Floating Bowls)
- The Ploughing Festival
- The Elephant Festival.
- The Festival of the Tooth
- Ulambana (Ancestor Day)
- Avalokitesvara’s (Kuan Yin) Birthday

**Health Benefits of the Buddhist Diet**

Examples of permitted foods that are staples of the traditional Buddhist diet in many Asian cultures include:

1. Boiled or stir-fried noodles flavoured with aromatic spices. Raw or cooked vegetables, seaweed and home-prepared dried food items can also be added.
2. Rice, which can be cooked and flavoured in many different ways-e.g., salty, sweet, neutral, sticky, coloured or mixed with vegetables.
3. Soy sauce is an essential tasty ingredient that is added to almost every dish, in much the same way as Americans flavour many of their foods with butter and/or salt.
4. Sesame oil is also used heavily in preparing food. Unlike soy sauce, it contains no sodium.
5. Buddhists who are not strict vegetarians will eat fish on an almost daily basis and/or will add it to many of their meals.
6. Herbal tea is a popular and healing drink that originates from various types of tea plants. In terms of dietary assessments, the first step is obviously to find out whether the patient is a vegetarian, how strict or liberal he/she is in following the traditional vegetarian diet and whether there are any other dietary restrictions the patient must observe. The risk of vitamin B12 deficiency among pure vegetarians can be managed by increasing their daily intake of the different types of vegetable proteins.

Cultural Competence Tips for Nurses

- When caring for patients who are followers of the Buddhist religion, nurses need to understand that the patient's main goal is to bring back the body's yin/yang equilibrium that was disrupted because of illness.
- It is helpful to first discuss the patient's illness and care plan in relation to this concept before volunteering a medical or pathophysiological explanation. Because of the supreme importance of nature in Buddhists' lives, a culturally sensitive medical team will want to prescribe both herbal medicine and pharmaceutical medications, if appropriate. Remember, in these patients' eyes the goal is not curing but rather maintaining peace of body and mind that will ensure the rebirth process after death.

Ceremonies and Funeral Rites for the Dead

- The early Buddhists followed the Indian custom of burning the body at death. The Buddha’s body was cremated and this set the example for many Buddhists, even in the West. When someone is dying in a Buddhist home, monks come to comfort them by chanting verses to them.
- After death, while the dead person is being prepared for the funeral fire, the monks continue to chant in order to help the dead one’s good energies to be released from their fading personality.
- The monks come with the family to the funeral. The family and all their friends give food and candles to the monks. Goodwill is
created by these gifts and it is believed that the goodwill helps the lingering spirit of the dead person.

Useful contacts
London Buddhist Centre
51 Roman Road
London
E2
Tel. 020 8981 1225

Reference: BBC web site
Background

In Britain the majority originate from Hong Kong, others maybe from Singapore and Malaysia. Increasingly, people from mainland China are coming to Britain.

Religion

Rather than following a single faith many Chinese in Britain tend to be influenced by a variety of religions mainly:-

- Taoism
- Confucianism
- Buddhism
- Christian
- Muslim

It would be advisable to ask what religion the patient follows and relevant contact numbers, when patient is admitted.

Languages

Cantonese is the main language. Others may speak Hakka or Mandarin. All dialects are written in Chinese script.
**Customs**

Chinese people hold their elders in high regard and great significance is placed on family obligations. Funerals and the worship of ancestors are of extreme importance.

**Naming Systems**

Chinese Christians will have Christian personal names e.g. John Cheung, usually written in the western order. Traditionally, Chinese names appear first e.g. Mao Tse Tung’s family name was Mao, his first names were Tse Tung.

**Festivals**

- New Year is the most important festival (usually end of January or February)
- Dragon Boat (mid-summer) and the Autumn (August or September)

**Care of the Dying**

Members of the immediate family will usually come and sit by the dying person.

For Christians or Buddhists, please see the relevant pages. Otherwise there are no special rites, but please refer to the family concerning the rites they wish to observe, or look at the British Born Chinese web-site. It is also worthwhile checking if there is a Chinese festival on at the moment as this will have an effect.

Some older people may regard death as bringing bad fortune, and may avoid a dying person and their family.

Some families may bring a special shroud to wrap the body in.

A traditional Chinese priest to conduct the burial may be difficult to find. Please refer to the family.
Post-mortems and Organ Donation/Transplant

Chinese people find post-mortems distressing, but normal legal procedures must be observed, and these should be explained to the next of kin.

For organ donation, the wishes of the patient and next of kin should be ascertained, and consent obtained.

Useful Contacts

Chinese Community Centre
28-29 Gerrard Street.
2nd Floor
London
W1V 7LP
Tel: 020 7439 3822
Fax: 020 734 3572
Email: info@ccc.org.uk

Chinese Information and Advice Centre
152 Shaftsbury Avenue
London
WC2H
Tel: 020 7836 8291

Chinese Mental Health Assoc
Oxford House
Derbyshire Street
London
E2 6HG
Tel/Fax 020 7613 1008

Reference: HUBB; www.ubht.nhs.uk/chaplaincy/chinese
Background

Christian Science, or the First Church of Christ, Scientist, was founded by Mary Baker Eddy in Boston in 1876. She grew up in a deeply religious, Christian household, and spent her childhood plagued with ill health. Still suffering as a young adult, and not benefiting from conventional medical care, she began to study alternative methods of healing. She became interested in the work of Phineas P. Quimby, who had developed a method of healing using hypnotism. He believed that a patient's recovery was very much affected by their faith in the ability of the person treating them. Later, when Eddy was apparently dying after a severe fall, she read about Jesus healing someone and realised that healing is the will of God, and not governed by the human mind or body. After this realisation, she recovered and went on to write 'Science and Health with Key to the Scriptures', the primary Christian Science textbook in which she sets out her teachings, drawn from the Bible.

Beliefs

Christian Scientists believe that God is supreme and infinitely good. Everyone is a child of God with a spiritual nature, who can call upon God's power of healing by drawing closer to him in living and thinking. Maintaining a healthy body and mind through the study of God can overcome illness and evil. Christian Scientists worship in a church, although people of different denominations
practise Christian Science without being members of the First Church of Christ, Scientist.

Christian Scientists do not believe in medical intervention and are likely to be in hospital only for childbirth, for the setting of broken bones or involuntarily as the result of an accident. Although Christian Scientists do respect the work of the medical profession, they are unlikely to be happy about being in hospital. It is therefore important that healthcare workers discuss with such patients what level of care they are willing to accept. Usually, they would be treated by Christian Scientist practitioners or nurses, who would only provide food, cleansing and prayer or religious reading.

The Christian Science Church does not try to control the actions of its members, and the level of treatment accepted in hospital is up to each individual, but the acceptance of medication is viewed as tragically wrong. Because a Christian Scientist patient might be influenced by their family, it would be wise to ask them to make decisions about their care when they are alone.

Baptism

There is no baptism in Christian Science.

Blood products, blood transfusions, organ donation, life support

Generally, drugs, blood products, blood transfusions, organ donation and life support are not acceptable within the teachings of Christian Science. However, although all healthcare decisions are up to the individual, some parents may agree to their children receiving life-saving medical intervention.

Care of the dying and dead

No medical intervention is permitted when a Christian Scientist is dying, and no rituals or rites need to be performed.

A female body should be handled by female staff. Although cremation is often preferred to burial, the choice is up to each individual.

Children and vaccination
Christian Scientist parents believe that they have the right to refuse medical treatment for their children, including vaccinations. However, some vaccinations may be permitted if they are required by law.

**Dental care**

Christian Scientists may accept dental care but it must be performed without any pain relief.

**Food and medicines**

Christian Scientists are opposed to the use of all medication, including pain relief.

They do not usually follow a particular diet, although they do not use alcohol or tobacco, and may not drink tea or coffee.

**Holidays**

Christian Scientists observe the traditional holy days of the Christian heritage (see section on 'Christian holidays'), but mark such holidays with prayer rather than gifts or any other trappings of commercialism.

**Homosexuality**

The Christian Science Church is uncomfortable with homosexuality but, on the whole, does not openly condemn it.

**Infectious diseases**

Christian Scientists will usually report the outbreak of an infectious disease and comply with quarantine measures, but are highly unlikely to accept any medical intervention.

**Post-mortem**

Christian Scientists are unlikely to consent to a post-mortem unless it is required legally.
Prayer

Christian Scientist patients are unlikely to practise any particular rites or rituals, but they might appreciate some peace and quiet for prayer.

Psychotherapy

Christian Scientists view a sick person as a false representation of the true nature of a human being. They do not permit the use of the human mind as an agent of healing, and so any form of psychotherapy is unacceptable.

Reproductive issues

Christian Scientists are opposed to any medical intervention to either assist or limit reproduction.

Termination of pregnancy

Christian Science does not have a specific policy on the termination of a pregnancy.

Staff issues

Members of staff may find it very difficult caring for a Christian Scientist patient when the care they can give is so restricted, particularly in the case of a child, and should be offered moral support and possibly even counselling.

Reference: www.ethnicity.net
CHRISTIANITY

Background

It is a basic Christian belief that 2000 years ago God manifested himself on earth as Jesus Christ. He was crucified, rose from the dead and ascended to heaven. In England the established church is the Church of England (also know as the Anglican Church) nearly 60% of Christians in this country identify with this and about 13% are Roman Catholic: About 20% of the world’s population are Catholic. There are other Christian denominations e.g. Baptist and Methodist. As well as a comparatively smaller sects such as Mormons and Jehovah’s Witnesses

The main religious holy days for Christians are:-

- Easter, (the date of Easter changes each year and several other Christian festivals fix their dates by reference to Easter.) when Christians celebrate the death and resurrection of Jesus
- Christmas day (always 25th December) celebrates the birth of Christ.
- Roman Catholics have a number of other “holy days of obligation” when attendance at Mass (the Eucharist service) is required.

Religious Customs

Baptism, a ceremony that allows someone to be received into the Christian Church.

Confirmation, usually takes place at the age of eleven for both girls and boys in the Church of England, although the church will and does confirm adults of all ages. First Holy Communion in the Catholic Church is usually around the age of seven for both girls and boys. In both faiths adults can attend classes to enable them
to be confirmed and take Holy Communion. A communion service is held each Sunday and often services during the week to enable communicants to partake of bread and wine, representative of the body and blood of Christ.

Catholics may wish to see their priest for Confession, when they will admit their sins and make penance. Many like to wear a crucifix around their neck.

As hospital practice has evolved through the Christian church, most hospitals have a chaplain. At St George's Hospital we have two part time chaplains, one Anglican and one Roman Catholic.

Social Customs

These customs had a religious beginning but evolved into traditional celebrations, with little or extreme religious significance depending on the individual. They include the giving and receiving of gifts and cards on personal birthdays and at Christmas.

The sending of sympathy cards to someone who has lost a close friend or relative. For Catholics, this may include a commitment to have a mass dais for the deceased person.

Dietary Requirements

None as such but some, especially Catholics prefer to eat is fish on Fridays. Some may prefer to fast until after Holy Communion has been taken.

Needs of a dying person

For those who have never been baptised, they may now request this service; the chaplain or priest will be called to perform this ceremony. For those who have been baptised, the anointing ceremony may be performed which involves holy oil being used to make the sign of the cross, symbolising forgiveness, healing and reconciliation. Prayers are said offering thanks for the life which has passed and entrusting the soul to God's keeping.

Death Rites

Normal ward practise will suffice as again these originated through this church.
Care of the Dying

Prayers may be said at the bedside of the dying and sometimes it will be appropriate for the patient to be anointed. The close family must be asked. It is also worthwhile checking if there is a Christian festival on at the moment as this will have an effect.

After death the family may wish to gather around the bed to commend the person to God and to give thanks for their life.

Please ask the patient/significant others if they would like to see the Chaplain or wish their local priest to visit, in preparation for the patient’s death and to respect the dying person’s beliefs.

Blessing, Baptism or Commendation of infants who are seriously ill or in danger of death should be offered, with a referral to their own minister and/or to a chaplain.

Viewing the body – Visits to see those who have died

Please arrange the place/chapel of rest appropriately; a cross or crucifix may be placed in the chapel; commendatory prayers may be said.

Post-mortems and organ donation/transplant

No religious objection to post-mortem examination: normal legal procedures must be observed, and these should be explained to the next of kin.

A number of churches that fall under the Christian faith, e.g.

- Church of England
- Baptist
- United Reformed Church
- Roman Catholic
- Methodist
- Quakers
- Pentecostal
- Salvation Army

Please see separate entries for Plymouth Brethren and Christian Science
Generally all followers of these faiths have similar religious needs in caring for the sick and dying. There are other faiths which follow different religious rules for e.g.

- Jehovah’s witnesses
- Mormons

**Useful Addresses**

The Chaplain St. George's Hospital
Sister Shirley Papworth. 01708 524348

*Reference:* BBC web site; www.ubht.nhs.uk/chaplaincy
CYPRIOTS – GREEK

Background

The island of Cyprus is divided into two parts Greek and Turkish. Many Greek Cypriots are now part of a well established community in this country. Despite the problems encountered in their homeland both communities have a good relationship in the U.K.

Religion

Mostly Christian (Greek/Orthodox Church)

Languages

Greek and English

Diet

Mezze, Meat, Poultry, Seafood, Vegetables, Salad, Pasta and Rice are eaten.

Additional Information

Thalassaemia is prevalent

Useful Contacts

Church of All Saints
Pratt Street.
Camden Town
London NW1
Tel 020 7485 2149

Theatro Technis Advisory Centre
26 Crowndale Road
London NW1 1TT
020 7387 6617
info@theatrothechnis.com

Reference: Hubb
CYPRIOTS – TURKISH

Background
The island of Cyprus is divided into two parts Greek and Turkish. Many Greek Cypriots are now part of a well established community in this country. Despite the problems encountered in their homeland both communities have a good relationship in the U.K

Religion
Muslim

Languages
Turkish and English

Diet
Mezze, Halal Meat and Poultry, Seafood, Vegetables, Salad, Pasta and Rice are eaten.

Additional Information
Thalassaemia is prevalent

Useful Contacts
Cypriot Community Centre
Earlham Grove
Wood Green
London N22 5HJ
Tel: 020 8881 2329

The Cypriot Turkish Association
35 D’Arblay St
London W1A 4YL
Tel: 020 7437 4940
Email: kibrjstc@btconnect.com

UK Thalassaemia Society
19 The Broadway
London N14 6PH
020 8882 0011

Sickle Cell/Thalassaemia
Mrs C Shoetan
Community House
19-21 Eastern Road
Romford RM1 3NH
01708 769864

Reference: Hubb
GHANAIAN COMMUNITY

Background

Ghanaians in London represent one of the largest and oldest West African communities in the capital. The vibrancy of its culture means that for many Londoners their very conception of what is African derives from Ghanaian culture.

A typical formal attire worn in this region is the flowing Boubou (also known as Agbada and Babariga), which has its origins in the clothing of nobility of various West African Empires in the 12th Century. Despite the wide variety of cultures in West Africa, from Nigeria through to Senegal, there are apparent similarities in dress, cuisine, musical genres and wealth.

Family is an important aspect as well, being a main priority.

Religion

Islam is the predominant religion of the West African interior and the far west coast of the continent; Christianity is the predominant religion in coastal regions of Nigeria, Ghana, and Cote d'Ivoire; and elements of indigenous religions (see Voodoo) are practised throughout. Before the decline of the Mali and Songhai Empires there was a sizable group of Jewish communities in areas like Mali, Senegal, Mauritania, and Nigeria. Today there are Jewish populations in Ghana, Nigeria and Mali. Along with historic migrations, these religions have culturally linked the peoples of West Africa more than those in other parts of Sub-Saharan Africa.

The Ashanti, or Asante, are a major ethnic group in Ghana. The Ashanti speak Twi, an Akan language similar to Fante. As with many former African colonies, the official language of Ghana is the colonial language, in this case English. Nine languages have the status of government-sponsored languages: Akan, Dagaare/Wale, Dagbane, Dangme, Ewe, Ga, Gonja, Kasem, Yoruba and Nzema.
Diet

TZ. It is a thickened porridge ball made from millet or corn flour. It is served with a stew. There are many different types of stews okra, bean leaf, and alayfu (a coarse green leafy vegetable). Chicken, Fish, Rice, Stew and soup are also eaten.

Social Customs

Male and female circumcision is widespread. It is a tradition dependant of region and not religious duty (unless male Muslim)

Naming systems

Very complex system but basically certain names have significant meaning to their own population e.g. denoting royal blood, highly educated etc. therefore expect to be treated accordingly.

Additional information

Common diseases include sickle cell anaemia; patient’s preference for medication is often by injection. There is evidence to show that TB is common with this community.

Useful contacts

Ghana Welfare Association
547-551 High Road
Leytonstone E11 4PB
Tel. 020 8558 9311
Email. rmanso@aol.com

Sickle Cell and Thalassaemia Society
Community House
19-21 Easter Road
Romford RM1 3NH
Tel. 01708 769864

Sickle Cell Society
54 Station Road
Harlesden
London NW10 4UA
Tel. 020 8961 7795

Reference: HUBB; Wikipedia.org
GUJERATI COMMUNITY

Background

The Gujerati community is the largest group of South Asians in Britain. The early settlers arrived from gurerat at the end of the 19th Century.

Religion

Hindu is the main religion. Some belong to the Jain sect (similar to Buddhism) with emphasis on “no killing” includes, insects. Other religions followed by minorities include Muslims, Christians and Buddhists.

Diet

They are strict vegetarians some do not eat vegetables which requires the plant to be killed e.g. potatoes, carrots etc.

Languages

Gujerati is the main language spoken but everyone understands or speaks Hindi.

Naming systems

The first and middle names are usually written as one e.g. Vijaykumar is Vijay plus Kumar

Additional information

Lactose intolerance (difficulty in digesting milk products) is thought to exist in over 50% of Gujaratis.
Useful contacts

Gujarat Welfare Association
141 Plashet Road
Newham
London E13 ORA
Tel. 020 8552 0525
Fax. 020 8552 5125

Mr Nemu Chandaria
Institute of Jainology
Unit 18
Silicon Business Centre
26 Wandsworth Road
Greenford
Middx. UB6 7JZ
Tel. 020 8997 2300

Reference: HUBB
HARE KRISHNA (ISKCON)

Background

Hare Krishna is the popular name for the International Society of Krishna Consciousness (or ISKCON), a new religious movement based in Hinduism.

Established in America in 1965, the Hare Krishna worship the Hindu god Krishna as the one Supreme God. Their goal is "Krishna consciousness" and their central practice is the "Hare Krishna" mantra for which they are named.

Beliefs

ISKCON identifies itself with Hindu Vedic philosophy and Vaishnavism (devotion to Vishnu). Its beliefs are especially rooted in the Bhagavad Gita (see Texts, above) and the teachings of the founder, Prabhupada. Most mainstream Hindus accept the Hare Krishna as an authentic sect within Hinduism.

Practices
"Congregational members" of ISKCON put the movement's teachings about Krishna consciousness into practice while living a normal home and work life. They attend temples for congregational worship.

"Temple-based" or full members of the Hare Krishna movement live in temples and are expected to lead austere and ascetic lifestyles in which they follow these four regulative principles:
1. eat no meat, fish, or eggs;
2. drink no alcohol and take no drugs (including caffeine);
3. do not gamble, and
4. remain celibate except for purposes of procreation within marriage.
The reason for these prohibitions is that "indulgence in the aforementioned activities disrupts physical, mental and spiritual well-being, and increases anxiety and conflict in society."

The central religious ritual of the Hare Krishna is the chanting of mantras. Their main mantra (maha-mantra) for which they are named is:
Hare Krishna, Hare Krishna, Krishna Krishna, Hare Hare,
HareRama, Hare Rama, Rama Rama, Hare Hare

Hare Krishna’s are also known for their public singing and dancing and distribution of materials including their magazine, Back to Godhead. ISKCON is actively evangelistic, with the goal of spreading God-consciousness throughout the world.

Male Hare Krishna’s dress in white or saffron robes and shave their head except for a topknot. Women wear brightly coloured saris.

The movement's leaders are gurus in a successive lineage that is traced back to Caitanya himself. The job of the guru is to pass on the teachings unchanged to a disciple, who then carries on the line to others.

References and Sources:
1. Official Website of ISKCON
2. International Society of Krishna Consciousness - Religious Movements Homepage

**Links:**
- ISKCON.com (official)
- Krishna.org
- Krishna.com - website of the Bhaktivedanta Book Trust (BBT)
- Bhagavad Gita As It Is - searchable online version of the Hare Krishna sacred text
- Is the Hare Krishna Movement a Cult? - article by J. Gordon Melton of the Institute for the Study of American Religion
- Krishna/ISKCON - Rick Ross Institute (collection of news articles gathered by anti-cult website)
- Hare Krishna - Religion-Cults.com (highlights the scandals of Hare Krishna and strongly identifies it as a cult)
HINDUISM

Background

Hinduism has been one of the main religions in India for over 2000 years.

The earliest records of Hindu gods, goddesses and Hindu beliefs were first written down in about the fourth century A.D. However, by this time, there was already a strong oral tradition which supported these beliefs. The early Hindu epics and myths help us to understand the evolution of the gods and goddesses and the development of beliefs which form the basis of the modern Hindu religion. They believe in one God, who can be worshipped in many different forms. Three major manifestations are Brahma (the creative power), Vishnu (the preserver) and Shiva (the destroyer). Others include Lord Krishana, Lord Ram and Ganesha. It is important beliefs are to pray take care of the old and offer hospitality and reincarnation. They promote non-violence, often refusing to take any form of life.

Connecting With Community/Visitors:

- Hindu families are traditionally close-knit, in the West as well as in the East.
- A Hindu hospital patient would want his or her relatives to visit and close family members to help in the making of any medical decisions, such as whether or not to operate.
- If the Hindu patient is connected with a Hindu Temple or Ashram, the patient may request the Hindu priest or Guru to visit.
• Hindu custom also means family, friends and members of the community would all want to visit the patient, and this can cause problems in a hospital setting.

• Family is of utmost importance, different members have different roles. The elders are to advise and guide, the younger members must listen, obey learn and respect. Female’s status is generally high.

• Some may wear a sacred thread round their bodies, this should never be removed.

• There’s a caste system, closely associated with reincarnation, reflective of a past life. East caste’s members perform certain duties and they do not crossover with the duties of different caste.

• There are four major castes:- Brahmins (priests and teachers) Kshatriyas (warriors and rulers) Vashyas (farmers, merchants and craftsmen) Shudras (manual workers and servants)

Privacy/Space: Privacy and the use of space in hospital is up to the individual Hindu, in conjunction with the hospital authorities. Religious practices that would be done in a hospital do not necessarily require privacy.

Ethnic (Language) and Cultural Sensitivity:

• Most Hindus, speak English, but use their native language with others who speak the same language or dialect. In Hindu culture,

• It is common to remove one’s shoes before entering a home, a place of worship, and certain other places. This may apply in a hospital setting; Hindu visitors may choose to remove their shoes before entering a patient’s room.

• If the patient is older than the visiting relative, the visitor would be expected to stand unless invited to sit by the patient. Respect for one’s elders is engraved in Hindu culture, along with warm, affectionate family ties.

Personal Devotions and Religious Objects:

• In a hospital setting, personal devotions may consist of prayer, meditation, and the reading of scripture.

• A small picture or statue of a Deity may be used in prayer. A mantram (a sound vibration representing an aspect of the Divine) may be recited on a mala (prayer beads strung together,
similar to a rosary). Facing North or East would be preferred, but not required.

**Holiday Observances:**

- Most religious holidays are observed according to the particular aspect of the Divine which the Hindu individual or family worships.
- For instance, a devotee of Lord Siva would celebrate Sivaratri on the New Moon, usually in February.
- A devotee of Lord Krishna would celebrate Krishna Jayanthi, known as Janmashthami, usually in August.
- A devotee of God as Divine Mother would celebrate Navaratri for nine nights in September or October. These are but a few of the many religious observances on the Hindu calendar.

**Dietary Regulations:**

- Vegetarianism is recommended in Hindu scriptures, but Hindus are free to choose their own diet.
- Some may not eat onions and garlic as they are considered a stimulant.
- Some will not eat eggs as they are considered a source of life.
- Some devout Hindus only eat food prepared by someone of the same caste.
- Of those who eat meat, most abstain from beef and pork.
- Many Hindus particularly second-generation eat meat. Hot, spicy food is common, particularly with those from South India.
- Yogurt and sweets are taken along with meals.
- In the East, eating with the right hand, without utensils, is the traditional method. Eating with utensils is considered acceptable.
- Some may fast on certain religious days, fasting may not mean abstaining from food completely, only eating pure foods i.e. Fruits, nuts or yoghurt.
Hindu death rituals in all traditions follow a fairly uniform pattern drawn from the Vedas, with variations according to sect, region, caste and family tradition. Most rites are fulfilled by the family, all of whom participate, including the children, who need not be shielded from the death. Certain rites are traditionally performed by a priest but may also be performed by the family if no priest is available. Here is a simple outline of rites that can be performed by Hindus in any locality. Variations are noted and suggestions made for Hindus in Western countries.

As Death Approaches

- Traditionally, a Hindu dies at home.
- Nowadays the dying are increasingly kept in hospitals, even when recovery is clearly not possible.
- Knowing the merits of dying at home among loved ones, Hindus bring the ill home.
- When death is imminent, kindred are notified.
- The person is placed in his room or in the entryway of the house, with the head facing east. A lamp is lit near his head and he is urged to concentrate on his mantra.
- Kindred keep vigil until the great departure, singing hymns, praying and reading scripture. If he cannot come home, this happens at the hospital, regardless of institutional objections.
- The Moment of Death
  - If the dying person is unconscious at departure, a family member chants the mantra softly in the right ear.
  - If none is known, "Aum Namo Narayana" or "Aum Nama Sivaya" is intoned. (This is also done for sudden-death victims, such as on a battlefield or in a car accident.)
  - Holy ash or sandal paste is applied to the forehead, Vedic verses are chanted, and a few drops of milk, Ganga or other holy water are trickled into the mouth.
  - After death, the body is laid in the home's entryway, with the head facing south, on a cot or the ground--reflecting a return to the lap of Mother Earth.
  - The lamp is kept lit near the head and incense burned.
  - A cloth is tied under the chin and over the top of the head.
  - The thumbs are tied together, as are the big toes.
  - In a hospital, the family has the death certificate signed immediately and transports the body home.
  - Under no circumstances should the body be embalmed or organs removed for use by others.
Hindu death rituals in all traditions follow a fairly uniform pattern drawn from the Vedas, with variations according to sect, region, caste and family tradition. Most rites are fulfilled by the family, all of whom participate, including the children, who need not be shielded from the death.

Certain rites are traditionally performed by a priest but may also be performed by the family if no priest is available. Here is a simple outline of rites that can be performed by Hindus in any locality. Variations are noted and suggestions made for Hindus in Western countries.

How would a Western hospital or hospice have to change to accommodate these beliefs and this kind of practice?

A Western hospital or hospice would need to be sensitive to the cultural/religious/spiritual needs of the non-Christian patients, by

- Involving the family in the physical care of the patient;
- Making the care environment homelike;
- Accommodating dietary needs;
- Allowing or encouraging patients and families to engage their own spiritual leaders in the spiritual care of the patient;
- Adjusting the "chapel" in the institution to make it suitable for the spiritual practices of non-Christians; and
- Making the care environment less institutionalized overall
- Some other very simple modifications that would help include not using white sheets on the bed, personalizing the bed area and piping music from the patient's own religious or cultural traditions to the patient's bedside.
- Other things include making wards smaller and more personal, with fewer patients in each ward and providing overnight facilities for families and friends.
Useful contacts

SWAMINARYAN
Claude Road
London
E13

SWAMINARYAN TEMPLE
220-222 Willeaden Lane
London
NW2 5RG

HINDU TEMPLE
874 Finchley Road
London
NW11

Reference BBC web site
Background

Muslims come from different racial and cultural backgrounds. They may originate from India, Pakistan, West Africa, Turkey, Somalia, Iraq, Morocco or Malaysia. However, majority of Muslim children in British School are British-born. Muslims are united in their Islamic faith and perceive themselves as one ummah (one nation) despite their wide ethnic diversity.

There are only two Muslim festivals set down in Islamic law: Eid ul Fitr and Eid ul Adha (*Eid* or *Id* is a word meaning festival).

Diet

Many hospitals know the importance of providing Halal meals for Muslims. However, in cases were the take up of Halal meals is not great, many hospitals prefer relatives to bring food from home. This is because the home made food is not only Halal but more culturally appropriate. However, it is important to bear in mind that many second and third generation Muslims, will like an English meal: i.e. vegetables, fish and rice etc. They will avoid pork and meat that is not Halal. This includes gelatine and other animal products used in the cooking process, say for cakes, puddings and ice-cream. Many food products in supermarkets now have vegetarian labels on them and this is ideal as long as there is no alcoholic content such as wine added in.
Muslims: dying

The process of dying is never easy for the patient or their relations, no matter what the ethnic or faith group. However, in this area, particular care needs to be taken to prevent additional pain, grief or even offence to those involved.

The basis of the Islamic faith is the total submission of the self to the will of Allah. Only Allah can decide when someone is to die, and medical support must be given for as long as possible. Causing or hastening death is forbidden in the Qur’an; this applies to the giving of treatment and medication as well as withholding it. For example, a Muslim patient has a duty to seek out medical care if they fall ill, but they do not have a duty to accept experimental treatment for terminal conditions.

For this reason, families of Islamic patients may be distressed by the idea of a 'do not resuscitate' policy, as it implies that not everything is being done to sustain the life of their relative. Wherever possible, seek advice from the local imam.

Going Home

Ideally a Muslim would like to die at home, surrounded by their family and community. Wherever possible, allow a patient to return home to be cared for until their death. Arranging a daily visit from a health professional in order to spot any medical needs will obviously facilitate this situation.

Visitors

- Whether at home or in a hospital, as a patient approaches death they will expect to have their family and friends gathered around them for a final farewell.
- This is an important event in the Muslim community, allowing a dying Muslim to talk to his family and to put right anything he feels is wrong in his relationships with family, friends and community before he dies.
- Visiting the sick is a sacred duty according to Islam, as well as a last opportunity to show respect to a fellow Muslim and their family.
- The Muslim in hospital may have more visitors than the healthcare team are expecting; figures of more than fifty visitors a day are not uncommon.
• With this in mind, it may be best to move the dying Muslim to a side room (if possible) in order to accommodate visitors, and arrange a visiting schedule or rota with the family to make sure that the patient and staff are not overwhelmed.
• Many of these visitors will want to assist in the care of the patient. Staff may need to make clear to family (and so to visitors) exactly what visitors are able to do for the patient, and what healthcare staff will need to do.
• Passages from the Qur'an will be read to the patient and the shahadah recited.
• Prayers for forgiveness for any past sins will also be said.

Before death

• As the patient approaches the end, they or their family may wish the bed to be turned so that the feet face towards Makkah (Mecca) in the south east.
• As they and any surrounding visitors say the shahadah, their prayers will go straight to Makkah to be heard.
• The last thing a Muslim will say before they die is the shahadah 'There is no God but Allah and Muhammad is His messenger' so that they die with holy words on their lips.
• At the point of death, the surrounding family will repeat the phrase 'To Allah we belong and to Allah we return' to speed the departing soul to Allah.

Respect

• Dying is a natural process and a Muslim will accept it; only Allah knows when death will happen, and so a Muslim patient will try to be prepared for it at any time.
• However, healthcare staff can do a great deal to help the family and friends of a dying Muslim, by assuring them that their traditions and needs will be listened to.
• It is important that no direct contact occurs between a non-Muslim and a Muslim patient, especially if the staff member is of the opposite gender, and so it is important to wear gloves at all times when touching patients.

Life support

• Muslims believe that a person who is diagnosed as brain dead does not need to be kept on life support.
• However, if after the removal of the life support, the body is still breathing or the heart is still beating, the issue of whether the body is dead will become complicated.
• Islam has a condition known as 'movement of the slain', where a person may be termed dead even though they are still moving; this condition applies to a patient who has been declared brain dead, but whom is still apparently breathing, albeit with the aid of ventilation. It is a good idea to consult with an imam in such cases.

Resuscitation

• All possible efforts must be made to save a life, and this includes resuscitation.
• The family of a patient might be deeply distressed by discussion of 'do not resuscitate'

Useful contacts

Aksaa Management & Training Consultants  Noor Uin Islam
www.educationislam.co.uk  020 8923 7860
711 High Road  Leyton E10 6RA

The Islamic Centre  Barking Muslims Association
020 8472 2745 72  020 8478 8526
Selwyn Road 2 Victoria Road
London. E13 OPY Barking IG11 8PY

Manor Park Cultural Centre
020 8514 7772
724 Romford Road
London E12 6BT

Reference: AKSAA-Education Islam; BBC
JEHOVAH’S WITNESSES

Background

Jehovah's Witnesses are members of a Christian-based religious movement probably best known for their door-to-door evangelistic work.

There are about 6.5 million active Witnesses in 235 countries in the world (2005), including 1 million in the USA and 125,000 in the UK.

Holy Days

- The most important religious event of the year for Jehovah's Witnesses is the commemoration of the Memorial of Christ's death, which takes place on the anniversary of the Last Supper, calculated according to the lunar calendar in use in Christ's time. They believe that this is the only observance commanded by Christ.

- Witnesses do not celebrate Christmas or Easter because they believe that these festivals are based on (or massively contaminated by) pagan customs and religions. They point out that Jesus did not ask his followers to mark his birthday.

- Witnesses do not celebrate birthdays or other secular festivals that originate in other religions.

- Jehovah's Witnesses regard life as sacred

- Jehovah's Witnesses avoid taking unnecessary risks with their own lives
- Jehovah's Witnesses avoid violent sports that deliberately hurt people
- Jehovah's Witnesses believe that abortion is wrong
- Jehovah's Witnesses believe killing animals for sport is wrong
- Jehovah's Witnesses avoid surrogate motherhood as well as any procedures that involve the use of donated sperm, eggs, or embryos

**Diet**

Witnesses believe it is wrong to eat blood, for this reason they avoid eating the flesh of animals that have not been properly bled.

**Blood Products**

Jehovah's Witnesses do not accept the use of whole blood or primary blood components (red cells, white cells, plasma and platelets). However, when it comes to derivatives of any of these, what they refer to as blood ‘fractions’ (such as albumin, coagulation factors, immunoglobulins), this is a personal decision for each patient. Some Witness patients will refuse all blood products, others may accept some and not others, whereas still others may have no personal objection to blood products. It is therefore important to discuss with each patient whether or not these products are personally acceptable.

**Hospital Liaison Committees**

Jehovah’s Witnesses understand the challenges that their decisions can sometimes pose for doctors and nurses when they are treating them. In an effort to help, they have established Hospital Liaison Committees in 35 major centres in Britain, the members of which are trained to facilitate communication between medical staff and Witness patients.

These committees have details of specialists who are prepared, in principle, to treat Witness patients, including a number with extensive experience in doing so. They may also be able to supply medical papers, researched from peer-reviewed journals in the world’s medical literature, dealing with alternative non-blood medical management strategies. They are available at any time, night or day, to assist with difficulties either at the request of the patient or treating team.
Many hospitals arrange for their local Hospital Liaison Committee to regularly provide brief presentations that review the medical needs of patients who are Jehovah’s Witnesses, describe the support that is available to those caring for them, and answer any questions that medical practitioners and/or medical and nursing students may wish to raise. This resource is offered free of charge.

**Clergy and leadership**

Jehovah’s Witnesses have no professional clergy, so there is no distinction between clergy and lay people. All baptised members are considered ordained ministers.

**The Watchtower**

The Watchtower is the Witnesses' magazine and the primary Bible study aid for members of the faith.

**Useful Contacts**

Hospital Information Services  
Watch Tower House  
The Ridgeway  
London NW7 1RN  
020 8906 2211  
HIS@wtbts.org.uk

Nearest Kingdom Hall:  
Hornchurch Congregation  
163-165 Brentwood Road  
Romford, RM1 2SJ  
Tel: 01708 756929

**Reference** BBC web site
JUDAIsm

Background

Judaism is the original of the three Abrahamic faiths, which also includes Christianity and Islam. There are 12 million Jewish people in the world, and most of them are in the USA and Israel. There are 320,000 Jews in the UK.

Judaism originated in the Middle East over 3500 years ago

- Judaism was founded by Moses, although Jews trace their history back to Abraham.
- Jews believe that there is only one God with whom they have a covenant.
- Jewish believers keep God’s laws and try to bring holiness into every aspect of their lives.
- Judaism has a rich history of religious text, but the central and most important religious document is the Torah.
- Spiritual leaders are called Rabbis.
- Jews worship in Synagogues.
- 6 million Jews were murdered in the Holocaust in an attempt to wipe out Judaism

Jews believe that the Jewish People are specially chosen by God, and it is the idea of this specially chosen race that leads some to conclude that Jews are a race, and not just a religion. This means that there are many people who identify themselves as Jewish without necessarily believing in, or observing any Jewish law.

The Talmud
The Talmud is the comprehensive written version of the Jewish oral law and the subsequent commentaries on it.

The Torah
The Torah is the first part of the Jewish bible. It is the central and most important document of Judaism and has been used by Jews through the ages.

Because there are several different sects of Judaism it is advisable to ask the patient on admission the contact details for the synagogue.

**Customs**

**Sabbath (sunset Friday to sunset Saturday)**
Every week religious Jews observe the Sabbath, the Jewish holy day, and keep its laws and customs.

**Tefillin**
Tefillin are cubic black leather boxes with leather straps that Orthodox Jewish men wear on their head and their arm during weekday morning prayer.

**Kippah/Yarmulke**
Orthodox Jewish men always cover their heads by wearing a skullcap known in Hebrew as a kippah or in Yiddish as a yarmulke.

**Diet**

Jewish cuisine is not one unified cuisine, but rather a collection of international cookery traditions linked by the Jewish dietary laws (kashrut) and Jewish holiday traditions. Certain foods, notably pork and shellfish, are forbidden; meat and dairy are not combined, and meat must be ritually slaughtered and salted to remove all traces of blood. Wine and bread have special rituals associated with them. Due to the wide geographic dispersion of the Jews, Jewish cooking is extremely varied, with the availability of ingredients and local influences leaving their mark on how the food is prepared and presented.

**The Sabbath and Medical Treatment**

An important principle within Judaism is the saving of life, to such an extent that it can even over-ride the laws of Shabbat. Therefore, especially in the event of life threatening or serious situations, it is permissible for the patient to break the Sabbath laws. However, minor treatments, for which there is no urgency, should be avoided on the Sabbath. Relatives of the patient are also only permitted to break the Sabbath laws in order to save life. Therefore they would...
be permitted to drive to the hospital to bring a patient for any life saving or serious treatment, but would not be able to drive back home.

**Terminal Patients**

Jewish law prohibits any active intervention that would hasten the death of a terminal patient. The patient should be kept as comfortable as possible. It is not permitted to move a dying patient as this may hasten death. Where this is thought to be necessary, a Rabbi should be consulted.

A patient who is dying may wish to recite the Shema, which is a Hebrew declaration of belief in God. He may also wish to make a death-bed confession known as Viddui. In addition the patient may want to see a Rabbi with whom to say these prayers, or wish for Psalms to be recited. If possible arrangements should be made for the patient's own Rabbi to attend. Failing this the official Jewish Chaplain attached to the particular hospital should be contacted, or if this is not possible the Visitation Committee can arrange for the attendance of a Rabbi. There is no special ceremony of last rites.

**Death and Burial**

Once death occurs, a Rabbi should be contacted as soon as possible. If this is not possible (especially if it on a Sabbath or a Major Festival) the eyes should be closed. It is essential that the body is laid flat with hands open, arms parallel and close to the body and legs stretched out straight.

The greatest respect that can be shown towards the deceased is to do nothing further, apart from cleansing orifices only to the extent required to preserve human dignity. The body should then be completely covered (including the head) in a white sheet, and where possible should not be unattended after death. Some families will request that the body be placed on the floor for a short time.

Jewish law requires burial to take place as soon as possible after death, and any unnecessary delay must be avoided.
Useful Contacts
Chairman: Keith D. Simons
Administrative Director: Sue Solloway
Senior Hospital Chaplain: Rabbi Meir Zorach Salasnik
Tel: 020 8385 1855
Fax: 020 8385 1856

Romford & District Synagogue
25 Eastern Road
Romford
01708 741690

The Jewish Bereavement Counselling Service offers support and can be contacted on 020 8349 0839.

Reference: BBC; United Synagogue Hospital Visitation Committee; London Borough of Havering web site
http://en.wikipedia.org/wiki/Jewish_cuisine
KURDISH COMMUNITY

Background

Kurdistan extends across North Western Iran, North Eastern Iraq, Eastern Turkey, parts of Syria and the Caucasus. Their homeland is not politically recognisable which has led to many of them fleeing their homeland to avoid persecution.

Religion

Islam (please see section on Islam religion)

Languages

Kurdish language is spoken by all Kurds regardless of homeland. Turkish Kurds are also able to speak Turkish but because the Kurdish language is outlawed there, they may be reluctant to converse in Turkish.

Useful Contact

Kurdish Cultural Centre
14 Stannary Street
London
SE11 4AA
Tel 020 7735 0918
Email. admin@kcclondon.org
The Temple

The Mormon Temple is not used for the regular weekly worship of the Church of Jesus Christ of Latter-day Saints. It is reserved for some of the Church's most holy ceremonies.

The buildings used for regular worship are open to everyone, but only Mormons regarded as worthy by the Church are able to enter a Temple.

The Church of Jesus Christ of Latter-day Saints was founded in 19th Century America and has over 12 million members worldwide, including 190,000 in the UK. The Church of Jesus Christ of Latter-day Saints has grown from 6 members in 1830 to over 12 million today, living in 160 countries. There are 26,000 congregations. The headquarters of this church is in Salt Lake City, Utah USA. They follow the scriptures of the Holy Bible (Old and New Testaments) and they also believe in the Book of Mormon. They believe that we exist in a spirit world prior to birth but when a child is born they have no recollection of their previous life. Their time on earth is the time they spend proving themselves worthy to return to live with Jesus Christ. They believe that after death the spirit and the body will reunite.

The Church is centred on Christ, but has substantial differences in belief to the Catholic, Protestant, and Orthodox Christian Churches.

Festivals:
• Mormons really only celebrate two religious festivals: Easter and Christmas.
• An additional festival is Pioneer Day, on 24 July. This celebrates the arrival of the first Latter-day Saint pioneers in the Salt Lake Valley in 1847.

Rites:
• Baptism
• Baptism for the Dead
• Funerals
• Weddings
• Ordinances
• Temple ordinances

Holy Days:
• Sunday
• Monday (Family home evening)

Dietary needs:-
The Word of Wisdom prohibits:
• smoking or any use of tobacco;
• use of illegal drugs;
• drinking coffee or black tea; and
• Drinking alcohol.

Contrary to popular belief, the Word of Wisdom does not prohibit the use of caffeine. However, many Mormons regard this as the intent of the prohibition of coffee and tea so they also avoid caffeinated sodas.

End of Life Care
There is no ritual but spiritual contact is important. Church members will be able to contact their own bishop. Members of the Melchizedek priesthood give blessings to the sick at home or hospital

Death Rites
Routine last offices are appropriate. The sacred garment if worn must be replaced on the body after washing etc. is completed. Some may request to be buried in special burial robes, the local bishop should be contact to organise this. Burial is preferred but cremation is not forbidden.

Useful Contacts

England London Mission Office
64/68 Exhibition Road
South Kensington
London
SW7 2PA
Tel. 020 7584 7553
Fax. 020 7581 5199
Hours 10.30 / 4.30

Church of Jesus Christ of Latter-day Saints
64 Butts Green Road
Hornchurch
Tel. 01708 458412

Reference: BBC web site
NIGERIAN COMMUNITY

Background

West Africa may seem a long way off for Nigerians but many people came to this country as part of a general African migration due to a need for better education.

Once independence was achieved in 1960, the need for more skills and higher levels of education was great. But from the late 1960s a mix of civil and political unrest in the country lead to more refugees arriving in the capital as well as skilled migrants.

There are over 250 ethnic groups and 3 major tribes in Nigeria, of which the largest are the Hausa and Fulani in the north, the Yoruba in the southwest and the Igbo in the southeast.

Nigerians in London primarily come from the Igbo or Yoruba community with each having their respective languages.

Religion

Islam and various denominations of Christianity (please see sections for Islam and Christianity)

Languages

Yoruba, Ibo and Hausa are all spoken. Yoruba and English widely understood

Diet

Meat, fish, eggs, whole milk, and palm oil. The traditional Nigerian diet is rich in both vitamin A (yams, palm oil, spinach, tomatoes) and vitamin C (tomatoes, oranges, tangerines, mangos
Additional information

Common diseases include sickle cell anaemia. Female circumcision is widely practised.

Useful contacts

Sickle Cell Society
54 Station Road
Harlesden
London
NW10 4UA
Tel. 020 8961 7795

Sickle Cell/Thalassaemia Society
Mrs C Shoetan
Community House
19/21 Easter Road
Romford
RM1 3NH
01708 769864

Reference: BBC web site
PAKISTANI COMMUNITY

Background

Britain's Pakistani community is one of the oldest and largest Pakistani communities outside of Pakistan, with over 100,000 people in London.

Evidence of people from the four main provinces in Pakistan: Punjabis, Pathans, Sindhis and Baluchis can be seen mainly in east London, with a concentration around Waltham Forest, Newham and Southall.

Pakistani people first arrived in the late 1950s or early 60s and the men came to work so they could support their families in Pakistan. Entrepreneurial Pakistanis opened grocery stores, sold spices, chappatti flour and Halal meat to cater for their community.

Religion

London’s Pakistani community is mainly Muslim; with some Christians (see section on Islam and Christianity). The community is now well established in British culture and is undergoing a period of change as the generation who are born in the UK establish their own unique identity

Languages

Although the national language is Urdu, the main language is Punjabi with English now spoken as a first language by young Pakistanis.

Naming systems

It is usual to have 2 or 3 different names which include pet names but these are used by family members and close friends only.
Additional information

Illiteracy may be found among some first generation women.

Significant risk of heart disease, diabetes and thalassaemia.

Useful contacts

Pakistan Community Centre
Marley Walk
Off Station Parade
Willesden Green
London
NW2 4PU
020 8452 4104

Sickle Cell and Thalassaemia Society
Mrs C Shoetan
Community House
19-21 Easter Road
Romford
RM1 3NH
Tel. 01708 769864

Reference: BBC web site; Hubb
Background

The Brethren movement began in Dublin in the late 1820s with a group of men (John Nelson Darby, Anthony Norris Groves, John Bellet, Edward Cronin and Francis Hutchinson) who felt that the established Church had become too involved with the secular state and abandoned many of the basic truths of Christianity.

The first Brethren assembly in England was established at Plymouth in 1831 which is why Brethren are often called Plymouth Brethren.

J.N. Darby
In the late 1840s the Brethren split into the Open Brethren and the Exclusive Brethren. The split was the result of what Darby and his followers saw as the growth of 'clericalism' and "grave error as to Christ's persona and sufferings".

John Nelson Darby
The leader of the Exclusive group was John Nelson Darby (1800-1881), an aristocratic Church of Ireland clergyman who left that Church when his bishop insisted that converts Darby had made from Roman Catholicism should swear allegiance to the British Crown. Darby rejected this as unscriptural.

Darby became disillusioned with the mainstream churches and wrote:

...the entire nature and purpose of the church has become so perverted that it is diametrically opposed to the fundamental reason for which it is instituted. J.N. Darby

Christian worship involves praising God in music and speech, reading scripture, prayer and several special ceremonies called sacraments.
Eucharist
The Eucharist is a re-enactment of the Last Supper, the final meal that Jesus Christ shared with his disciples before his death. To Christians, it symbolises freedom from the slavery of sin and the promise of eternal life.

Confirmation
Confirmation is a popular practice in those churches that perform infant baptism. It enables a baptised person to confirm the promises made on their behalf at baptism.

Christian marriage and weddings
Christians believe that marriage is a gift from God. The Church of England and Catholic Church have slightly different wedding ceremonies and teachings about marriage.

Divorce in Christianity
Different churches have a variety of teachings about divorce. Often the difficulties do not arise when a couple splits, but later when one of them wants to remarry.

Christian funerals
When a Christian dies, a funeral is held to grieve for the person and give thanks for their life.

Tridentine Mass
The Tridentine Mass is the old form of Mass, in Latin, that was replaced following the second Vatican Council in the 1960s. Pope Benedict XVI may soon relax those restrictions so that it can be used again

Reference: BBC web site
SIKHISM

Background

Sikhism was founded in the Punjab by Guru Nanak and is a monotheistic religion. Sikhs believe religion should be practiced by living in the world and coping with life's everyday problems. Sikhism preaches the equality of all people irrespective of caste, colour or creed. Punjabi is their spoken and written language.

Rites and Rituals

Amrit ceremony: Sikhs who have been through the Amrit Ceremony of initiation become baptised Sikhs, take new names and wear the 5Ks (see below).

The Gurdwara: A Sikh temple is called a Gurdwara, but more than just prayer goes on there.

Sikh Worship

Sikhs pray to one God either publicly or privately. Unlike members of many other religions they worship do not use images or statues.

Holy Days

- **Diwali** - Diwali is particularly important to Sikhs as it celebrates the release from prison of the sixth guru, Hargobind Singh in 1619
- **Gurpurbs** - Gurpurbs are festivals that are associated with the lives of the Gurus.
- **Hola Mahalla** - On Hola Mohalla, Sikhs practice military exercises and hold mock battles
- **Vaisakhi** - Vaisakhi, also spelled Baisakhi, is one of the most important dates in the Sikh calendar. It is the Sikh New Year festival and is celebrated on April 13 or 14.
Religious Customs

Devout Sikhs must wear the “5 Ks”: Kesh (uncut hair), Kangha (wooden comb), Kara (steel abngle), Kirpan (symbolic dagger) and Kaccha (under shorts). All men must wear a turban but a few choose not to, Devout Sikh women also cover their hair with a scarf (dupatta)

Social Customs

Sikhs are very modest, a man will not want to remove his turban or his Kaccha (under shorts), he may be reluctant to undress completely for a medical examination, and most women will prefer to be treated or examined by female staff. Cleanliness is very important to all Sikhs, they will be accustomed to having washing facility in the same room as the toilet, it’s essential that some provision is made when using a bedpan. A shower of a wash in running water is preferable to a bath.

Important aspects in care for Sikh patients include:
- Respect modesty and privacy (knock on the door; announce your arrival, etc.).
- Do not interrupt a praying patient for routine care.
- Respect the patient's personal space by limiting unnecessary touching.
- Be sensitive to the significance of the Sikh’s five K's, (religious symbols or articles of faith) which they may choose to wear on their person at all times. Again, they are uncut hair (Kesh), a wooden comb (Kangha), a steel bracelet (Kara), underwear (Kachhehra), and a ceremonial sword (Kirpaan).
- After removing their headdress, Sikh patients may want to keep their head covered with an alternative covering such as a small turban or a scarf. (A surgical bouffant cap is acceptable.) The headdress should be respected, and if removed, it should be given to the family or placed with the patient's personal belongings. Do not place the headdress with the shoes.
- Consult patient, family (or the parents in case of a child) prior to shaving or removing hair from any part of the patient's body. This applies to both male and female patients.
- Sikh women may insist on covering their bodies with more than a hospital gown. They may request that, when possible, examinations be done while a female patient wears a gown.
• Although Sikhism does not ban treatment from being provided by a practitioner of the opposite sex, providing the patient with the same sex practitioner when possible is preferable, especially if the patient requests it.
• Many Sikhs are new immigrants from Punjab, or other countries and may have language comprehension problems. Therefore, take time to explain tests, procedures, side effects and treatments to the patient and appropriate family members. It may be necessary to arrange for a Punjabi language interpreter.
• Cleanliness is part of the Sikh way of life. Daily bathing and personal hygiene care should be provided unless advised otherwise by the attending physician due to a medical reason. Washing and conditioning of hair, including male facial hair, with shampoo or soap should be done as frequently as needed. Hair can be dried naturally or with an electric hair dryer. Hair should be combed daily at a minimum.
• It is a Sikh cultural and religious practice to visit the sick. Be open and understanding of visits by family members, children and well wishers, when practical.

Diet/Food Preferences and Practices

Sikhs do not eat any ritual meat prepared by either sacrificing the animal to please God, or by killing the animal slowly to drain out the blood. Zabiha/Halal meat, (meat prepared the Islamic way), is forbidden for Sikhs to partake. Vegetarian or non-vegetarian meals are individual preferences. If there are no dietary restrictions, the patient may be asked his/her food preferences, and/or allow patients to bring food from home. Sikhs do not observe fasting for any religious reasons.

End of Life Care

In matters of terminal care, the attending physician should consult the patient, the family, the ethicist, and preferably, a Sikh scholar before making a final decision.

Health care providers, including nurses, physicians and chaplains should comfort the terminally ill patient, making sure he/she is pain-free, have his/her relatives and friends nearby, and have access to a Sikh Granthi (a Sikh), who can recite Gurbani (writings of the Gurus) and perform Sikh prayers. At the departure of their
loved ones, Sikhs console themselves with the recitation of their sacred hymns.

It is important that funeral and cremation arrangements be made in advance in consultation with the family and according to the wishes of the dying or deceased patient, if possible.

With minimum delay, the body must be removed to the funeral home for expeditious cremation, unless the family is waiting for a close relative to arrive. Provide routine post-mortem care. The body should be covered with clean linens and shrouded. If the person is wearing any of the 5K’s, they should remain with the body.

Allow the family and Sikh Granthi, to follow Sikh traditions for preparing the dead body for funeral. The dead body should be given the same respect as during life.

For hospice care, the family may wash and clothe the body immediately after death, prior to removal.

**Useful Contacts**

The Gurdwara-Singh Sabha  
100 North Street  
Barking  
IG11 8JD  
020 8594 3940  

Background

The Somali community is thought to be the oldest African culture in London. Find out more about it here. Today, it is estimated, there are around 70,000 Somalis living in the capital, with the largest group of some 10,000 & 15,000 people, in Tower Hamlets.

Somalis in London have managed to retain much of their cultural heritage and traditions, and their communities here are very much based on the family with pastoral care being a key issue. The Somali are an ageing population.

Language

Somalia is the official language; some may also speak Arabic, English or Italian although different dialect they have no problem understanding each other.

Social Customs

Somali men may chew QAT (pronounced CHAT), a leaf which is a mild stimulant and is used socially

Religion

Islam (please see section on Islam)

Diet

Mediterranean, Indian and Pakistani dishes. Only Halal meat is eaten.

Naming system

Members of the same family may not share the same surname
Additional information

Female circumcision has been outlawed in Somalia but is still widely practised. This can lead to chronic suffering both physical and mental and reluctance to report this due to severe embarrassment and shame.

Useful Contact

Somali Interpreting Project
Oxford House
Derbyshire Street
London
W2 6HG
Tel. 020 7739 9001
Fax. 020 7729 0435

Tower Hamlets Health Strategy Group
Address as above
Tel. 020 7729 9858

Reference: BBC web site; Hubb
Background

The main community in Sri Lanka is Sinhalese (Buddhists) with the Tamils (mainly Hindu) being in the minority. Many Sri Lankans found in this country are Tamils who have arrived here as refugees.

Religion

Of the Tamil community the main religion is Hindu but others may be Christian or Muslim.

Languages

Sinhalese, Tamil and English

Additional information

Lactose intolerance (difficulty digesting dairy products) is common in the Sri Lankan population.

Useful contacts

Tamil Refugee Action Group
335 Grays Inn Road
London
WC1X 8PX
Tel. 020 7833 2020

Medical Institute of Tamils
C/o Dr.Poo1o
Drop No.159

Reference: Hubb
UNITARIANISM

Background

Unitarianism is the belief in the single personality of God, in contrast to the doctrine of the Trinity (three persons in one God). It is the philosophy upon which the modern Unitarian movement was based, and, according to its proponents, is the original form of Christianity. Unitarian Christians believe in the teachings of Jesus of Nazareth, as found in the New Testament and other early Christian writings, and hold him up as an exemplar. Adhering to strict monotheism, they maintain that Jesus was a great man and a prophet of God, perhaps even a supernatural creature, but not God himself. Unitarians believe in the moral authority, but not necessarily the divinity, of Jesus. They do not "pray to Jesus", but to God directly. Their theology is thus distinguishable from the theology of Catholic, mainline Protestant, Orthodox and other Christian denominations, who generally hold the Trinity doctrine as a core belief.

While there are both religiously liberal and religiously conservative unitarians, the name "Unitarian" is most commonly associated with the liberal branch of this theology.

Liberal Unitarians sum up their faith as "the religion of Jesus, not a religion about Jesus." Historically, they have encouraged non-dogmatic views of God, Jesus, the world and purpose of life as revealed through reason, scholarship, science, philosophy, scripture and other prophets and religions. They believe that reason and belief are complementary and that religion and science can co-exist and guide them in their understanding of nature and God. They also do not enforce belief in creeds or dogmatic formulas. Although there is flexibility in the nuances of belief or basic truths for the individual Unitarian Christian, general principles of faith have been recognised as a way to bind the group in some
commonality. Adherents generally accept religious pluralism and find value in all teachings, but remain committed to their core belief in Christ's teachings. Liberal Unitarians value a secular society in which government stays out of religious affairs.

Conservative (Biblical or Evangelical) unitarians strictly adhere to the principle of sola scriptura and their belief that the Bible is both inspired and inerrant and uphold "fundamentals" of belief.

Some Evangelicals hold a "unitarian" theology in that they see God as a single person, and are thus antitrinitarian, but because they perceive Jesus to be God himself do not fall into the general theology discussed here, which sees Jesus as subordinate to God and a finite being. Instead see: Sabellianism, Oneness theology and Oneness Pentecostalism.

Unitarians are not to be confused with members of the Unity Church.

Today's conservative (Biblical or evangelical) unitarian Christians generally hold similar beliefs to most other evangelical Christians, apart from their rejection of the Trinity doctrine.

Ref:-

Background

Many of the Vietnamese came to this country for political and economic reasons

Religion

Majority are Buddhists (please see Buddhist section)

Languages

Most speak both Vietnamese and Cantonese

Social customs

Vietnamese people hold their elders in high regard and great significance is placed on family obligations. When speaking to a more senior person it is recognised as a sign of respect to lower the eyes. Worship of ancestors is of extreme importance

Festivals and special days

- Chinese New Year
- Family Festival which falls on the 5th day of the 5th month of the lunar calendar
Useful contacts

Vietnamese Refugee National Council
25 Station Road
London
SE25 5AH
Tel. 020 8771 8960

Vietnamese Refugee Project
115 Powis Street
London
SE18
Tel 020 8854 9907

The An Viet Foundation
12 Englefield Road
London
N1 4LN
Tel 020 7275 7521

Reference: Hubb
NINE MOST SPOKEN LANGUAGES IN HAVERING

(at time of printing)
ARABIC COMMUNITY

Background

Based on the Torah, Bible, and Qur'an, the Arabs of the Arabian Peninsula are the descendants of Ismail son of Abraham. Keeping the surname is an important part of Arabic culture as some lineages can be traced far back to ancient times. Some Arabs claim they can trace their lineage directly back to Noah and Adam. In addition to Adam, Noah, and Shem, some of the first known Arabs are those who came from Petra, the Nabataean capital (today, Petra is an archaeological site in Jordan, lying in a basin among the mountains which form the eastern flank of Wadi Araba).

Other Arabs are known as Arabized-Arabs, including those who came from some parts of Mesopotamia, the Levant, lands of the Berbers and the Moors, Egypt, the Sudan, and other African Arabs.

Languages
Arabic
other languages (Arab minorities)

Religions
Predominantly Islam
Some adherents of Druze, Judaism, Samaritan, Christianity

Related ethnic groups
Jews, Canaanites, other Semitic-speaking groups

FILIPINO COMMUNITY

Background

Filipinos are the inhabitants of the Philippines, located in Southeast Asia. The term (feminine: Filipina) may also refer to people of Philippine descent, regardless of citizenship (i.e. Filipino Americans).

Throughout the colonial era, the term "Filipino" originally referred to Spaniards born in the Philippines, also known as insulares, criollos or español filipino. This distinguished them from Spaniards born in Europe who were known as peninsulares. By the mid to late nineteenth century, however, the term "Filipino" had begun to refer to the indigenous population of the Philippines. According to historian Ambeth Ocampo, José Rizal was the first to call the native inhabitants "Filipinos".

Today, Filipino is also used to signify the nationality and citizenship of one who is from the Philippines. This means that not only native Austronesian Filipinos are included but also other ethnic groups such as the Chinese.

Culture and Religion

Filipino culture is primarily based on the cultures of the various native groups, and has influence from Spanish and Mexican, as well Chinese and Indian cultures. The customs and traditions of the Roman Catholic faith are Spain's lasting legacy.

Unlike its Muslim majority neighbors, Malaysia and Indonesia, the Philippines is an overwhelmingly Christian country. As a result of Spanish colonization and evangelization spanning just over three centuries, most contemporary Filipinos, regardless of native ethnic group, are Christians; over 83% are Roman Catholic with various smaller Christian denominations. However, a significant minority of Filipinos (the majority in Mindanao and most of the Sulu
Archipelago) are to this day still adherents of Islam. Filipino Muslims constitute 5% of the population.

Languages

According to Ethnologue, there are more than 170 languages spoken in the country. Tagalog is taught in schools throughout the country under the name Filipino. Although Filipino and English are used as the national lingua franca, many of the other major regional languages also serve as working languages where English or Filipino is not as entrenched. Ilokano, for example, is widely spoken as a second language in Northern Luzon and Cebuano is considered the lingua franca of Visayas and Mindanao.

Diet

The Philippine Islands are divided into three geographic regions; Luzon, Viyasas, and Mindanao. Each region has their own traditional foods. The traditional foods for all the Islands are rice, pork, chicken adobo, pancit (rice noodles), panakbet (mixed vegetables), fish, and lumpia (similar to Chinese egg roll)

Adobo is a method of preparing certain meats such as pork or chicken that has been marinated in vinegar, garlic, soy sauce, bay leaf and ground pepper. Pancit is pasta made of rice or wheat noodles and is cooked with chicken, shrimp or pork in soy sauce and garlic. Pancit resembles a Chinese chow-mein dish.

Rice is eaten everyday by Filipinos because it is believed to give a person energy. Bagoong (fermented fish) and patis (fish extract) are used as spices daily in food.

Garlic and onions are also used daily because it is believed they thin the blood and lower blood pressure. To treat diarrhea, chewing on guava shoots is recommended.

The Filipino diet is traditionally healthy because their basic staples are vegetables, fruits, and fish.

FRENCH COMMUNITY

Background

The culture of France is diverse, reflecting regional differences as well as the influence of immigration. France has played an important worldwide role for centuries as a cultural center, with Paris as a world center of high culture.

Religion

- Roman Catholic 83%-88%
- Protestant 2%
- Jewish 1%
- Muslim 5%-10%
- Unaffiliated 4%
  - overseas departments: Roman Catholic,
- Protestant,
- Hindu
- Muslim
- Buddhist
- Pagan

Languages

- French 100%, rapidly declining regional dialects and languages (Provençal, Breton, Alsatian, Corsican, Catalan, Basque, Flemish)
  - overseas departments:
- French
- Creole patois
Diet

French cuisine is considered to be one of the world's most refined and elegant styles of cooking, and is renowned for both its classical ("haute cuisine") or grande cuisine and provincial styles. Many of the world's greatest chefs, such as Taillevent, La Varenne, Marie-Antoine Carême, Georges Auguste Escoffier, Fernand Point, and Paul Bocuse, are or were masters of French cuisine. Additionally, French cooking techniques have been a major influence on virtually all Western cuisines, and almost all culinary schools use French cuisine as the basis for all other forms of Western cooking.

KURDISH COMMUNITY

Background

Kurdistan extends across North Western Iran, North Eastern Iraq, Eastern Turkey, parts of Syria and the Caucasus. Their homeland is not politically recognisable which has led to many of them fleeing their homeland to avoid persecution.

Religion

Islam (please see section on Islam religion)

Languages

Kurdish language is spoken by all Kurds regardless of homeland. Turkish Kurds are also able to speak Turkish but because the Kurdish language is outlawed there, they may be reluctant to converse in Turkish.

Useful Contact

Kurdish Cultural Centre
14 Stannary Street
London
SE11 4AA
Tel 020 7735 0918
Email. admin@kcclondon.org
LITHUANIAN COMMUNITY

Background

Lithuania (Lithuanian: Lietuva), officially the Republic of Lithuania (Lithuanian: Lietuvos Respublika), is a country in northern Europe. Situated along the south-eastern shore of the Baltic Sea, it shares borders with Latvia to the north, Belarus to the southeast, Poland, and the Russian exclave of the Kaliningrad Oblast to the southwest. Lithuania has been a member state of the European Union since 1 May 2004.

Religion

The historically predominant religion is Roman Catholicism.

The diverse Protestant community (1.9% of the total population) is much smaller than the Roman Catholic Church.

The country also has minority communities of Eastern Orthodoxy (mainly among the Russian minority), to which about 4.9% of the total population belongs, as well as of Judaism, Islam, and Karaism (an ancient offshoot of Judaism represented by a long-standing community in Trakai), which together make up another 1.6% of the population.

Diet

Lithuanian cuisine features the products suited to its cool and moist northern climate:

- barley
- potatoes
- rye
- beets
- greens
- mushrooms
Bread

- rye bread (*duona*)
- wheat
- sourdough
- Rye bread is often eaten buttered or spread with cheese. It is sometimes flavoured with caraway, or with hints of onion. The most popular brand of light bread is *Palangos duona* ("Palanga Bread"), a mixed rye-wheat bread of greyish colour. Some sorts of rye and wheat bread contain whole seeds of rye and wheat (the type of bread is referred to as *grūdėtoji*, i.e. "seeded" bread).

Vegetables and spices

The most commonly used vegetable in Lithuanian recipes is the potato; in its simplest forms, it is boiled, baked, or sautéed, often garnished with dill, but a tremendous variety of potato recipes exists. Potatoes were introduced into Lithuania in the late 18th century, were found to prosper in its climate, and soon became indispensable.

Cucumbers, dill pickles, radishes and greens are quite popular. Beets (*burokai*) are grown more widely than in other areas of the world, and are often used for making borscht. Cabbage is another popular vegetable, used as a basis for soups, or wrapped around fillings (*balandėliai*). Tomatoes are now available year-round in stores, but those home-grown in family greenhouses are still considered the best.

Lithuanian herbs and seasonings include dill (*krapai*), caraway seed (*kmynai*), garlic, bay, juniper berries, and fruit essences. Vanilla and pepper were scarce during the Soviet era, but were welcomed back after independence. The cuisine is relatively mild...

Bilberries (*mėlynės*) and red bilberries (*bruknės*) are the two most abundant species of wild berries. Cranberries (*spanguolės*) are valued, but limited to certain boggy areas, for instance, adjacent to Čepkeliai Marsh. Sour cranberry or red bilberry jam, sweet bilberry jam are all excellent sauces for pancakes (*blynai*). Red bilberry jam is occasionally used as dressing for fried chicken or turkey. Fresh bilberries may be put into a cold milk soup. Wild strawberries (*žemuogės*) are relatively scarce and gathered for immediate consuming.
Fruits

- Apples,
- plums,
- pears,
- Gooseberries (*agrastai*)
- Currants (*serbentai*) are widely cultivated; they are sweetened, made into jams and baked goods, and provide a piquant touch to desserts.

Meat

- pork
- beef
- Schnitzel.
- sausage

A small slab of *lašiniai* with an onion

Fish

Fish caught in the area, such as

- pike
- perch
- Herring is marinated, baked, fried, or served in aspic.

Smoked fish (eel, bream) is a popular staple in seashore towns, especially in Neringa municipality.

Dairy products

Dairy products play an important role in Lithuanian cuisine; cottage cheese may be sweet, sour, seasoned with caraway, fresh or cured until semi-soft. Lithuanian butters and cream are unusually rich.

Soups

Ref:-
http://en.wikipedia.org./lithuania
Background

Poland (Polish: *Rzeczpospolita Polska*), is a country in Central Europe bordered by Germany to the west; the Czech Republic and Slovakia to the south; Ukraine and Belarus to the east; and the Baltic Sea, Lithuania and Kaliningrad Oblast, a Russian exclave, to the north. It also shares a maritime border with Denmark and Sweden. The total area of Poland is 312,683 sq km (120,728 sq mi), making it the 69th largest country in the world. Poland's population is over 38.5 million people, concentrated mainly in large cities such as the historical capital Kraków and the present capital Warsaw.

Religions:

Roman Catholic 89.8% (about 75% practicing), Eastern Orthodox 1.3%, Protestant 0.3%, other 0.3%, ...

Diet

The Polish people follow a simple diet. Popular meats: sausages including the famous kielbasa. Bread is more a part of the Polish diet than desserts. Hearty rye and wheat make the meal.

Due to the cold climate, foods are often put through a pickling process to preserve them for future use. Pickled foods include: herring, sauerkraut, cucumbers, beetroot, and kohlrabi.

Fermented milks and cream is the official stamp of the Polish diet and create the original tastes that brand the flavours of Polish cuisine.
The Polish diet touts a very large breakfast, a light brunch, a late large lunch, and a small dinner before turning in for the night.

Pickling produces foods rich in sodium which can lead to health issues involving the heart, kidneys and blood pressure. Diets high in sodium also promote water retention.

Reference: http://wikipedia.org/wiki/poland
PORTUGUESE COMMUNITY

Background

Portugal, a country with a rich history of seafaring and discovery, looks out from the Iberian peninsula into the Atlantic Ocean.

When it handed over its last overseas territory, Macau, to Chinese administration in 1999, it brought to an end a long and sometimes turbulent era as a colonial power.

The roots of that era stretch back to the 15th century when Portuguese explorers such as Vasco da Gama put to sea in search of a passage to India. By the 16th century these sailors had helped build a huge empire embracing Brazil as well as swathes of Africa and Asia. There are still some 200 million Portuguese speakers around the world today.

Portugal's history has had a lasting impact on the culture of the country with Moorish and Oriental influences in architecture and the arts. Traditional folk dance and music, particularly the melancholy fado, remain vibrant.

For almost half of the 20th century Portugal was a dictatorship in which for decades Antonio de Oliveira Salazar was the key figure. The dictatorship's stubborn refusal to relinquish its grip on the former colonies as demands for independence gained momentum there resulted in expensive wars in Africa.

This period was brought to an end in 1974 in a bloodless coup, picturesquely known as the Revolution of the Carnations, which ushered in a new democracy.

By the end of 1975 all of Portugal's former colonies in Africa were independent of Lisbon.
Religion

Portuguese society is overwhelmingly Roman Catholic. Approximately 90% of the population consider themselves Roman Catholic [2], but only about one-third attend mass and take the sacraments regularly. Yet a larger number wish to be baptized, married in the church, and receive last rites.

The practice of religion shows striking regional differences. Even in the 1990s, 60% to 70% of the population in the north regularly attended religious services, compared with 10% to 15% in the historically anti-clerical south. In the greater Lisbon area, about 30% were regular churchgoers.

The sanctuary of Our Lady of Fatima, in Fátima, Portugal, has great religious significance for many Catholics around the world.

Diet

Portuguese cuisine is diverse. The Portuguese love dry cod (bacalhau in Portuguese), for which there are hundreds of recipes. Two other popular fish recipes are grilled sardines and caldeirada. Typical Portuguese meat recipes, that may take beef, pork, lamb, or chicken, include feijoada, cozido à portuguesa, frango de churrasco, and carne de porco à alentejana. Typical fast food dishes include the francesinha from Porto, and bifanas (grilled pork), prego (grilled beef) or leitão (piglet) sandwiches which are well known around the country. The Portuguese art of pastry has its origins in ancient recipes of which pastéis de Belém from Lisbon (also known as pastéis de nata) and ovos-moles from Aveiro are good examples.

Portuguese wines have deserved international recognition since the times of the Roman Empire, which associated Portugal with their God Bacchus. Today the country is known by wine lovers and its wines have won several international prizes. Some of the best Portuguese wines are: Vinho Verde, Vinho Alvarinho, Vinho do Douro, Vinho do Alentejo, Vinho do Dão, Vinho da Bairrada and the sweet: Port Wine, Madeira Wine and the Moscatel from Setúbal and Favaios. Port Wine is well known around the world and the most widely exported Portuguese wine.

RUSSIAN COMMUNITY

Background
OFFICIAL NAME: Russian Federation
Geography
Area: 17 million sq. km. (6.5 million sq. mi.); about 1.8 times the size of the United States.
Cities: Capital--Moscow (pop. 8.3 million). Other cities--St. Petersburg (4.6 million), Novosibirsk (1.4 million), Nizhniy Novgorod (1.3 million).
Terrain: Broad plain with low hills west of Urals; vast coniferous forest and tundra in Siberia; uplands and mountains (Caucasus range) along southern borders.
Climate: Northern continental.

Language:
Russian (official); more than 140 other languages and dialects.

PEOPLE
Most of the roughly 141 million Russians derive from the Eastern Slavic family of peoples, whose original homeland was probably present-day Poland. Russian is the official language of Russia and is one of the six official languages of the United Nations. Russian is also the language of such giants of world literature as Pushkin, Tolstoy, Dostoevsky, Chekhov, Pasternak and Solzhenitsyn. Russia's educational system has produced nearly 100% literacy. About 3 million students attend Russia's 519 institutions of higher education and 48 universities, but continued reform is critical to producing students with skills to adapt to a market economy. Because great emphasis is placed on science and technology in education, Russian medical, mathematical, scientific, and space and aviation research is still generally of a high order. The number of doctors in relation to the population is high by American standards, although medical care in Russia, even in major cities, is generally far below Western standards. The unraveling of the Soviet state in its last decades and the physical and psychological traumas of transition during the 1990s resulted in a steady decline in the health of the Russian people. Currently Russia faces a demographic crisis as births lag far behind deaths. While its
population is aging, skyrocketing deaths of working-age males due to cardiovascular disease is a major cause of Russia's demographic woes. A rapid increase in HIV/AIDS infections and tuberculosis compounds the problem. In 2007, life expectancy at birth was 59 for men and 73 for women. The large annual excess of deaths over births is expected to cut Russia's population by 30% over the next 50 years.

Religion

Religion in Russia Today

With nearly 5,000 religious associations the Russian Orthodox Church accounts for over a half of the total number registered in Russia. Next in numbers come Moslem associations, about 3,000, Baptists, 450, Seventh Day Adventists, 120, Evangelicals, 120, Old Believers, over 200, Roman Catholics, 200, Krishnaites, 68, Buddhists, 80, Judaists, 50, and Unified Evangelical Lutherans, 39.

Many churches and monasteries have been returned to the Church, including the St. Daniel Monastery, the current seat of the Moscow Patriarchate, the spiritual and administrative center of the Russian Orthodox Church.

Some statisticians estimate the percentage of believers at 40 per cent of the entire Russian Federation. Close to 9,000 communities belonging to over forty confessions had been officially registered in the country.

The majority of religious Russians are Christians. The country has over 5,000 Russian Orthodox churches. Many are built anew or under repair on parish and local budgets money.

Among the several more ambitious projects is the Cathedral of Our Lady of Kazan, erected in Red Square to commemorate the liberation of Moscow by Minin and Pozharsky's militia, pulled down in 1936, and recently rebuilt from scratch. The Cathedral of Christ the Saviour, demolished in 1931, is restored. Patriarch Alexi II described its rebirth as "a sublime act of piety and penitence."

Russia had 150 Roman Catholic parishes, two theological seminaries and an academy before the revolution of 1917. All were suppressed in the Soviet years, and the believers -- ethnic Lithuanians, Poles and Gennans -- were banished and scattered about Siberia and Central Asia. 83 communities have reappeared by now, and Apostolic Administrations linked to the Vatican have been established in Moscow for European Russia, and in Novosibirsk for Siberia. There are four bishops and 165 priests
working among the approximately 1,300,000 Catholics in the country. The theological seminary, Mary Queen of the Apostles, opened in Moscow in 1993 and was transferred to St. Petersburg in 1995.

The two million Protestants have 1,150 communities. The nineteen million Muslims, the second largest religious community in Russia, have over 800 parishes and mosques, mostly in Bashkortostan, Daghestan, Kabarda-Balkaria, North Ossetia, Tatarstan, Ingushetia, and Chechnya. The Muslim Board for Central European region has been re-established. The Moscow Muftiyat, an independent ecclesiastical body, is responsible for the Moscow, Vladimir, Ivanovo, Kostroma, Tula, Tver, Nizhny Novgorod, Kaluga, Yaroslavl and Kaliningrad regions, and Sochi, the renowned seaside resort in the Krasnodar Territory. Buddhism is widespread in Buryatia, Kalmykia, Tuva, and the Irkutsk and Chita regions. The Russian Federation currently has ten datsan monasteries, with the total monastic body approaching 200. Another ten monasteries are under construction. The Russian Federation has 42 Jewish communities. Moscow accounts for over 10 per cent of Russian Jews, and has three synagogues, one of which is Hasidic.

Diet

Russian cuisine is famous for exotic soups, cabbage schi and solyanka, which is made of assorted meats. Russians are great lovers of pelmeni, small Siberian meat pies boiled in broth. The recipes with the most choice are that of mushrooms. There are an abundance of these recipes since there is an unlimited amount of woodlands to support the growth of mushrooms. "No dinner without bread," goes the Russian saying. Wheat loves have dozens of varieties. As to rye bread, Russians eat more of it than any nation in the world. As the Belarusian custom has it, a festive table isn’t worth this name without a bottle of vodka. Belarusians are traditionally hearty drinkers: as good whiskey shall come from Scotland, and port from Portugal, so Russian wheat vodka is the world’s best. For soft drinks, kvass is the best known. It is made of brown bread or malted rye flour. If you add it to chopped-up meat and vegetables you get okroshka, an exquisite cold so

Ref
http://www.ianr.unl.edu/kendrick/411/people-S00.html
URDU COMMUNITY

Background

The Urdu speaking community in the UK is very much larger than the Hindi community. Most of those who identify themselves as Urdu speakers use a variety of Punjabi as the language of the home, and speak Urdu as a second language for religious and cultural reasons. The overwhelming majority comes from the west Punjab and the Mirpur district of Azad Kashmir, but smaller groups of Gujarati Muslims from both India and East Africa also use Urdu for religious purposes.

The main areas of settlement for Urdu speakers are the northern textile towns, the West Midlands and London. In a survey of London school children conducted in 2000, Hindi/Urdu formed the fifth largest language community in the capital with the highest density of speakers in Ealing. Although Hindi and Urdu were merged for the purpose of this survey, almost ten times more children reported that they spoke Urdu than Hindi.

Most people in the UK who speak Hindi as a first language are professionals - doctors, teachers, engineers - who have no close networks of relatives and tend to be dispersed all over the country.

Religion

- Hinduism
- Sikhism
- Buddhism
- Christianity  (Please see relevant pages)
Language

Most people in the UK who speak Hindi as a first language

Diet

At its simplest, Pakistani cooking today consists of staple foods which are cheap and abundant. Wheat and other flour products are the mainstay of the diet, one familiar form being CHAPATI, an unleavened bread akin to a Mexican tortilla. This is made with dough prepared from whole wheat flour.

Another basic food is LASSI, milk from which curds and butterfat have been removed. Vegetables, usually seasonal, lentils are commonly used. Families with larger incomes eat more meat eggs, and fruits. And the more affluent cook with GHEE, which is clarified butter, instead of with vegetable oil.

From the earliest times, the imaginative - and sometimes heavy - use of spices, herbs, seeds, and flavourings and seasonings have helped cooks transform rather ordinary staple foods into an exotic cuisine.

Consider some of the most common of these in wide use in Pakistan today: chilli powder, turmeric, garlic, paprika, black pepper, red pepper, cumin seed, bay leaf, coriander, cardamom, cloves, ginger, cinnamon, saffron, mace, nutmeg, poppy seeds, aniseed, almonds, pistachios, and yogurt.

Their use in a wide range of pickles, chutneys, preserves, and sauces, together with curries of all descriptions and special treatment for meats, sea, food, vegetables and lentils, gives Pakistani cooking much of its distinctive character.

Cultural influences, whether religious precepts, practices, and ceremonies or local traditions, or even esthetic preferences, have made their contribution toward the evolution of Pakistani cuisine.

www.msstale.edu/org/psa/frontpage/article/cusine
# RELIGIOUS FESTIVALS

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