Food donations: a cultural health conundrum

Food-donation ceremonies at Gangaramaya temple in Sri Lanka's capital of Colombo adhere to strict, centuries-old principles. As food donors prepare to offer lunch and make merit, tradition dictates they serve the most senior monk first, in this case Kirinde Assaji.

Food is eaten only with the right hand, which a monk can place over his bowl to refuse a dish, according to the tenets of Theravada Buddhism, the majority religion in Sri Lanka as well as Cambodia, Laos, Myanmar and Thailand.

But as noted by Ranika Tunga, a recent food donor at Gangaramaya, the menu is designed to make merit: that is giving food to the monks to earn spiritual benefit. Health and nutrition are secondary considerations.

"It has to be tasty, whatever we feel they would like," he said after serving vegetable curries, rice and sweets, including traditional Sri Lankan curd and caramel dessert.

With recent studies showing diabetes rates as high as 50% in some monasteries in Colombo (the head monk at Gangaramaya has the disease), the Ministry of Health issued food-donation guidelines for the first time late in 2012.

Merit-makers at Buddhist monasteries have been asked to cut down on salt and sugar as well as coconut oil and milk, key ingredients in curries.

"There is often a lot of fat and oil to make the food tasty for the monks. It is necessary to adjust their diet to be healthy," said Dr. Thalatha Liyanage, the health ministry's director of non-communicable diseases, who is leading the new campaign.

In August, the health ministry expanded food-donation and eating guidelines following recent studies, including research published in *Diabetic Medicine* which found that diabetes mellitus affects 20.3% of men and 19.8% of women in Colombo, among the highest rates in East Asia.

Although Buddhist monks are particularly susceptible because food donors are keen to make merit with lavish meals, said Liyanage, "there are now recommendations for all religions and the general public."

Other world religions face different nutritional problems when it comes to donating food, said Michel Desjardins, professor of religion and culture at Wilfrid Laurier University in Waterloo, Ontario, and there remains little research or government advice to address related health concerns.

Steve Finch

At food-donation ceremonies at Gangaramaya temple the offerings have to be tasty; health and nutrition are secondary considerations.

With Jainism, a minority Indian religion, monks also receive food donations, but the diet is stricter. Meat is forbidden, so too fungus, honey and vegetables that grow beneath the ground (onions and garlic are believed to spur sexual appetite).

Dependent on food donations, Jain monks are among the strictest of vegetarians in India, where 80% of the population does not eat animals. Studies have found a lack of meat has led to chronic deficiencies of vitamin B12, which causes an increase in homocysteine levels and hardening and narrowing of arteries.

Studies of religions that practice cycles of fasting and feasting depending upon when food donations are common — particularly Islam — have recorded conflicting health findings. Positives such as lower meat and fat intake are countered with reported lower consumption of riboflavin.

Health considerations are rarely factored into festivities.

"All of this comes out of historical periods in human history when people were more active, and when processed foods were not so universally available. The myths and traditions have not kept up with scientific advances in nutrition, nor with changing lifestyles," said Desjardins.

For the World Food Programme (WFP) — which distributed food to 97.2 million people last year — donation priorities are markedly different, but the health challenges remain varied and complex.

The WFP aims to meet the minimum recommended daily nutritional requirement of 2100 calories while offering food that is "culturally appropriate," said spokesman Greg Barrow.

The logistics are tough. In countries like Syria, Gambia and the Democratic Republic of Congo, where the WFP had substantial operations in 2012, providing fresh produce or food that requires refrigeration is nearly impossible.

The WFP has focused on long-life staples like cereals, dried pulses and canned fish, but is "increasingly supporting food assistance programs based on cash and vouchers that give beneficiaries the opportunity to purchase a range of food stuffs — including fresh produce — from local shops and markets," said Barrow.

Meanwhile, more countries — including Canada — are donating cash to the WFP rather than in-kind food donations, with the result that nutritional responsibility is shifting to the millions of people who receive their food via donation.

In Colombo's Gangaramaya temple, Vice-Head Monk Kirinde Assaji, who has spent most of his life receiving food from others, warned that both the donor and recipient need to take responsibility, get back to nutritional basics and adapt to changing times.

"Now people are busy and are not thinking about their health," he said. "We should not think too much about the flavor of food. We should just think about taking food to maintain life." — Steve Finch, Colombo, Sri Lanka

CMAJ 2013; DOI:10.1503/cmaj.109-4579