A STUDY OF NUTRITION AND ECOLOGICAL CONDITIONS
AMONG Parsis of Iran and India

by

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A) Particulars regarding respondent:

1. Name

2. Address

3. Sex
   (a) Male
   (b) Female

4. Religion
   Past       Present       Remarks
   Muslim     Muslim       
   Christian  Christian    
   Zoroastrian Zoroastrian 
   Hindu      Hindu        

5. Caste

6. Sub.caste

7. Sect followed:
8. Occupation
   (a) Primary
       Business/White color job/Industrialist...
   (b) Secondary :
       Money lender/business ....
   (c) Any others (specify)

9. Annual Income
   Below 3600
   3600 - 10,000
   10,000 - 50,000
   50,000 and above.

10. Age (In Years)
    Less than 20
    21 - 30
    31 - 40
    41 - 50
    51 - 60
    61 and above (specify)

11. Family Background :

12. Nature of family
    (a) Elementary family
    (b) Extended family
    (c) Others (specify)

13. Matrimonial relationships :
    (a) Polygamy
    (b) Polyandry
    (c) Monogamy

14. The Gods and Godesses you worship
    (a) At home
    (b) At community
    (c) Outside the community
15. Piligrimages that are undertaken

16. Rites performed
   (a) Birth rites
   (b) Initiation
   (c) Puberty
   (d) Marriage
   (e) Pregnancy (First pregnancy and space between two pregnancies)
   (f) Death Rites
   (g) After Death
   (h) Others

17. The festivals observed and their description:

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<tr>
<th>Month</th>
<th>Festivals</th>
<th>Description</th>
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18. Describe your personal experience of marked change in religion, marriage and kinship relations.
   (a) Religion
   (b) Marriage (Age at marriage)
   (c) Kinship.

NATIVE/IMMIGRATION
(From the point of view of the head of the family)
1) If immigrant, from where (name of the place and district and distance)
2) Member belonging to the family but migrated elsewhere and why?
3) Traditional occupation of the family

4) Primary source of family income (present):
   (a) Land/Labour/Handicrafts/Public or Private service.

5) If owning land (a) total amount of land or private service.
   (b) wet land   (c) Garden land   (d) Dry land (acres)

6) Secondary source of the family income (specify)
   (a)
   (b)
   (c)
   (d)

7) Estimated annual income of the Family
   (including primary and secondary sources).
1. Check hours of meals for children, adults and others:
   (a) Hours of eating Meals

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<tr>
<th>Persons</th>
<th>Forenoon</th>
<th>Noon</th>
<th>Evening</th>
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<td>Children</td>
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<td>Adults</td>
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<td>Old</td>
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   (b) Check hours of taking snacks or tiffin:
   a) Bed Tea
   b) Morning Tiffin
   c) Afternoon Tea

   (c) How many times you take tea/coffee/beverage/drinks in a day?

   (d) Do you smoke? If yes, how much?
   YES  NO

2. What do you say about women smoking in your Community?

3. What are the hot foods and cold foods according to you. Explain.
   (a) Hot Foods
   i)  
   ii) 
   iii) 
   iv) Any Others
   (b) Cold Foods
   i)  
   ii) 
   iii) 
   iv) Any others

4. What would you like to have your first child to be?
   Male or Female (check)
   (a) Male
   (b) Female
   (c) No preference
5. If you want to have male child what do you eat?
6. If you want to have female child what do you eat?
7. How the food taken be the pregnant women will affect the -
   (a) Colour of the skin
   (b) Colour of the eyes
   (c) Colour of the hair
   (d) Any other specify
8. What is the first nourishment for your child, breast or others and explain the method of winning.
9. What are special diets for the pregnant women in your community?
10. Do women take additional food during her pregnancy?
11. Explain special care after the delivery
12. Explain special diet for the child in pre-natal stage and in post-natal stage:
    (a) Pre-natal stage
    (b) Post-natal stage
13. After delivery is the mother kept on a special diet? For how long?
14. Explain your infant diet
    (a) First year
    (b) Third year
    (c) Fifth year and above.
15. What are special diet for the adult person in your family?
16. Do you believe our health is depend on our food intake?
17. Explain your traditional food taboos
18. What foods are prohibited in your community. Why?
19. Are you vegetarian or non-vegetarian?
20. Explain your daily food intake.

21. Do you eat the vegetables, dry fruits, if yes, please name them.

<table>
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<th>YES</th>
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22. What are your staple foods?

23. What are preparations for your breakfast, lunch and dinner? Explain.

(a) Breakfast
(b) Lunch
(c) Dinner

24. What are preparations on special occasions?

25. Do you have any snacks between your meals? Explain.

26. What birth control methods would you recommend?

(a) Operation
(b) Contraceptive pills
(c) Any other (specify)

27. What food induces abortion according to you?

(a)
(b)
(c)
(d)
(e) Any other
28. What are your methods of food preservation?
   (a) Refrigeration
   (b) Canning
   (c) Bottling
   (d) Chemical processes
   (e) Drying
   (f) Smoking
   (g) Salting
   (h) Any other why.

29. Do you prefer home food? Explain.

30. Do you like to take food in hotels? What is the reason, explain.

31. How do you store the food?

32. Do you keep animals, explain what kind of animals do you have? Is it source of food? Is it a prestige?

33. Do you consult health nurses in health centres and clinics for the demonstrations of the preparation and cooking of food?

34. Do you have any particular disease? Please name them.
   (a)
   (b)
   (c)
   (d)
   (e)
35. Do you notice the pamphlets and posters, featuring materials on nutrition in newspapers, publishing nutrition facts through T.V., radio broadcasts and at agricultural shoes?

36. Explain your seasonal food.
   (a) In Spring season
   (b) In Summer season
   (c) In Autumn season
   (d) In Winter season.