

Islamic Faith Settings Toolkit



ISLAM

PROTOTYPE

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Abbreviations and glossary

Hajj	This is the name given to the pilgrimage to Makkah that adult Muslims are required to perform at least once in their lifetime.
Iman	This translates as 'faith'. In Islam, it refers to the belief that Allah is One and that Prophet Muhammad (peace be upon him) is the Final Messenger of Allah.
Shari'ah	This term refers to the legal rulings laid down for the betterment of society, derived from the Holy Qur'an and teachings of Prophet Muhammad (peace be upon him).
Jumu'a	The Day of Friday. Friday is the most religious day of the week, reflected by the fact that non-travelling, healthy, male adult Muslims are required to attend a congregational prayer in the mosque at noon on this day.
Salah	The ritual prayers that Muslims are required to perform during their adult life. It is one of the five pillars of Islam.
Sunna	This refers to the sayings, actions and silent approvals of Prophet Muhammad (peace be upon him).
Zakah	This word literally means 'purification'. In Islam, it refers to the 2.5% financial donation Muslims give annually, to be spent on good causes.
Ummah	This term refers to the Muslim followers of Prophet Muhammad (peace be upon

Foreword

Too many people in Birmingham experience poor health too early in their lives and there is much to be done to improve the situation for individuals, families and communities.

At the forefront of pastoral care and community development, Faith Leaders are well placed to support improvements in health and wellbeing. To enable Faith Leaders in this endeavour, Birmingham City Council are producing a set of Healthy Faith Communities Toolkits for the six dominant faith communities in Birmingham.

The aim is to help Faith Leaders to build health improvement into their day to day work. The toolkits describe opportunities to improve physical and mental health, alongside information on mainstream services and how to access them.

The toolkit is divided into a set of 'health outcomes' for community wellbeing highlighting any specific challenges for each community. Topics cover the life course and include issues such as healthy eating, preventing infections and health screening. Each section contains a snapshot of local health and wellbeing needs and local service and support information. At the end is a development opportunity checklist for organisations and groups to identify training and development requirements. This is designed for the faith setting to reflect on their current practices in supporting, signposting and offering interventions which look to address the health needs of the Muslim users.

This is an initial version of the toolkit, developed with community partners who have advised on content and religious references. The next phase is for faith leaders and communities to use it as a prototype. We want to see how it goes in practice so it can be refined and modified to better achieve the goal of improving health and wellbeing.

We hope the toolkits prove to be a useful resource and look forward to their continuing evolution and development.

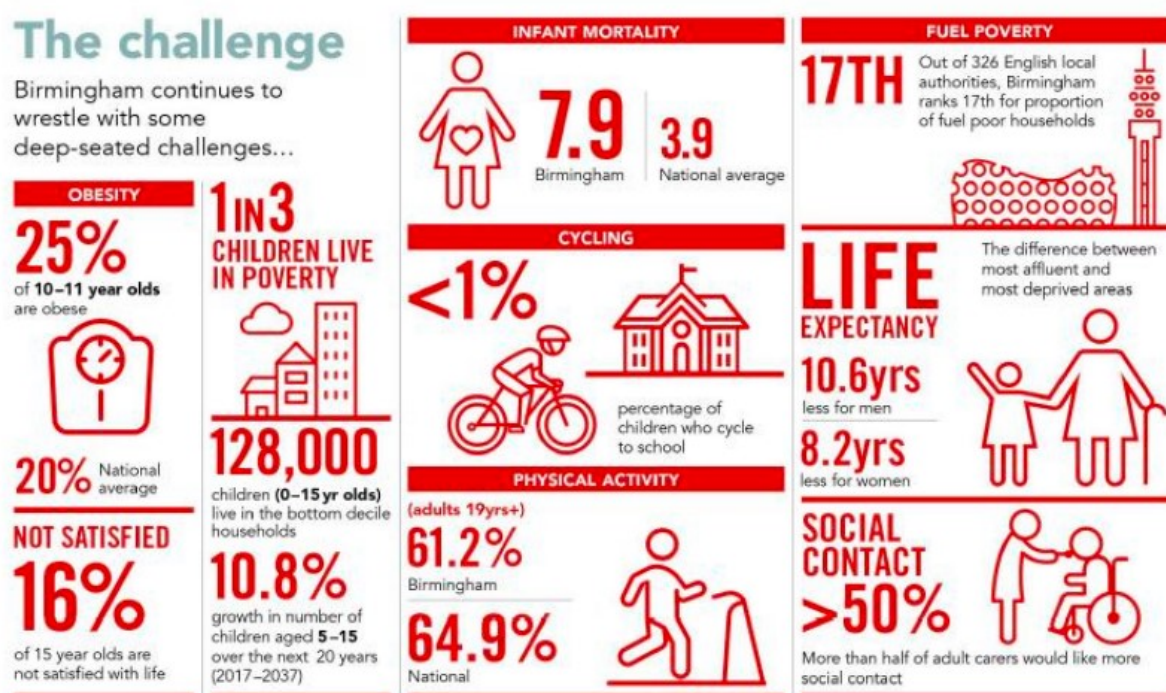
Public Health Team
Birmingham City Council

Background

Good health is not a given in Birmingham. Too many of our citizens become unwell too early and for too many years of their lives. The picture is not uniform across our City and there are stark differences in health status and the opportunities to be healthy between different communities.

Birmingham's Public Health Green Paper highlighted some of the significant issues that affect our individuals, families and communities in Birmingham. Our city has poorer health in many areas than the West Midlands, national and European averages. Some of these are highlighted within the infographic below.

Figure 1: The health inequalities experienced within Birmingham's citizens



Improving our health and wellbeing requires a concerted effort across society and we all have a part to play. Faith leaders and faith settings are in ideal positions to support health improvement and create opportunities to enhance physical and mental wellbeing. Faith leaders were active COVID Champions who played an essential role in the city's response to the pandemic. The Public Health Division recognises the key role that faith leaders play and would like to support and empower faith settings and leaders to improve the health of their communities.

Recognising this opportunity, Birmingham City Council are producing a set of Healthy Faith Communities Toolkits for the six dominant faith communities in Birmingham. The initial version, developed with community partners, will be tested and further developed and improved. Case studies will be collected to highlight faith setting-led activities that address the health needs.

This Muslim toolkit seeks to explore the health inequalities experienced within Birmingham in the context of the Islamic faith. The toolkit will discuss how Muslims relate to the health inequalities experienced by the citizens in Birmingham, as well as highlighting health issues that are experienced within our Islamic communities.

Introduction

The whole purpose behind man's existence is the worship (*ibada*) of his Creator, Allah Almighty (51: 56). When a Muslim praises his Creator and acts upon Islam, then he or she is fulfilling the very objective of his/her existence.

Importantly, worship (*ibada*) in Islam is much more than Salah, Zakah and Hajj. In fact, anything which reminds a person that he is a servant of Allah (an '*abd*', which is where the word *ibada* comes from) is a form of worship and thus rewarded by Allah. Service to humanity is a form of worship. Picking up litter is a form of worship. Smiling is worship, just like reciting the Qur'an is. So, a Muslim can be at home or at work and can still be performing worship.

This is precisely the reason why Islam is described as a *Dīn*, which means 'a way of life'. When Islam is described as a '*Dīn*', this means that the Holy Qur'an and the Sunna caters for the outer and inner, the public and the private, the mosque and the bazaar, for men and women. In short, there is not an area of human life that Islam does not cater for.

Moreover - as the final source of guidance for mankind - the teachings of the Qur'an are timeless. Since the time of Prophet Muhammad (peace be upon him) nearly fifteen centuries ago, the Muslim Ummah has spread to all areas of the globe, to a huge array of different cultures and civilisations. History testifies that the teachings of the Qur'an have been beneficial and inspirational to all Muslims, whenever and wherever they have lived. This is possible because Allah sent Prophet Muhammad (peace be upon him) with the Holy Qur'an, a dynamic role model whose flawless character appealed universally to all people. His teachings transcend time and place.

Certainly, the timeless nature of Islam's teachings is reflected when we ponder on Islam's rich guidance on health and general well-being. Good health is considered one of the greatest gifts of Allah. In the words of Prophet Muhammad (peace be upon him), 'after certainty of faith (*Iman*), nothing better is given to man better than good health¹. He (peace be upon him) asked us to reflect on the gift of good health each and every day when he said: 'Whoever wakes in the morning with a healthy body, and a self that is sound, and whose provision is assured, he is like the one who possesses the whole world.'²

When a Muslim acts upon Islam's rich guidance on health, then firstly he is performing a form of worship (*ibada*). Secondly, he begins to appreciate how Islamic teachings on health are helpful and up-to-date in this day and age. For example, many health specialists today recommend the 'Five-Two Diet' which involves eating normally for five days and fasting for two days a week. Prophet Muhammad (peace be upon him) advised this nearly fifteen centuries ago. Sleep experts advise sleeping on the right side, for it ensures less pressure on the heart. The Sunna identified this centuries ago. Mental illness is a serious issue today. When one studies the beneficial guidance from the Qur'an and Sunna on this topic area, one will certainly appreciate the timeless nature of Islam's teachings.

Health inequalities

Health inequalities are systematic and unfair differences in levels of health between different groups of people. The term ultimately refers to the differences in status of people's health, however it is often associated with the differences in the care people receive and the opportunities they have to lead healthy lives. Throughout this toolkit, a number of references to various health inequalities will be made.

What's the story?

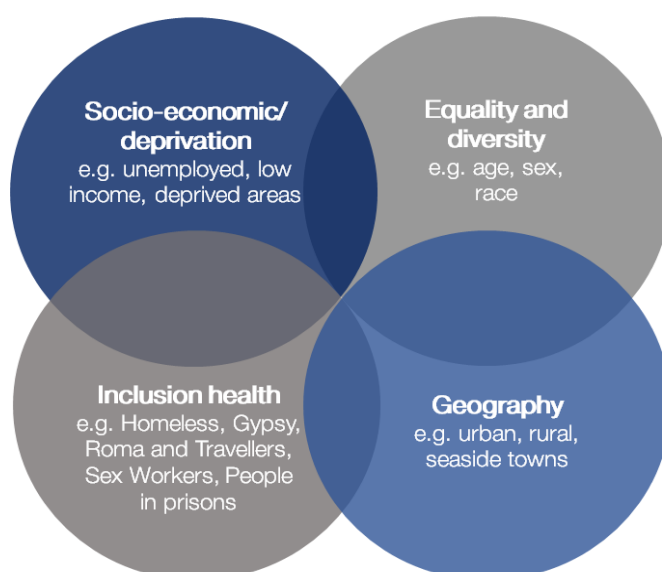
There are significant Health inequalities in the UK which impact people from ethnic minority groups, who are more likely than those from the White British group to report having long-term illnesses and poor health. This is particularly true of those from the White Gypsy and Irish Traveller groups, and Pakistani and Bangladeshi groups.

Explaining the causes of ethnic inequalities in health is not straightforward. Evidence points to a complex interplay of deprivation, environmental and physiological health related behaviours. Ethnic minority groups are disproportionately affected by socio-economic deprivation, a key determinant of health.

Birmingham is home to a young, ethnically diverse population with 40% aged between 0 and 25³ and a Black and Minority Ethnic (population of 42%⁴). The city ranks lower than the UK in many areas of health and wellbeing. For example:

- Birmingham's life expectancy is lower than the national average and there is a large difference between male and female (77.2 vs. 81.9)³.
- Infant mortality in the city is higher than the national average at 7.5 per 1000 live births³.
- Child obesity prevalence is higher than the national average at 25.5% of all 10- to 11-year-olds³.
- Hospital admissions for alcohol related issues are higher than the national average at 800 per 100,000 in 2017/18³.

Birmingham's levels of deprivation are also high with 40% of its population living in the top 10% most deprived areas of England³. One aspect of living in a deprived neighbourhood is an association



with poor air quality. Almost 900 deaths per year are caused by air pollution through heart disease or stroke³. Another aspect of Birmingham's deprivation levels is fast food outlet prevalence which can be linked to high childhood obesity rates³. Lastly, overcrowding in Birmingham households is common at 9.1% of households³.

Figure 2. UK Health Security Agency⁵

Muslim health

The Muslim community represents 6.3% of the UK population⁶ and 27% of Birmingham's population⁷. The Muslim population is incredibly ethnically diverse and whilst there is limited evidence linking health inequalities with faith and religion, ethnicity can be linked to health inequalities as mentioned above. This can also be linked to deprivation levels.

The coronavirus pandemic exacerbated health inequalities among some Muslim populations. Bangladeshi and Pakistani populations had a five times greater risk of death from coronavirus compared with white British people. A number of different factors have been suggested for why some ethnic groups were worse affected than others:

- Being more likely to work in front-line or other high-risk jobs
- Living in overcrowded or multi-generational housing
- Living in more urban or built-up areas
- Deprivation leading to poorer initial health
- Wider discrimination or unequal treatment in healthcare

Muslim Population of Birmingham

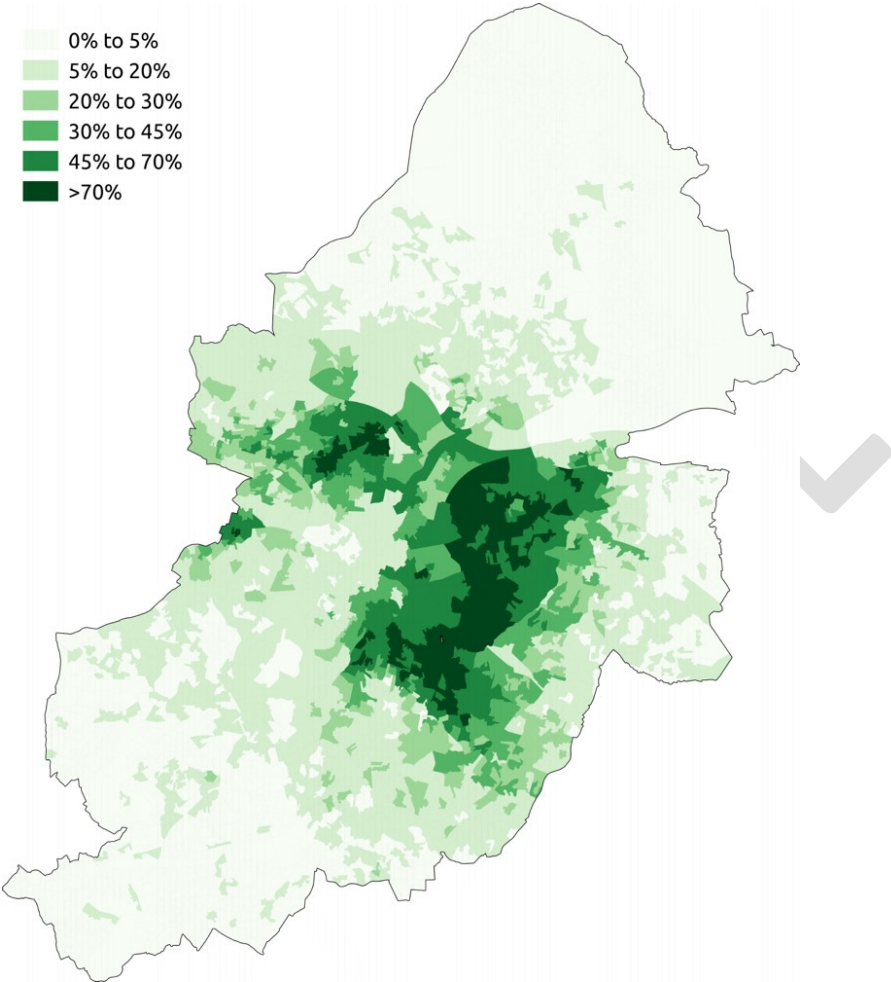


Figure 2. Muslim Population in Birmingham, UK 2011 Census⁸

PRC

Promoting healthy eating and preventing obesity

The term obese describes a person who's very overweight, with a lot of body fat. BMI is a measure of whether you're a healthy weight for your height. You can use the NHS [BMI healthy weight calculator to work out](#) your score.

For most adults, a BMI of:

- 18.5 to 24.9 means you're a healthy weight
- 25 to 29.9 means you're overweight
- 30 to 39.9 means you're obese
- 40 or above means you're severely obese

BMI is not used to diagnose obesity because people who are very muscular can have a high BMI without much fat. But for most people, BMI is a useful indication of whether they're a healthy weight. Generally, men with a waist size of 94cm or more and women with a waist size of 80cm or more are more likely to develop obesity-related health problems.

Being overweight and obese puts you at increased risk of several common diseases including diabetes, cardiovascular disease, and some cancers. The condition is associated with reduced life expectancy and increases the risk of developing mental health conditions.

What's the story?

The latest data suggests that 63% of adults in England are overweight or obese⁹. In the West Midlands, 66.8% of the adult population are considered overweight or obese¹⁰. Birmingham also has a higher prevalence of child obesity. More than one in ten 4–5-year-olds are obese (11.5%) and a quarter of all 10-11 years. (25.5%)¹¹. In Birmingham, obesity prevalence is higher among boys than girls and is highest in Asian and Black groups at both reception and year 6¹².

The prevalence of obesity in children is higher in Birmingham than the national average¹¹. There is evidence to suggest that being from a deprived area increases the chances of being obese¹³. Birmingham has high levels of deprivation, and 40% of the population live in 10% of the most deprived areas in England¹¹. It has been found that childhood obesity is more prevalent in children from poorer neighbourhoods¹³.

Causes of obesity

There are a myriad of socio-economic and environmental factors that drive overweight and obesity in our citizens. The causes of obesity involve the physical environment, individual activity, biology, food production, food consumption, social psychology, and individual psychology¹⁴. Socio-economic factors such as housing, education, and income, also contribute to whether one has the opportunity to be active or eat a healthy balanced diet. For some, eating healthy is viewed as a luxury and comes second to eating at all.

The most effective ways to achieve healthy eating at a population level are to improve action on food. This may arise at policy level, such as the Sugar Tax, or from supporting individual lifestyle choices, such as regulating portion sizes or choosing healthier food alternatives. We aim for a well balanced and varied diet with plenty of fruit and vegetables alongside being active every day - both important in maintaining a healthy weight.

The causes of childhood overweight and obesity are also complex, can be difficult to address and like adult obesity are driven by a variety of factors. Families tend to be overweight rather than just individuals and being obese as a child means that you are more likely to be obese as an adult. The impact is not only on long term physical health, overweight or obese children are more likely to experience bullying, stigmatisation, and low self-esteem than others. Obese children are also prone to suffer from mental health and behavioural problems¹⁵.

Preventing obesity through healthy eating

One way to address the risk of obesity is through promoting healthy eating and enabling access to affordable and healthy food.

The Eatwell Guide shows that a healthy balanced diet should consist of:

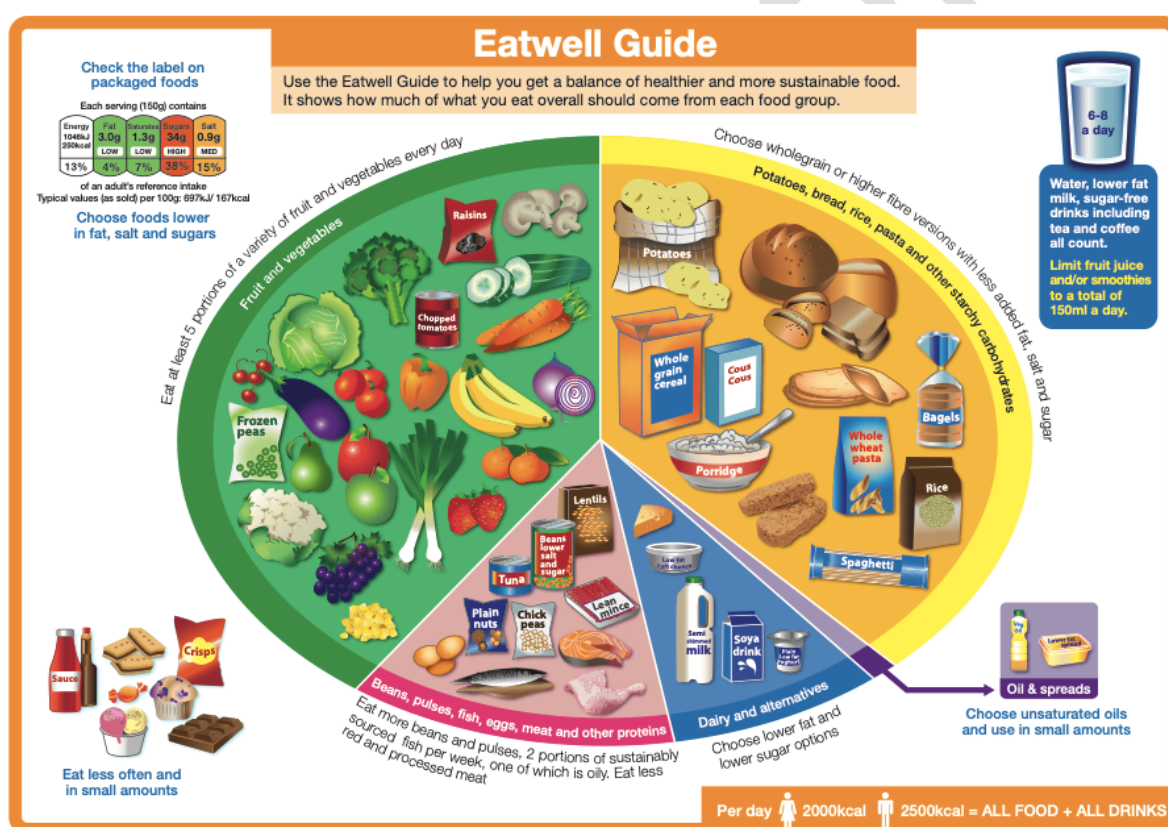


Figure 3. Public Health England ¹⁶

Whilst many components of diets within the Muslim community (particularly in South Asian culture), such as, lentils, vegetables, and oily fish are potentially healthy¹⁷, cooking methods add calories and fats. Ghee is high in saturated fats and traditionally, many foods are fried which increases the calories, which can lead to weight gain. Similarly many components of the African diet are healthy such as yams, fish and beans. However, the cooking methods may increase caloric intake. Consider boiling, baking, grilling vegetables such as yams or remove excess oil when frying ¹⁸.

Islam's approach to healthy eating is based on two simple premises. Firstly, only the pure is allowed in Islam. If a certain food or drink is forbidden in Islam, it is simply because it is not healthy for our body and soul. In the Qur'an, there are countless places where the word Halal (permissible) is coupled with the word 'Tayyib', which means 'pure' (2: 168, 5: 88, 8: 69, 16: 114). In other words, Halal by its very nature is always good and 'pure' for us.

*Secondly, Islam believes in moderation when it comes to food consumption. We are openly encouraged to enjoy the provisions that Allah has provided us with, but we should not overindulge and become extreme. Ali ibn al-Husayn ibn Waqid said; 'Allah put all medicine into half a Quranic verse when he said: 'Eat and drink, but not excessively' (7: 31).'*¹⁹

Spiritually speaking, Muslims are asked to reflect on the real purpose of food and drinks. It is a means, not an end per se. It is a requirement to provide the body with the energy needed to serve Allah and mankind.

Recommendations

1. Consider including healthy eating awareness in mosques alongside the provision of healthy food.
2. Organise a support group for those struggling with eating habits
3. Create a Sunnah inspired food guide with recipes and meal ideas.
4. Promote the Sunnah fasting days: Monday, Thursdays etc.
5. Allow your mosque to be used as a venue for food and nutrition experts to speak to your congregation.

Case Study

At Ghamkol Sharif Masjid, a fortnightly workshop for boys and girls was set up to engage them with the art of cooking, healthy eating and fun team work. Each lesson included a unique dish with organically sourced ingredients to create unforgettable memories, beautiful smells and tasty food.

Students were given tips on healthy eating alongside key Islamic teachings relating to the adab of food and being grateful to Allah for His innumerable blessings.

Promoting physical activity

The level of physical activity in the population is influenced by many factors. Low levels of physical activity are associated with certain occupations and lifestyles. A sedentary lifestyle has an increased risk of heart and circulatory disease²⁰, a lower quality of mental health and overall lower general wellbeing.

What's the story?

Advancements in technology have meant that prolonged sitting is the norm for many working adults. The WHO ranks the health issues associated with sedentary behaviour among the ten leading causes of death worldwide²¹. These are, ischaemic heart disease; stroke; chronic obstructive pulmonary disease; lower respiratory infections; neonatal conditions; trachea, bronchus, lung cancers; Alzheimer's disease and other dementias; diarrhoeal diseases; diabetes mellitus; kidney diseases²¹.

Around one third of adults in England are damaging their health due to a lack of physical activity²². Public Health guidelines for physical activity suggest that:

- Adults (aged 19 and over) should aim to be active daily. Over a week, activity should add up to at least 150 minutes of moderate intensity activity in bouts of 10 minutes or more, or 75 minutes of vigorous intensity activity spread across the week²³.
- Children and young people aged 5 to 18 should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day²³.

However, from 2019 to 2020, just 44.9% of children and young people in England met the guideline to take part in sport and physical activity every day²⁴. Boys (47.1%) continue to be more likely to report achieving recommended physical activity than girls (42.7%)²⁴ and levels of activity decline with age. There are significant differences in activity levels among ethnic groups, while those that identified as white British are still more likely to be physically active than those that identified as Black or other. People from Asian ethnic groups were less likely than average to be physically active²⁴. The percentage of physically active people in Birmingham is lower (58.7%) than the percentage of physically active adults in England. (66.4%)²⁵.

How can we promote physical activity?

Physical activity has many benefits to individuals and to society. "Physical activity is the single most important way to improve your physical and mental health"²⁶. Therefore, it is important to make exercise a priority to live a healthy lifestyle. The benefits of physical activity include:

- Promoting good health
- Preventing and managing disease
- Improving learning and attainment
- Managing stress
- Improving sleep
- More positive mental health
- Weight management.

The evidence suggests that incorporating activity into your daily routine is most effective and can include running, walking, heavy gardening or even carrying heavy shopping. Any form of activity is better than none ²⁷

It may also be important to work with local physical activity services to ensure that culturally appropriate provisions are available to the Muslim community. This may include Mosques informing leisure centres of the need to integrate modesty faith requirements, such as women only swimming sessions.

Type of sport, physical activity or exercise	Improvement in muscle function	Improvement in bone health	Improvement in balance
 Running	★	★★	★
 Resistance Training	★★★	★★★	★★
 Aerobics, circuit training	★★★	★★★	★★
 Ball Games	★★	★★★	★★★
 Racquet Sports	★★	★★★	★★★
 Yoga, Tai Chi	★	★	★
 Dance	★	★★	★
 Walking	★	★	☆
 Nordic Walking	★★	?	★★
 Cycling	★	★	★

★★★ Strong effect ★★ Medium effect ★ Low effect ☆ No effect ? Not known

Figure 4. British Association of Sport and Exercise Medicine ²⁷

Note: Bone health, balance and muscle function are key factors which will benefit elderly populations.

Good physical wellbeing is intrinsically engrained in Islam. What this means is that by striving to fulfil the rights of Allah, a Muslim will automatically become physically fit. When a Muslim performs Salah, then he/she is regularly engaging in light workout of the entire body. Prophet Muhammad (peace be upon him) encouraged us to walk to the mosque, promising the forgiveness of one minor sin and the upgrade of one degree with each step taken²⁸ Hajj requires utmost physical effort. Ramadan is the perfect detox for the body, both physical and spiritual.

The common 'sports' of Prophet Muhammad's (peace be upon him) time were archery, horse riding, walking and racing, and he participated in all of them. Today, the physical activities and sports we enjoy may have changed, but when done with the correct intention (fulfilling the example of Prophet Muhammad and steps to look after the human body), they will still be seen as a form of worship, and thus rewarded by Allah. Our bodies are an amanah (safekeeping) from Allah. Anything we do to preserve this great gift is thus appreciated by our Lord, in the form of spiritual & physical wellbeing in this world, and a huge reward in the hereafter.

Recommendations:

1. Educate the Muslim community about the sunnah and importance of physical activity. Consider incorporating this into Friday sermons.
2. Set up physical activity classes and groups that cater to men, women, and children. E.g. walking, hiking, yoga, martial arts, kickboxing and cycling.
3. Promote walking to the mosque, following the example of the Prophet Muhammad (PBUH)
4. Identify Sunnah sports and integrate them into the Muslim community within the activities the mosque provides e.g., archery, swimming and horseback riding.
5. Allow your mosque to be used as a platform for local sports to be promoted and invite representatives from local organisations to facilitate activities. Integrate modesty faith requirements with local physical activity providers.

Case study

The project "Downtown Karate" is delivered by Masjid Al Falaah. It aims to teach the art of self-defence, build confidence and respect.

In 2018, Green Lane Masjid set up a football club that provides attendees with the opportunity to be coached by a highly qualified and experienced football coach. The club is a fantastic opportunity for 6–15-year-olds to socialise and get fit.

Promoting mental health and wellbeing

Mental health is broadly defined as our emotional, psychological and social wellbeing. It affects our everyday lives through how we think, feel and act. A number of factors influence a person's mental health, and every individual will experience differing levels of mental health that may change multiple times throughout their lifetime.

What's the story?

According to Mind Charity, one in four people in England will experience a mental health problem of some kind each year and one in six will report experiencing a common mental health problem (like anxiety or depression) in any given week²⁹. In the West Midlands, one in four people are also likely to experience a mental health problem each year³⁰. In Birmingham alone, one in 12 adults are living with depression³⁰. "Addressing the mental health of Birmingham's population requires leadership, collaboration and innovation"³¹. Mental health is a spectrum which involves varying conditions. It is important to create a safe space of openness and non-judgement to encourage discussion to reduce stigma and encourage people to seek help when needed. Taking this approach can help support someone with their mental health and can also help with suicidal feelings, which are often confusing, frightening, and complicated.

General warning signs

There are certain behaviours and activities that can indicate that a person may be struggling or suffering with poor mental health. They could include:

- Eating or sleeping too much or too little
- Pulling away from people or usual activities
- Having low or no energy
- Feeling helpless or hopeless
- Yelling at or fighting with family and friends
- Expressions of thoughts of self-harm
- Inability to perform daily tasks

Causes

The contributory factors for poor mental health are varied and include:

- Child abuse, trauma, or neglect
- Social isolation or loneliness
- Discrimination or stigma
- Social disadvantage, poverty, or debt
- Bereavement
- Unemployment
- Drug or alcohol misuse
- Significant health event

Muslim mental health

In 2021, the most common mental health struggles faced by young Muslims (aged 18-30) are anxiety (53.8%), depression (49.4%), and stress (48.6%)³². Mental health services should be accessible and

inclusive for all groups of society and 61% of young Muslims believe it is important that mental health services display more cultural and faith sensitivity³². Therefore, it is important to challenge the cultural and social stigma that is attached to the topic of mental health in Muslim communities and reflect this in mental health services.

“Families, faith leaders, community advocates and religious scholars all have a role to play in addressing the myriad of problems facing young Muslims and championing their needs through mental health literacy, political advocacy and familial and social support”³².



Figure 9. Moda Living³³

Abu Umamah (may Allah be pleased with him) asked Prophet Muhammad (peace be upon him) for a cure to his anxieties and worldly problems (debt), to which he duly responded³⁴. Prophet Muhammad (peace be upon him) taught Muslims supplications to tackle sadness, depression and negativity in particular. As a man of nature, Prophet Muhammad (peace be upon him) loved greenery and the sight of flowing water, something which is known to reduce stress today.

All these examples indicate that mental illness is not a new issue; it existed in the time of Prophet Muhammad (peace be upon him). Secondly, they show that Islam has the solution too, for no one understood human nature better than Prophet Muhammad (peace be upon him). Thirdly, it highlights that mental illness is not a stigma in Islam, for the Prophet's close Companions openly talked to him about depression and anxiety.

Islam teaches Muslims that unfortunately, worries and depression are part of life. In the Qur'an, Muslims are told to definitely expect the five-fold test of life; fear, hunger, loss of money, loss of life and loss of wealth (2: 155). We cannot end worries, but we can learn to control them. So Islam's

guidance on mental illness concentrates on providing the tools, mindset and help to overcome these difficult moments in one's life.

Elsewhere, the Quran reminds us that even prophets and messengers suffered from distress. For example, the story of Ayyub (Job) is mentioned in the Quran (21: 83-4). He suffered a test in the form of illness and the loss of property and lives. At this sensitive time, he never lost hope, but instead communicated, spoke out and remained positive by invoking Allah's infinite mercy. By sharing such stories, Muslims are reminded that (i) even the most faithful suffer from stress (ii) such experiences strengthen a person both mentally and spiritually (iii) Muslims speak out and they do not suffer in silence.

Recommendations

1. Mosques should include mental health first aid in their staff .
2. Signpost to mental health services when needed alongside spiritual support.
3. Consider offering support and counselling services.
4. Provide articles, infographics and other accessible resources on topics such as stress, anxiety, loneliness,
5. Offer a free, confidential helpline operated by trained volunteers

Case study

Lozells Central Masjid has dedicated a series of mental health talks that cover taboo issues. The topics regularly discussed and covered include, social media, self-doubt, dealing with stress and suicide. The talks are led by young and prominent imams.

The Birmingham Quran Academy has trained its madrassa staff in Mental Health First Aid to identify, understand, and help individuals who may be developing a mental health problem. Mental Health First Aid is a technique that aims to help those trained recognise crucial warning signs of mental ill-health. Green Lane masjid has also trained volunteers in signposting to mental health services where appropriate. The mosque has developed a professional in-mosque counselling service for

Promoting healthy relationships

What's the story?

Healthy personal relationships are a vital component of health and wellbeing. Evidence suggests that strong, meaningful relationships can contribute to a long, healthy and happy life, with a sense of greater fulfilment. At the same time, the health risks of being alone, isolated or involved in an unhealthy relationship are similar to the risks associated with smoking, substance misuse and obesity³⁵. Our mental health and well-being are intricately connected to our personal relationships.

The subjective and personal nature of relationships means data is sparse. In the UK, marriages saw a 2.8% decrease from 2016 to 2017³⁶, whilst divorces increased by 18.4% from 2018 to 2019³⁷.

What makes a relationship healthy?

Every relationship is different. Whether it be romantic, familial, workplace or community, they all have a meaning to somebody. Some aspects of a healthy relationship are:

- Respect – mutual valuation
- Equality – in decision-making and roles
- Compassion – treating one another with kindness
- Trust – belief in each other
- Consent – not being pressured into doing things you do not want to do
- Feeling safe and secure

Upholding these values in a relationship can create a sense of belonging and community, whilst contributing to our well-being.

Occasionally, we form relationships with people whom we can't relate to or our feelings towards them change over time. This may occur at work or within the family. Although respectful disagreement is healthy, there is a fine line where this could turn violent, abusive, or manipulative. In this situation, steps need to be taken in order to rebuild the relationship or to end it. Sometimes disagreements or minor conflict are opportunities to grow closer to your loved ones and gain a better understanding of each other, however this does not apply to situations where one feels at risk of harm or where force or abuse is used – this is unacceptable. Faith leaders have an important role to play, supporting individuals by ensuring that they are not at significant risk of harm following disagreement or separation.

Aspects of an unhealthy relationship can be explored further in the Abuse and Violence section of this toolkit. Some aspects include:

- Feeling criticised and put down
- Feeling unable to communicate or discuss feelings
- Receiving physical or verbal abuse
- Being pressured into doing things you don't want to

All forms of worship are done for the sake of Allah alone and His pleasure. Simultaneously however, all worships inherently lead to better relationships with fellow humans. Salah – especially in congregational form – is a social experience aimed at bringing people together. Hajj eradicates any

racist tendencies we may have and reminds us that all humans are equal. Zakah teaches us to serve the less fortunate humans around us. In short, all worships are for Allah and at the same time, all worships strengthen our bond with humanity.

In the home in particular, the religion of Islam stresses the importance of forming good relationships. The husband and wife are described as 'garment' for one another in the Holy Quran (2: 187), in the sense they provide warmth for one another and protect each other's chastity. Prophet Muhammad (peace be upon him) disowned the one who shows no mercy towards the youngsters and no respect to the elders³⁸.

Importantly, Islam's perspective on building good relationships is not restricted to Muslims alone. For instance, Muslims are asked to respect neighbours, even if they are non-Muslims. Prophet Muhammad (peace be upon him) said: 'The best of people are the one who bring benefit to people.' He did not say 'benefit to Muslims.' A good Muslim brings happiness, ease and benefit to all members of his community.

Recommendations

Mosques and faith settings have an important role to play when it comes to encouraging healthy relationships. They can create an environment of safety, compassion, non-judgement and confidentiality which allows people to speak about these issues.

They can promote positive relationship values through:

1. Using Islamic teachings that promote treating others with kindness, justice, gentleness, respect.
2. Educating young people on healthy relationships and encouraging open conversations about relationship values from a young age.
3. Establishing faith-sensitive, inclusive advice or counselling sessions for those affected by unhealthy relationships.
4. Providing an anonymous support system of safety and confidentiality where people can seek guidance without judgement.
5. Directing individuals to support services and local organisations.
6. Creating a platform for experts to talk about these issues e.g., professionally trained psychologists and support organisations.

Case study

Green Lane Masjid & Community Centre offers various services where healthy relationships are promoted. These services include an Imam Q&A service where service users are regularly given useful marital advice. A free counselling service is also available run by professional counsellors helping spouses to understand each other better by providing tips and techniques on how to build healthy relationships.

The Masjid also runs regular workshops for teens and young adults to prepare them for future

Conception and pregnancy

According to the NHS, there are many factors that could influence a couple's chances of conceiving, such as:

- Age
- General health
- Reproductive health
- How often you have sex ³⁹.

If you are trying for a baby, there are steps that you and your partner can take to ensure a safe and comfortable pregnancy and that your child will be healthy. This includes:

- Maintaining regular, moderate exercise to sustain energy
- Following a healthy, balanced diet (avoiding foods that are high in fats and sugar)
- Maintaining a healthy weight
- Refrain from drinking alcohol and smoking
- Taking a simple multivitamin and mineral supplement

Pregnancy is an exciting journey that comes with great responsibility and a women's body will go through major changes as it begins to support a new life.

Encouraging a healthy pregnancy



Figure 5. GOV UK ⁴⁰

What's the story?

In the UK, the rate of conception is decreasing. In 2018, the conception rate in England and Wales fell to 839,043, its lowest level since 2004⁴¹. Births in Birmingham also decreased by 2.7% from 2018 to 2019⁴². The Total Fertility Rate for Birmingham is simultaneously decreasing, falling from 1.83 children per woman in 2018 to 1.78 in 2019⁴². However, there has been a rise in conception amongst women aged 40 years and over. In 2018, there were 16.3 conceptions per 1,000 women aged over 40 years⁴³. This shows that women are progressively delaying when they have a baby. These changes could be explained by:

- Increased access to contraception
- Women's greater participation in education
- Delaying of partnership formation
- Focusing on a career before deciding to start a family

Some couples find it more difficult to conceive. Fertility problems affect one in seven couples in the UK and this is unexplained in 25% of these couples⁴⁴.

Signs and symptoms

According to the NHS, the earliest signs of pregnancy include a missed period if you have a regular monthly menstrual cycle. Symptoms of pregnancy include feeling sick and morning sickness. Other symptoms include:

- Fatigue
- Sore breasts
- Urinating more frequently
- Cravings
- Constipation
- Mood swings
- Headaches and back pain⁴⁵

These symptoms may not always be obvious or noticeable therefore it is important to remain mindful and sensitive of these issues when interacting with women.

Menstruation

A woman's period is part of the menstrual cycle where bleeding occurs for a short time period (typically 7 days). For most women, this happens every 28 days⁴⁶. Changes in women's hormone levels around this time can cause them to experience physical and emotional changes, including:

- Feeling bloated
- Breast tenderness
- Mood swings
- Feeling irritable
- Spotty skin or greasy hair⁴⁶

Islam views periods as a natural function of the body. Muslim women experiencing menstrual bleeding have to abstain from fasting and praying.

Men's role and involvement

It has been found that having a male partner or father involved during pregnancy reduces maternal stress levels⁴⁷ and encourages positive maternal behaviours⁴⁷. Lower stress levels in the mother means a healthier environment⁴⁸ for the baby. Male partners involved during pregnancy are more likely to remain involved once the baby is born. Some ways for the male partner to be involved include:

- Attending doctors' consultations
- Taking educational classes directed at expecting parents
- Being there for labour and delivery⁴⁸

Pregnancy care

The care you receive during pregnancy can have many names from antenatal care to maternity care and it is to ensure that you and your baby are as well as possible. A midwife or doctor will check the health of you and your baby, give you useful information to help including healthy eating and exercise, and discuss your options and choices for care during pregnancy, labour, and birth. Keeping well during pregnancy includes your relationships, domestic abuse or violence during pregnancy puts a pregnant woman and her child in danger. Domestic abuse can be physical, sexual, emotional, psychological or financial, often it is a combination of these and pregnancy can be a trigger increasing the risk of miscarriage, infection, premature birth, low birth weight foetal injury, and death.

Maternity and paternity rights

It is important to tell your employer if you are pregnant so that they can conduct a risk assessment of the health and safety of their employees whilst at work. These include physical risks such as contact with radiation, shocks, and vibrations, as well as if there are suitable facilities available. Be aware that you may be eligible to be paid statutory maternity pay or a maternity allowance. All pregnant employees are entitled to take up to 52 weeks of maternity leave⁴⁹. This number of weeks is broken down into 26 weeks Ordinary Maternity Leave and 26 weeks Additional Maternity Leave⁴⁹. You can start your maternity leave as early as the beginning of the 11th week before your baby is due and as latest as the 15th week before the baby is due⁴⁹.

Genetic testing and consanguinity

In highly populated Muslim countries, it is common to have consanguineous marriages (a marriage of ancestors). For example, in Pakistan, half of the population marry their first or second cousin. This doubles the risk of a child being born with a genetic disorder, such as cystic fibrosis, Down's syndrome, infantile cerebral palsy and hearing and visual disabilities.¹¹⁴ For those looking to conceive, they may wish to discuss their risks with their GP and consider genetic testing and counselling.

In a famous report, Prophet Muhammad (peace be upon him) affirmed that a mother deserves three times more care from her children than the father.⁵⁰ This is, like Imam al-Qurtubi explains, because the mother had to endure three difficult stages that the husband did not have to; the hardship of pregnancy, of delivery and of feeding. This shows that Islam wholly understands the difficulty a mother has to go through in pregnancy and thereafter.

The Holy Qur'an – via the story of Maryam – advises the consumption of dates to make delivery easier (19: 25). Modern science tells us that dates contain a substance that causes the uterus to contract and strengthen the uterine muscles, thus helping in birth.⁵¹

The first school of any child is the mother's lap. Islam teaches us that schooling actually begins in the womb. Muslim women are encouraged to listen to the Qur'an abundantly during pregnancy, for this benefits the unborn child too. Modern research proves this today; we now know that hearing faculty develops quickest in the womb, to the extent that as early as the fourth month of pregnancy, the foetus can hear sounds in the mother's womb. Dr Keith Moore recently discovered that as early as the fourth month of pregnancy, the foetus can hear sounds in the mother's womb.⁵² This is why pregnant Muslim women are encouraged to listen to the Holy Qur'an.

Recommendations

Pregnancy and childbirth can be difficult times where mothers face challenges. However, the Qur'an recognises maternity as deeply spiritual and rewarding. Mosques and faith settings can act as institutions of support for couples before, during and after pregnancy.

1. Provide literature on aspects of a healthy pregnancy and practical advice for mothers.
2. Offer support activities and groups for both pregnant women and mothers on breastfeeding, childcare and the demands of motherhood.
3. Encourage the involvement of men throughout the whole pregnancy process, provide support groups for men → educating the men on the responsibilities of being a supportive partner.
4. Educate both men and women on the responsibilities of parenthood → create a support mechanism.
5. Allow the mosque to be a platform for open discussions about pregnancy and conception → invite support groups/organisations to the mosque to deliver classes/workshops/talks
6. Encourage and educate both men and women on the importance of pregnancy care
7. Provide support for all victims of domestic abuse or violence and educate both men and women on domestic abuse and violence
8. Encourage faith leaders to incorporate responsibilities of parenthood in discussion with couples during marriage.

Case study

Approachable Parenting has developed several programmes to engage with pregnant mothers and their partners from early pregnancy. The programmes offered aim to develop skills that support parents as the baby develops and during birth. The techniques are developed in 4-week practical sessions. Expecting parents are also encouraged to practice the skills taught at home.

Promoting childhood health

What's the story?

Children are the future of society hence a holistic approach should be taken for them to develop into healthy adults. Children's health is an integral part of their emotional, mental, social, environmental, and spiritual well-being⁵³. It is best to take a complete approach when responding to a child's needs that consider age and learning style and remember that each stage of childhood development requires a slightly different approach.

In the UK there is a considerable level of income inequality between groups from Black, Asian and Multi-ethnic communities compared with white-British communities⁵⁴. The highest proportion of children living in "low-income families" are in the Bangladeshi and Pakistani communities⁵⁴. In Birmingham, according to the 2020 mid-year population estimates, children make up 22.5% of the population⁵⁵. Of which 28.1% of children live in low-income families compared with 17% nationally⁵⁶. Children who live in deprived conditions face greater exposure to health threats that follow them through their life.

Birmingham has a higher prevalence of child obesity and infant mortality rates that exceed that of England⁵⁷. The rates of infant mortality are higher in Asian babies, compared to White British and the national average¹¹⁵.

How can we promote childhood health?

For children to thrive and grow into healthy members of the community it is vital that they are exposed to and provided with:

- Healthy relationships that allow them to feel nurtured and protected. Socialising will allow them to develop empathy and teamwork skills from a young age.
- A safe environment that allows for children to be active and explore their surroundings securely⁵⁸.
- Appropriate nutrition and promoting healthy eating habits.
- The opportunity to develop mentally and intellectually. Exposure to art, science, language, sports etc. will promote children's health.
- A chance for them to play freely. This will improve the cognitive, physical, social, and emotional well-being of children and young people⁵⁹.

- An established and varied routine.



Figure 6. GOV UK ⁶⁰

Children and the Environment

It has been found that primary school children in Birmingham could lose up to six months of their lives due to the levels of air pollution in the city ⁶¹. High levels of air pollution impact deprived areas most, affect baby lung development after birth, and worsen asthma symptoms ⁶². Children in high pollution areas are four times more likely to have reduced lung function as adults. To improve and promote childhood health, the community can work together to improve air quality, especially near schools, by encouraging the use of public transport and turning off cars during school runs.

Childhood health can also be improved within household environments. Enabling safety measures, such as latches, locks and gates can help to prevent accidents occurring at home. Smoking indoors increases household pollution, which can suppress infant lung development and worsen asthmatic symptoms.

Children's Mental Health

Many early life experiences can be detrimental to a child's growth and development. Some of these experiences are called Adverse Childhood Experiences (ACEs), which refer to traumatic events experienced in childhood that are not under the control of the child. ACEs include:

- abuse (physical, emotional, and sexual),
- neglect (physical, emotional),

- household dysfunction (mental illness, incarceration, domestic violence, substance misuse and parental separation).

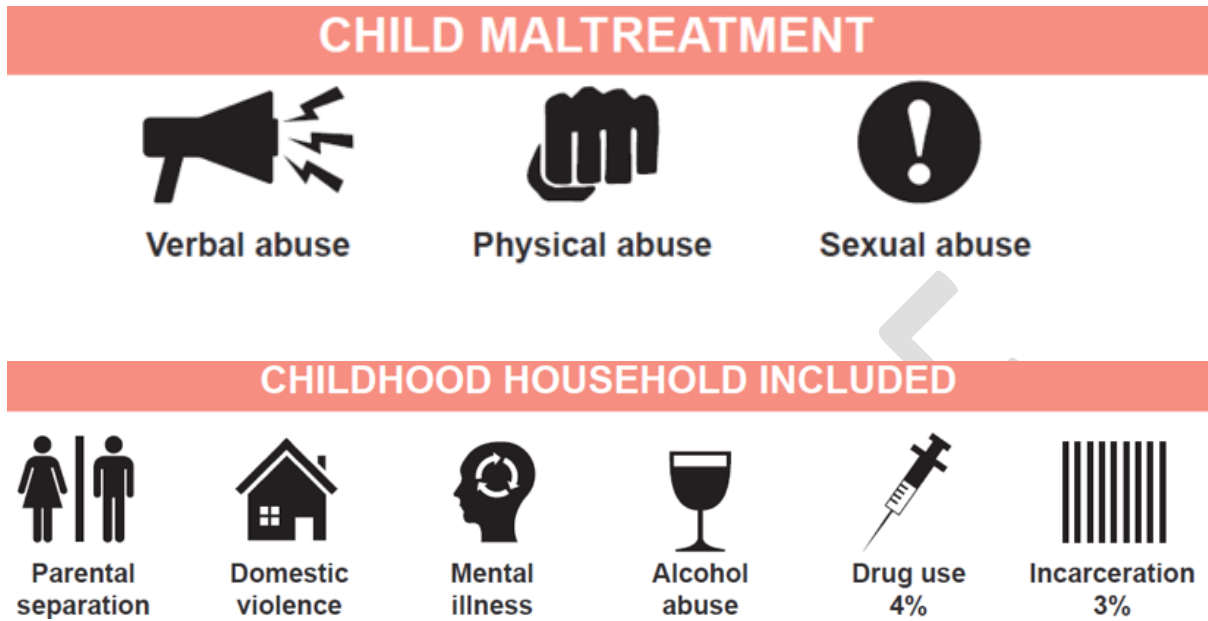


Figure 7. Centre for Public Health: Liverpool John Moore's University 2016⁶³

Other experiences that are felt at the community level include racism, discrimination, bullying, violence, and poverty⁶⁴. It has been found that being brought up in poverty can increase the risk of mental health problems in children. These problems impact their educational attainment and social relationships in the long run⁶⁵.

In Islam, the early years of a child's life constitutes the most important stage, for it largely determines the physical, spiritual and mental state of a person later in life. Various directives are offered by the Qur'an and Sunna to promote childhood health, such as the circumcision of male babies and the ritual of Tahnik⁶⁶. The Qur'an goes as far as stipulating the desired length of breastfeeding for a child, twenty-four months⁶⁷.

A child's first interpretation of the world comes from the parents. This is why Islam urges parents to be very careful how they conduct themselves at home. Muslims are encouraged to perform all non-obligatory prayers at home, so that children adopt this trait in later life. Prophet Muhammad (peace be upon him) said that good manners are the best gift a child receive from parents. This also includes things like adopting good lifestyle manners, a positive outlook to life and humanity, the dangers of sins and the benefits of good acts.

Recommendations

Mosques and faith settings must be safe spaces for children to enjoy. They also have a responsibility to ensure that the wider community is a safe space. They can contribute to the promotion of childhood health by:

1. Holding activities in the mosque that allow children to safely explore, create and socialise with others e.g. youth clubs, sports and recreational activities.
2. Raising any concerns about a child with the appropriate services
3. Creating counselling clinics and mental health workshops within mosques for young people
4. Train mosque leaders on how to deal with child mental health
5. Staff interacting with children should be trained in mental health first aid and in identifying Adverse Childhood Experiences

Case study

The Birmingham Quran Academy, in partnership with the Holiday Activities & Food programme and Joseph Chamberlain College developed a sports programme for over 650 madrassah pupils. A summer of Sunnah sports, swimming, archery, football and street games. Due to the success of the programme, the management of the BQA is planning to make sports mandatory as part of its madrassah syllabus in order to promote childhood health as a form of Ibadah (worship).

PROTOTYPE

Long-term disease

What's the story?

As we age as a society, we are not only living longer overall but also living for more years with chronic conditions and ill health. There is much that can be done to prevent or delay the onset of long-term conditions, to prevent their progression and their impact on our lives. Mosque venues can help support people to actively manage their health and maintain a good quality of life for longer.

Diabetes:

People with Diabetes are not able to regulate their own blood sugar appropriately. Over time this leads to damage to blood vessels which increases the risk of blindness, amputation, heart attack and stroke, kidney disease and even sexual problems⁶⁸

Some people develop Type 1 diabetes at an early age and have to carefully manage the disease for many years. This can be challenging for some young people as it impacts their social lives as well as managing the practicalities of having to monitor their blood sugar and medications closely.

Type 2 diabetes develops later in life and if caught early can be reversed with lifestyle changes. Others require medication to manage the condition. Diabetes is more prevalent among elderly Muslims (aged 65+) compared to the rest of the population.⁶⁵

Musculoskeletal conditions:

Good musculoskeletal health is an important component of maintaining an individuals' functional abilities throughout their life course and is fundamental to healthy ageing, reducing the risk of falls.⁶⁹ More years are lived with a musculoskeletal (MSK) condition than any other long-term condition. MSK conditions affect people of all ages but become more common with increasing age. In total over 20 million people in the U.K live with an MSK condition and good MSK health means more than the absence of a musculoskeletal condition, rather meaning that the muscles, joints, and bones work well without pain⁷⁰.

There are three main groups of MSK conditions:

- 1) Inflammatory Conditions, such as rheumatoid arthritis, can affect anyone at any age and are rapid in onset. Not smoking and maintaining a healthy weight lessen the risk and the impact. Over 430,000 adults in the U.K. have rheumatoid arthritis and usually specialist treatment is needed.
- 2) Conditions of MSK pain, such as osteoarthritis or chronic pain, are more common with rising age, are gradual in onset and affect the joints, spine and pain system. Over 8.5 million people have Osteoarthritis in the U.K
- 3) Osteoporosis and fragility fractures, such as a fracture or a fall from a standing height, mainly affect older people most commonly affecting the hip, wrist and spinal bones.

Those struggling with their MSK conditions have the most to gain from the right support. Mosques and their faith leaders can help by signposting people to help and encouraging compliance with

recommended medication, exercise and diet regimes. Living with pain can make people down and isolated and opportunities to maintain mental wellbeing are important.

Cardiovascular disease:

Heart disease and strokes are leading causes of death nationally and locally, causing 24% of all deaths in England and Wales in 2019. Heart conditions (such as angina or atrial fibrillation) and high blood pressure are more prevalent among Muslims aged 65+, compared to the rest of the population.⁶⁵

Recommendations:

1. Share the message that long-term illness as we age is not inevitable. We can all take steps to stay as well as we can.
2. Raise awareness of common long-term conditions that can have a significant impact on future health such as high blood pressure, obesity, heart disease, stroke and diabetes, particularly in communities where these are more common.
3. Encourage people to seek medical advice early and signpost to resources such as the NHS Choices health apps.
4. **Host health awareness events in conjunction with healthcare professionals, local and national charities and healthcare organisations.**
5. Promote positive healthy behaviours, such as healthy eating and physical activity including **support for national campaigns such as Change4Life, Healthier You and Act FAST.**
6. Ensure mosque activities are accessible and inclusive for people with long term conditions to help maintain their mental wellbeing.

Reference from Quran to be added related to long-term disease

Case study – to be added

Promoting ageing and dying well

What's the story?

It is well known that worldwide people are living longer. It is estimated that by 2050, "the world's population of people aged 60 years and older will double. (2.1 billion)"⁷¹. The change in the distribution of a country's older population is known as population ageing. Population ageing is driven by falling fertility rates and increases in life expectancy. In England "all regions are projected to have a greater proportion of people aged 65 years and over by mid-2028"⁷². In Birmingham, by 2040, the total population of 65 years and over is expected to rise to 29%⁷³. Currently, over half of Birmingham's over 65 population may be at higher risk of falls, disabilities, hospital admissions, and premature mortality⁷⁴. It is estimated that 19% of the 65+ population in Birmingham need help with at least one self-care activity, such as washing, dressing, using the toilet and eating⁷⁴.

Living longer brings great opportunities for oneself and to society - to be able to spend time with our families, to contribute actively to our societies, and to leave a lasting legacy. Therefore, it is important to begin to understand the importance of taking care of our health in order to extend our lifespan.

As we age, there is a more chance of developing a health conditions such as loss of hearing, osteoporosis, depression, dementia, and diabetes. Although genetics plays a part, there is evidence that suggests that environments, ethnicity and socioeconomic status play a role in how well we age⁷¹.

Older People's Health

In Black, Asian and Minority Ethnic communities, older people are likely to have lower levels of income which impacts their transition into retirement⁷⁵. The proportion of Muslims prescribed 5 or more medications on a regular basis is 20 per cent higher than for the rest of the population⁷⁶. Taking care of their health early on in life can prevent developing a health condition later in life.

Dementia:

Dementia refers to a group of related syndromes associated with a decline of brain functioning. The risk rises after you age, especially after the age of 65. The most common forms of dementia are Alzheimer's Disease and vascular dementia. One in 14 people over the age of 65 have dementia, and the condition affects 1 in 6 people over 80. The number of people with dementia is increasing because people are living longer. It is estimated that by 2025, the number of people with dementia in the UK will be more than 1 million⁷⁷.

Faith leaders can help raise awareness around dementia, creating an inclusive and supportive environment that is fostered by values of care, compassion, and love to help those impacted by dementia to live well.

Mental health:

Poor mental health is also a significant health concern amongst older populations. The most common problem is depression, affecting around one in five older people. The risk is doubled for those in hospitals and trebled for those in care homes. Supporting the older population to be social, keep active and stay independent in the home can have a positive impact on overall wellbeing. Physical activity can also help to manage pain and maintain mobility for longer, all of which can help to prevent isolation and loneliness. There is a significant role, that is positive, for faith leaders to play

in supporting those with their mental health, offering an inclusive supportive environment as a place of worship, providing opportunities for connection, raising awareness about mental health, and challenging stigma and utilising local mental health services for further support.

Bereavement:

Grieving the death of a loved one is an individual process. Not everyone deals with death in the same way, but grieving is part of the process that helps one to come to terms with a loss of a friend or family member. Furthermore, the risk of an elderly person dying within the first three months following the death of their spouse is greatly increased. The faith setting needs to ensure support is given to vulnerable adults, helping to protect against key issues of abuse and neglect and supporting those in the immediate months following the death of a partner.

Digital Poverty

Digital exclusion is common within among people of older age. Around 5 million people over the age of 55 are not online⁷⁸. As many parts of society move online, there are a rising number of older people who are less connected to society, as they have limited access to online services.

The mosque has an important role in dying well, supporting and advocating for individuals and their carers at the end of life.

Safeguarding Vulnerable Adults

It is important to safeguard vulnerable adults, who are at risk of experiencing abuse or neglect. The following issues have been highlighted by Age UK:

- Financial abuse – defrauded or scammed, being put under pressure to spend money
- Physical abuse – hitting, slapping, pushing, misuse of medication
- Psychological abuse – emotional abuse, threats of harm, humiliation, blaming, coercion. This may include cyber bullying or isolation
- Sexual abuse – including rape, inappropriate touching, indecent exposure and non-consenting sexual acts
- Organisational abuse - includes neglect and poor care practice within an institution or specific care setting, or in relation to care provided in a person's own home
- Self-neglect - covers a range of behaviour related to neglecting to care for one's personal hygiene, health, or surroundings and includes behaviour such as hoarding¹¹⁶.

How can we promote ageing well?

Healthy ageing is promoted by the World Health Organisation and is “considered as the promotion of healthy living and the prevention and management of illness and disability associated with ageing”⁷⁹. Bones weaken as we get older, meaning that elderly adults are more prone to bone fractures when they fall. Falls are therefore common as we age and are the most prevalent cause of injury-related deaths in people over the age of 75 with over 5,000. Mosques should ensure that they are mindful of trip and slip hazards to prevent the risk of falls and Muslim communities can offer support to elderly users who are recovering from a fall. It is particularly important to take action after a first fall, even if no injury was sustained to ensure that all risks for further falls are managed. Promoting healthy ageing is important to prolong a person's ability to “meet their basic needs; learn, grow and make decisions; be mobile; build and maintain relationships, and contribute to society”⁸⁰.

Healthy ageing needs to be promoted and more age-friendly communities need to be developed. Individuals in society need to be made aware of how the health choices they make at present can make them more likely to develop health conditions in the future. It is also vital to consider that whilst people may be educated on how to improve their health, factors such as poor housing, lack of access to clean air, stressful employment, being unable to afford fresh foods can all have dangerous implications for future health.

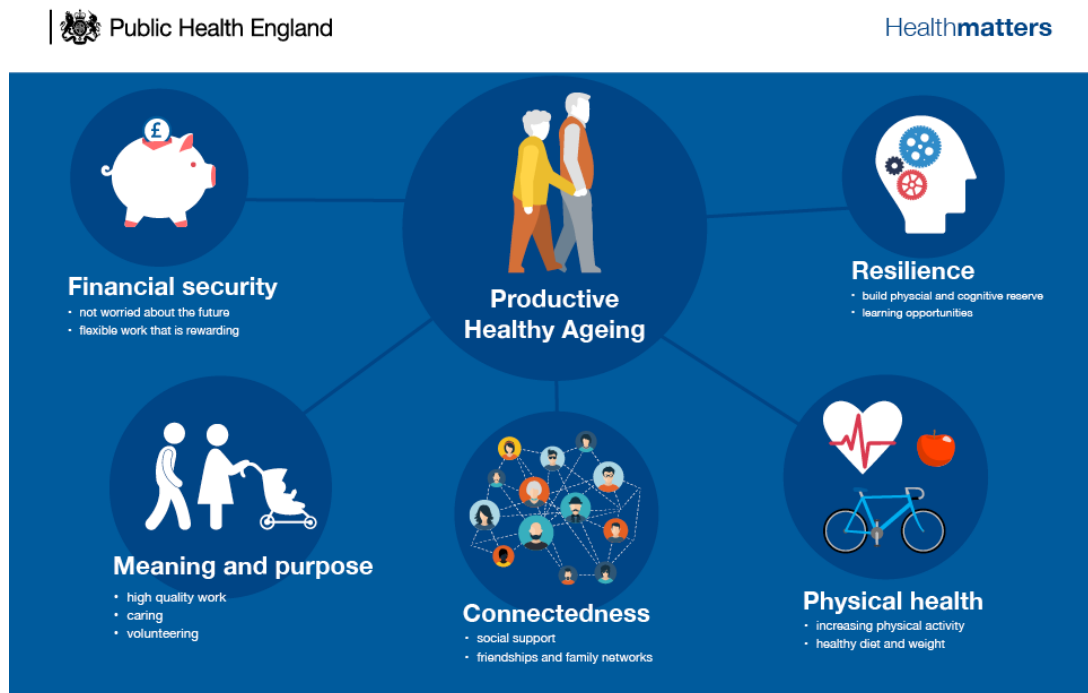


Figure 8. Public Health England⁸¹

'Shaykh' is the word used in Arabic to describe an old person. It is also the same word used to describe a learned, wise person. This is no coincidence, for it is the elders who are marked with intellect and wisdom. This is why Muslims are encouraged to adopt the companionship of elders; to sit with them, serve them, respect them and learn from them. This benefits both the elders and the youngsters. The younger members of society benefit from their pearls of wisdom to help them in the journey of life. The elders avoid loneliness, feel a sense of value and importance, and have people around them to help them in old age.

Recommendations:

1. Develop sessions that explain promote healthy ageing and its benefits to the individual and society.
2. Create initiatives that allow elderly members of society to volunteer and socialise with others.
3. Create spaces where older with health challenges can explore options for support .
4. Destigmatise difficulties faced by the elderly and encourage interaction between generations.
5. Collaborate with other mosques to develop a senior Muslims platform that advocates their needs.

Case study

The Zawiya Trust is working with the NHS and local health centres to provide holistic health and well-being support to those who have or are at risk of developing Type 2 Diabetes and heart disease to aid recovery and prevent illness. The focus is on healthy nutrition, fitness and motivation.

PROTOTYPE

Preventing abuse and violence

The term “abuse” takes on multiple forms. It has been defined as “an action that intentionally harms or injures another person”⁸². Some forms of abuse include:

- Physical
- Psychological
- Sexual
- Verbal
- Financial
- Emotional

Abuse can occur in a number of different environments; the home, care facilities, hospitals, schools, workplaces, and **anyone** can be a victim of abuse. It represents no reflection of a person’s strength, intelligence or worth.

What’s the story?

In 2020, 2.3 million adults aged 16 to 74 experienced ‘domestic abuse’. Of these, 1.6 million were women and 757,000 were men⁸³. The police recorded 758,941 domestic abuse-related crimes in England and Wales, a 9% increase from the previous year. Domestic abuse is the physical, emotional, sexual, or financial maltreatment of one household member by another⁸³. However, domestic abuse-related crimes are not limited to these forms of maltreatment.

The COVID-19 pandemic response involved lockdowns, social distancing, changing working patterns and the introduction of vaccines. Under these unusual circumstances, abuse and violence became more prevalent. The UK saw a 7% increase in police recorded offences flagged as domestic abuse-related in the period of March to June 2020 compared to the same period in 2019⁸³.

Violence

Violence is defined as “actions or words that are intended to hurt people”⁸⁴. It includes:

- Closed door violence
- Public violence
- Knife crime
- Hate Crime
- Gang Violence
- Child sexual exploitation
- Drug related violence

In 2020 Birmingham had a crime rate of 103 crimes per 1000 people, higher than other places in the West Midlands. Violent and sexual offences are the most common crime with 54,655 offences during 2020⁸⁵.

Hate crime

Hate crime is “any criminal offence which is perceived, by the victim or any other person, to be motivated by hostility or prejudice towards someone based on personal characteristics”⁸⁶. The main strands of hate crime are:

- Race or ethnicity
- Religion of beliefs
- Sexual orientation
- Disability

In terms of race or ethnicity, racism is a form of hate crime that is defined as “prejudice, discrimination or antagonism directed against someone of a different race based on their belief that one’s own race is superior”⁸⁷.

In Islam, how one behaves with his family is the criterion for how excellent a person is, for Prophet Muhammad (peace be upon him) said: ‘The best amongst you is the one who is best towards his family and I am the best amongst you towards my family.’⁸⁸ There is no place for violence in Islam, especially domestic violence. In fact, a person who indulges in physical and verbal abuse cannot even be called a true ‘Muslim’.⁸⁹ Anas (may Allah be pleased with him) served Prophet Muhammad (peace be upon him) for ten years. In that time, Anas commented that he never scolded anyone, nor did he ever raise his voice in anger.

Islam always asks Muslims to consider the impact of their actions and to be responsible in each and every act.⁹⁰ Abuse and violence has a huge, long-term, negative impact on the perpetrator, the victim and indeed wider society.

Recommendations

It is in the interests of both the wider community and local governments to respond to abuse and violence and create safer spaces for victims. Birmingham City Council state that “tackling domestic abuse must become **everyone’s** business”³¹ and they believe that the way they respond to domestic abuse reflects the city’s values. Mosques and faith settings can:

1. Offer temporary refuge for domestic violence victims
2. Create initiatives series on ‘Signs of Unhealthy Relationships’ and spaces where women and survivors of abuse can come together and share their experiences without judgement
3. Create good links with your local statutory partners (i.e., neighbourhood police, local council, youth service) to gain community briefings and collaborate with local partners.
4. Create employment workshops to provide interview skills, job search support and career guidance.
5. Develop faith inspired diversionary initiatives to steer young people away from crime

Case study

Several mosques in Birmingham have risen to the challenge of tackling violent crime. The Bahu Trust has developed many educational awareness campaigns on domestic abuse, knife crime and serious and organised crime. Their video on knife crime won the Best Film Award at the United Nations Film Festival. The Bahu Trust has also developed an innovative youth leadership programme called Empowering Futures.

Green Lane Masjid has also been at the forefront of tackling crime. GLM has a very successful anti-knife crime campaign which includes educational awareness programmes and a knife bin that has taken hundreds of knives off the streets. Green Lane Masjid is Co-Chair of the Faith Alliance set up by the West Midlands Violence Reduction Unit.

PROTOTYPE

Addressing addiction – smoking and substance misuse

What's the story?

A healthy behaviours lower the risk of being seriously ill or dying early⁹¹. A large proportion of UK deaths, particularly those from coronary heart disease and lung cancer, could be avoided with changes in lifestyle factors⁹¹. However, a healthy behaviours is not just about avoiding diseases. It encompasses physical, mental and social wellbeing. It is not always easy to develop and sustain healthy habits but there are small changes that can lead to huge lifestyle improvements and a healthy lifestyle can help you to enjoy more aspects of your life.

Scientific studies point to certain behaviours and lifestyle factors that contribute to serious illness and early death. One is smoking and another is substance abuse.

Smoking

“Smoking is the greatest single self-imposed risk to health of all” and is the biggest cause of death and illness in the UK⁹². In 2019, 13.9% of all adults smoked. This figure differs across ethnicities, with 14.4% of white adults and 8.3% of Asian adults smoking⁹³. It also differs across religions, with 18.4% of Muslim men smoking. England has made some progress in its efforts to reduce smoking as the percentage of adults who smoked in 2012 stood at 19.3%, compared to recent figures⁹³. The percentage in Birmingham, however, is higher than the national average of smokers at 16% and smoking related hospital admissions are higher than average at 1,632 per 100,000 compared to the national average of 1,530 per 100, 000⁹³. Smoking can lead to respiratory illness and coronary heart disease, as well as multiple types of cancer (mouth, throat, bladder, bowel, cervix, kidney, stomach, and pancreas)⁹².

Shisha

Shisha is a specially prepared tobacco which is vapourised and smoked through a pipe. It is popular in Muslim countries in the Middle East, Turkey and Asia and Africa. Shisha lounges in the UK have gained popularity in recent years and are a common social spot for Muslims in the UK, they allow for catching up with friends and meeting new people. However, according to the British Heart Foundation the negative impacts of shisha are similar to that of smoking cigarettes:

- Heart and circulatory diseases
- Cancers
- Nicotine addiction
- Respiratory infections and conditions⁹⁴

Substance misuse

Many people use substances recreationally at some point in their lives and this carries its own set of risks of health harms, victimisation and criminality. Substance misuse covers a broad range of addictive behaviours with health harms. For example, those who inject drugs are likely to be exposed to blood-borne diseases such as HIV and hepatitis. Smoking drugs adds similar risks to smoking tobacco. Psychoactive substances can cause and exacerbate serious mental health conditions, such as paranoia and depression⁹⁵.

The recreational use of prescription or over-the-counter drugs has increased⁹⁶. Their use recreationally, either on their own or in combination with other substances, both licit or illicit, including New Psychoactive Substances (NPS) has adverse impacts on health. They are of relative ease to access, with low cost, a decrease in the perception of the potential for harm and growing social acceptance or less stigmatisation.^{97,98} Adverse mental health, physical health, and social problems can develop with regular and substantive use, and where use escalates, the risk for further harm will accumulate and increase morbidity.

Common drugs in the UK are:

- Cannabis → the UK's most commonly used illicit drug⁹⁹
- Opioids → the UK has the largest reported opioid-using population in Europe⁹⁹
- Cocaine → the UK has the highest levels of crack cocaine problems in Europe⁹⁹
- MDMA and ecstasy → in 2018 in the UK, the number of MDMA related deaths registered was the highest on record [74]⁹⁹
- Khat → In 2014, it was classed as a Class C drug under the Misuse of Drugs Act¹⁰⁰, most commonly used amongst some Muslim communities

Gambling

Another form of addiction, gambling, has seen a rise in recent years as online gambling has become more common. The accessibility of gambling means has resulted in an estimated 1.4 million people within the UK being harmed by their own gambling, while a further 1.5 million are at risk¹⁰¹. In 2019, the Gambling Commission launched a three-year strategy seeking to improve prevention, education, treatment and support for problem gamblers.

Alcohol

The harms of alcohol misuse are underestimated. Among working-age adults, alcohol is the leading cause of ill-health, disability, and death¹⁰². Problem alcohol use is currently on the rise in the West Midlands with a roughly 50% increase in the last 10 years¹⁰³. People are starting to consume alcohol at an earlier age and are drinking more, particularly at home.

Prevention and treatment

Prevention works, the sustained work on smoking had resulted in fewer smokers and Birmingham has the ambition to be smoke-free by 2030.

Treating addiction is complex and may require medical and social support to be successful. Detoxing without specialist care can be extremely dangerous and should not be attempted.

People with addiction issues may also have other needs which have made them vulnerable to substance misuse. In addition, addiction increases the risk of ill health, homelessness, worklessness and social isolation.

The majority of Islamic scholars decree that smoking and narcotics are haram (illegal), based on the Quranic verse which asks Muslims not to throw themselves into self-destruction (2: 195). Not only does it have a huge impact on one's mind and body, it wastes money and tampers with the great gift Allah has entrusted us with in the form of the human body.

In Islam, short-term 'thrills' are of no avail if it leads to long-term regret. Drug-users experience a short burst of excitement, but never does this justify the long-term detrimental effects it has on the self, the family and wider society.

Recommendations

Many of the principles of Islam call upon people to take the best possible care of their health and to avoid health hazards. Engaging with Mosques and community services for support can also help you to stop smoking. Mosques often encourage Muslim smokers to quit for Ramadan although support limited to this holy month is problematic. Instead, Mosques should encourage and provide support all-year round. Mosques can create a safe, non-judgemental environment where people can openly discuss substance abuse and seek help.

Mosques could provide:

1. Emphasise Islamic teachings which advise taking care of the body – it is an Amanah on every human being.
2. Educational stop smoking material and encouraging treatments such as nicotine patches (nicotine replacement therapy).
3. Discussion groups for people trying to stop smoking, led by a medical professional or an Imam
4. Provide information and support sessions to combat substance misuse.
5. Create links with local drug support groups
6. Keep leaflets and resources that can be picked up by people and know where to direct them for help: GP, pharmacist, local health services or online.

Case study

KIKIT is a BME specialist drug and alcohol support service that provides a range of services to meet the needs of vulnerable people.

KIKIT has worked with a number of mosques throughout Birmingham to provide cultural and faith sensitive help, advice, support and mentoring for anyone suffering from the effects of drugs, alcohol addiction, dependency or abuse. Mosques such as Green Lane Masjid, Birmingham Central Mosque, Sparkbrook Islamic Centre and others have organised training and workshops on drugs awareness.

Protecting against disease and health protection

What's the story?

Germs live everywhere. They can live on food, plants, animals, in water and just about every other surface you can think of, including the body. The majority of germs will not harm you or your health and your immune system is there to protect you against infectious bacteria. The immune system is “a complex network of cells, tissues, organs and the substances they make that help the body to fight infections and other diseases”¹⁰⁴. Sometimes germs mutate and your immune system struggles to fight them off. Therefore, maintaining a strong, healthy immune system is vital for your health protection.

Certain, behaviours and habits can also help to protect you from diseases and viruses. Prevention of disease and protection of your health go hand in hand with each other. In the UK, the biggest cause of death is cardiovascular disease¹⁰⁵. People are living longer, but many of their additional years are spent with health problems.

Viruses

Viruses are microscopic particles that can cause diseases. They can only thrive and multiply in a living organism such as a human, animal, or a plant. An example of this is SARS-CoV-2 which causes the COVID-19 disease. Viruses can affect different organisms in different ways and they can vary greatly in their form and complexity. This was seen with COVID-19 which worst affected the elderly¹⁰⁶.

Much of the guidance mentioned throughout this toolkit can be applied to help avoid developing viruses and diseases. This includes eating healthy, exercising regularly, stopping smoking and reducing alcohol consumption. As well as these, individuals are encouraged to make time for and take care of their whole-body health. This involves visiting a doctor and dentist for regular check-ups. This kind of preventive care can both detect disease or prevent illnesses before they start.

Islam inherently has mechanisms in place to protect oneself against diseases. Viruses, diseases and plagues spread due to uncleanness; in Islam cleanliness is so stressed that it constitutes half of faith.¹⁰⁷ A good Muslim cleans his hands before and after eating, he cleans his hands before and after entering the bathroom, he does ablution all day long, covers food in the kitchen before sleeping, shakes his duvet before sleeping, never blows on his food and has a bath at least once a week. All these are preventative measures to ensure a Muslim is not subject to illness in the first place.

The second reason why diseases appear is because of incorrect consumption; either the wrong food is eaten or the correct food is consumed but in the wrong manner. Foods which are filthy for the mind and soul are simply not allowed in Islam. Then there are extensive guidelines from Prophet Muhammad (peace be upon him) on how exactly to consume food in order to prevent illnesses and diseases such as (i) dividing the stomach into three parts and leaving one portion empty (ii) not to eat one meal after the other (iii) not to consume uncovered food (iv) to perform light exercise after eating (v) not to eat and drink whilst lying down (vi) to ensure hands and nails are clean (vii) to drink in small gulps.

It is impossible to fulfil the rights of Allah and His servants in the absence of good health. This is why obligatory Shari'ah rulings are suspended when a Muslim is ill, such as attending Friday Prayers (Jumu'a) and fasting in Ramadan.

Recommendations

Protection against disease is obligatory and admissible under Islamic Shariah, and those actions which do not support these preventive measures and cause harm to humanity are un-Islamic.

First and foremost, mosques and faith settings have a responsibility to ensure that their environments are hygienic and meet all relevant health and safety standards. Mosques and faith settings can also contribute to the protection against disease and health protection through the following:

1. Mosque leaders should promote high levels of personal hygiene, encouraging hand washing with soap for 20 seconds before doing wudu.
2. Imams take opportunities spread key messages focusing on healthy behaviours.
3. Continue to maintain Covid-19 measures and educate the community or congregation on disease preventative measures as have been done throughout covid-19.
4. Ask people not to attend groups and gatherings if they are acutely unwell
5. Develop risk assessments to prevent the spread of diseases in the community via the mosque

Case study

Throughout the recent pandemic, mosques in Birmingham have incorporated measures to protect their congregations from COVID-19. These measures are now in-built into the strategies of mosques, that they will continue to be used to keep people safe from other potential illnesses. The British Islamic Medical Association alongside umbrella groups such as the Muslim Council of Britain and the Mosques and Imams National Advisory Board have led on risk assessments and awareness campaigns.

Vaccination and screening

Vaccination

Vaccination is a simple, safe, and effective way of protecting you from harmful diseases before you come into contact with them. A vaccine uses your body's natural defence to safely develop immunity to a disease. The NHS describes vaccines as "the most effective way to prevent infectious diseases"¹⁰⁸.

The UK's current immunisation schedule provides protection against 14 vaccine-preventable infections, including measles, meningococcal disease and polio¹⁰⁹. Most of these are given during childhood and some are aimed at older populations. The World Health Organisation recommends 95% of all children are immunised against vaccine preventable diseases¹⁰⁹, however the UK is failing to meet this. The COVID-19 immunisation programme began in December 2019 and although it has been successful in vaccinating around 70% of the population, some people are yet to be vaccinated¹¹⁰. Factors affecting the uptake of vaccines include:

- Miscommunication between healthcare providers and patients
- Anti-vaccination messages
- Difficulties in access to healthcare professionals
- Distrust in the healthcare sector

How to Spot Misinformation

Top tips for navigating the infodemic

World Health Organization

- 1. Assess the source:**
Who shared the information with you and where did they get it from? Even if it is friends or family, you still need to vet their source.
- 2. Go beyond headlines:**
Headlines may be intentionally sensational or provocative.
- 3. Identify the author:**
Search the author's name online to see if they are real or credible.
- 4. Check the date:**
Is it up to date and relevant to current events? Has a headline, image or statistic been used out of context?
- 5. Examine the supporting evidence:**
Credible stories back up their claims with facts.
- 6. Check your biases:**
Think about whether your own biases could affect your judgment on what is or is not trustworthy.
- 7. Turn to fact-checkers:**
Consult trusted fact-checking organizations, such as the International Fact-Checking Network and global news outlets focused on debunking misinformation.

Figure 10. World Health Organisation¹¹¹

It is your right to decide whether to get vaccinated. If you are unable or unwilling to take up a vaccine it is important you take the right steps to ensure yourself and others remain protected. In the case of COVID-19, this means testing regularly. If you are sceptical about vaccinations, you can:

- Engage with credible sources
- Speak to medical professionals who you know and trust

Screening

Screening is a way of finding out if people have a higher chance of having a health problem. It ensures early treatment or information can be given to individuals where necessary. In the UK, a range of screening programmes are available on the NHS, free of charge. They are targeted at populations at risk. Current UK screening programmes include:

- Bowel cancer screening
- Breast screening
- Cervical screening
- Diabetic eye screening

Screening programmes in the UK collectively invite over 15 million people to be screened each year with an uptake of 10 million. This saves around 10,000 lives per year¹¹².

Prophet Muhammad (peace be upon him) regularly practiced Hijama (blood cupping). In light of modern science, we now know that there are multiple benefits of this procedure, for Hijama increases blood circulation in the body, it promotes the flow of energy in the blood, it stops body pains and helps with skin beauty.

The fact that Prophet Muhammad (peace be upon him) practised Hijama also proves that undergoing medical procedures to enhance or maintain good health is his example (Sunna). This means that in this day and age, vaccinations to prevent illnesses are not only permissible but encouraged. Muslims are encouraged to care for their health, with regular check-ups, screenings and medication from a trusted doctor.

Recommendations

Mosques and faith settings have an important role to play in the encouragement of the uptake of both vaccination and screening in order to save lives. Specific actions they can take include:

1. Collaborate with the NHS and Public Health England to promote both vaccination and screening programmes and consider hosting clinics
2. Hold discussion sessions to try to 'bust the myths' surrounding vaccinations
3. Provide people with correct, unbiased information surrounding the advantages of vaccination and screening as well as the potential risks of not taking up these programmes
4. Emphasise Islam teachings that encourage preservation of health and wellbeing
5. Create an environment where open discussion over vaccination can take place and there is room for healthy debate.

Case study

Al-Abbas Islamic Centre in Birmingham became the first place of worship to offer the COVID-19 vaccine. Subsequently, other Birmingham mosques have safeguarded community members by offering the vaccination at their faith setting. Mosques such as Green Lane Masjid, Masjid Al Falaah, Masjid Isa Ibn Maryam and others played significant roles in encouraging and offering vaccination opportunities.

Wider determinants of health

What's the story?

Birmingham faces challenges when it comes to health and wellbeing. In general, the quality of Birmingham's health is poorer than the rest of the UK. Much of the content covered in this toolkit can be linked to wider determinants of health. Wider determinants are the social, economic, and environmental factors which can affect the quality of people's physical and mental wellbeing and are often linked to poverty and deprivation.

The Index of Multiple Deprivation (IMD) is an "overall measure of multiple deprivation experienced by people living in an area"¹¹³. Birmingham has high levels of deprivation and poverty, with 43% of the population living in areas that are in the top 10% most deprived in England¹¹³. Overall, Birmingham is ranked as the 7th most deprived local authority in England and deprivation is most heavily clustered in the city centre. Hodge Hill is the most deprived constituency in the city¹¹³.

Social, economic and environmental determinants are all interlinked¹¹³.

Social determinants → the conditions in which people are born, grow, work, live and age. They are the wider societal forces and systems that shape the conditions of an individual's daily life, including education levels, occupation, income and class.

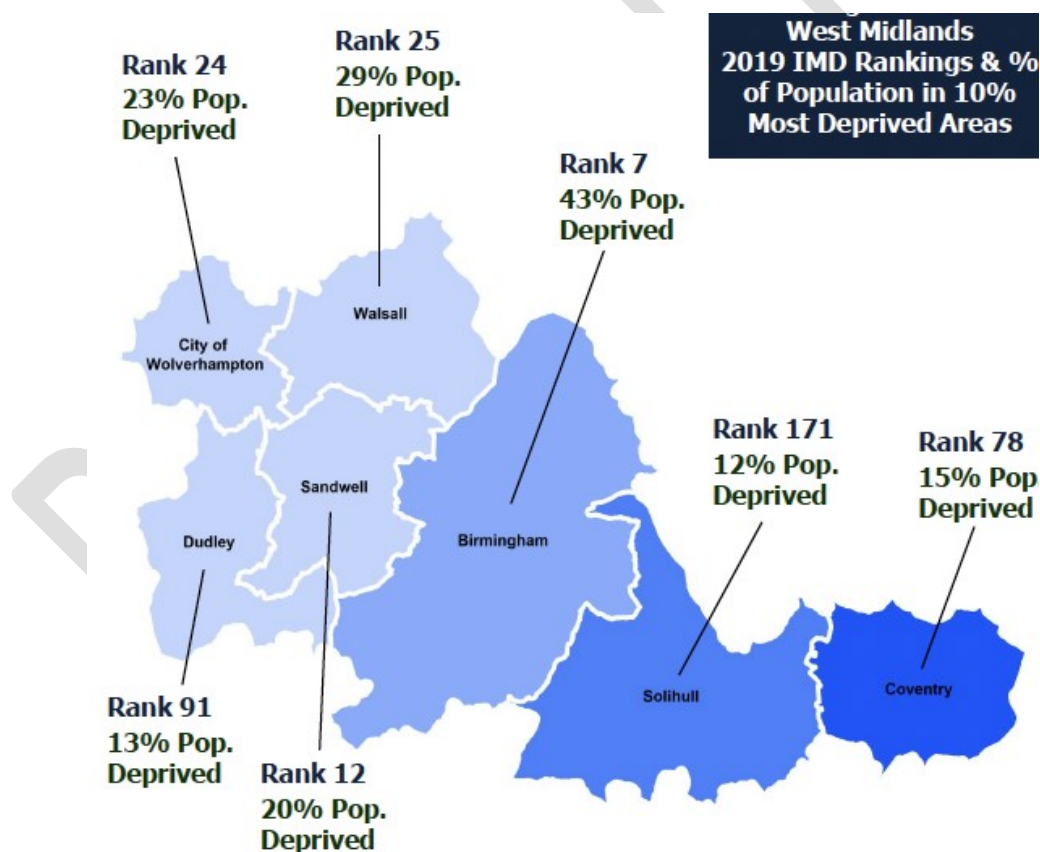


Figure 11. Birmingham City Council ¹¹³.

In the UK, people with the lowest life expectancy are three times more likely to have no qualifications compared with those with the highest life expectancy¹¹⁴.

In Birmingham:

- Over 100,000 (37%) children are living in poverty. This is the second highest rate of child poverty across the UK's core cities, after Manchester¹¹⁵.
- Almost 3 in 10 households with children are lone parent households¹¹⁵.
- 9.5% of the population aged 16-64 have no qualifications¹¹⁶.
- In 2019, just 68% of pupils achieved a "Good Level of Development", compared to 71.8% nationally¹¹⁵.

Deprivation in Birmingham, 2019

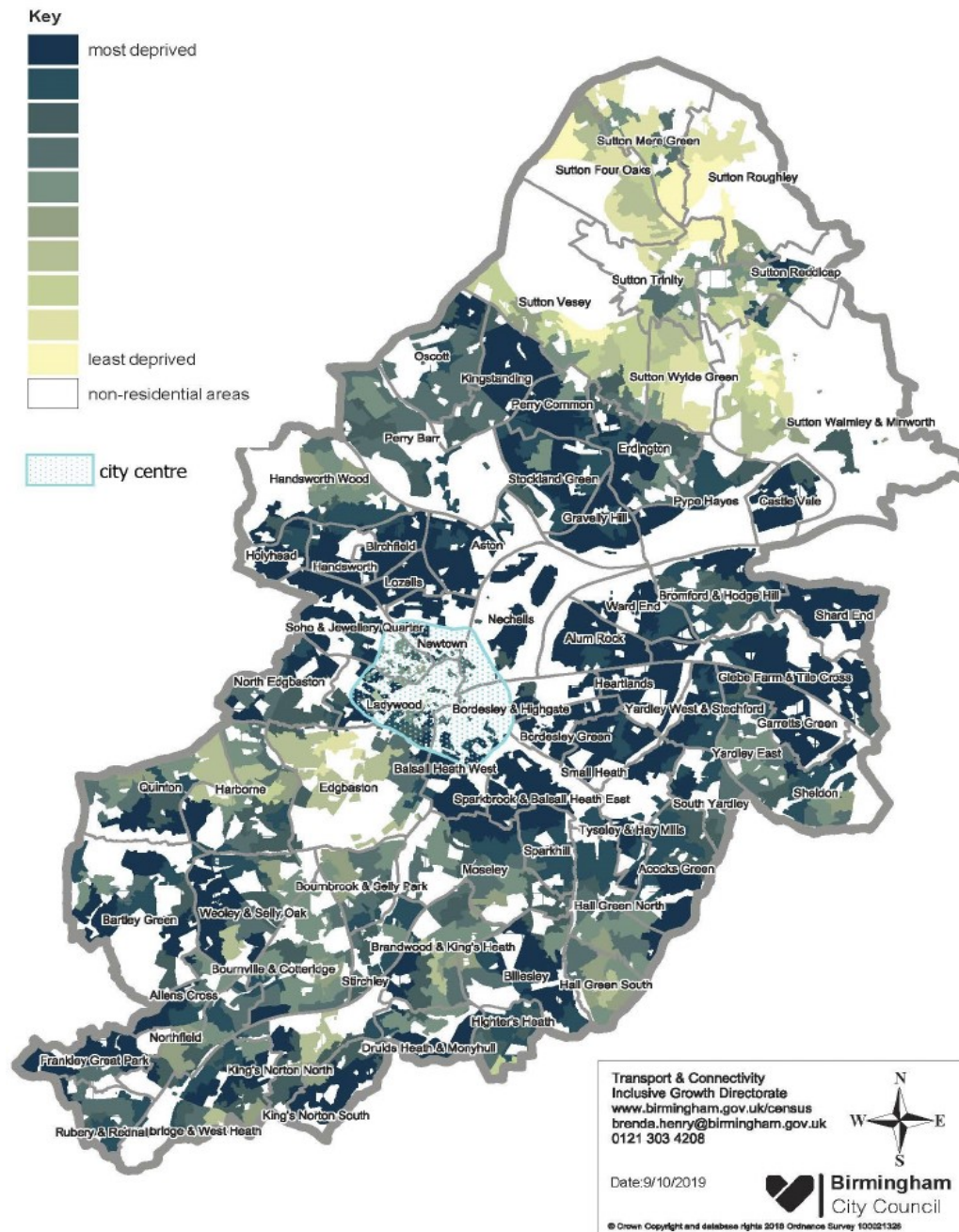


Figure 12. Birmingham City Council¹¹³

Economic determinants → access to wealth and income. They are closely linked to social determinants.

One of the fundamental causes of the UK's health inequalities is the unequal distribution of income across the population. 10% of adults in the lowest income category report 'bad' or 'very bad' health, compared to just 1% in the highest income category¹¹⁷.

In Birmingham:

- Earnings are 10% below the national average¹¹⁵.
- The unemployment rate is 8.5%¹¹⁵.

Money can affect health in a number of ways:

- Ability to purchase goods and services that improve health: shelter, warmth, food, leisure activities, childcare
- More choice of where to live; people with more money can avoid living in certain areas with undesirable conditions such as high pollution levels
- Managing on a low income can be stressful, causing feelings of lower status, impacting mental health
 - Such stress can cause higher consumption of tobacco and alcohol

Environmental determinants → conditions related to the physical spaces in which people live, work, and socialise.

In Birmingham:

- Air pollution is estimated to cause 900 deaths per year¹¹⁸.

Specific environmental factors include chemical safety, air pollution, climate change and natural disasters, diseases caused by microbes and poor air quality.

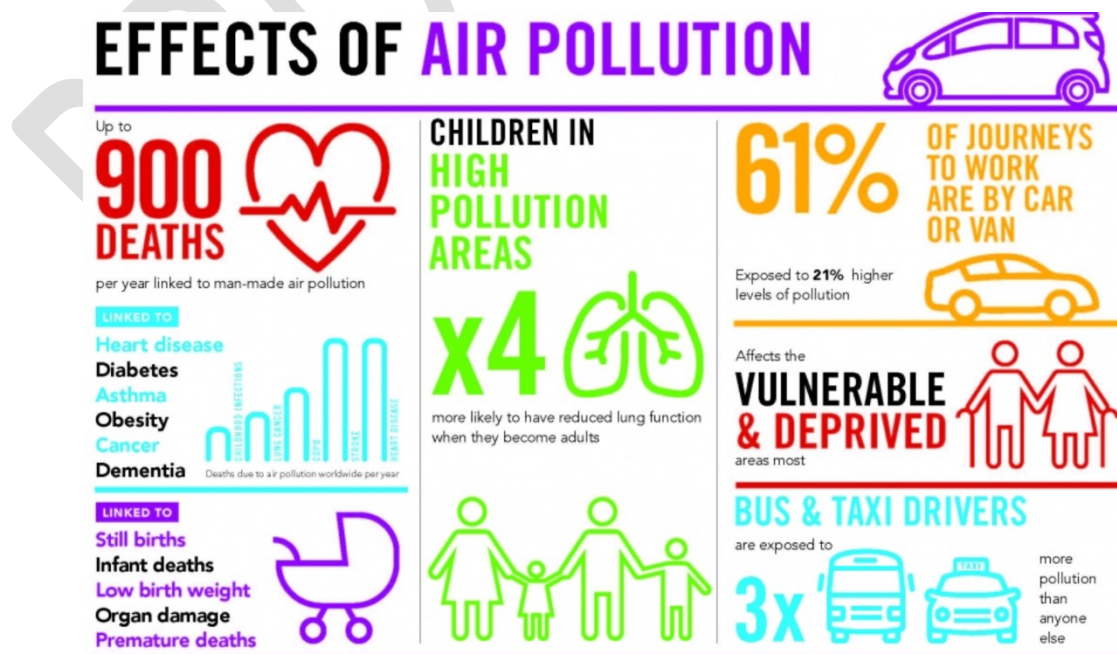


Figure 13. Birmingham City Council¹¹⁸

Islam accepts that there are external factors that can determine the level of one's health – ethnic background, underlying health issues, geographical location, poverty and the climate. To counter this, huge emphasis is placed upon the community to help the underprivileged. Prophet Muhammad (peace be upon him) remarked that a believer has not reached the highest stage of faith if he eats contently whilst his neighbour – Muslim or non-Muslim – is hungry¹¹⁹. When food was cooked in the Prophet's (peace be upon him) household, some was provided to the neighbour¹²⁰. Zakah redistributes wealth to assist those with less means of sustenance. Such acts do not only help the recipient; it also hugely helps the provider too. It allows them to experience inner content and spiritual ease, knowing that they have shown responsibility and compassion towards Allah's creations.

Recommendations

Such wider determinants of health are often long-term features of an individual's life. Structural inequality and marginalisation can result in certain conditions affecting a person's social and economic chances. Therefore, these are deep-rooted somewhat difficult factors for mosques and faith settings to address. However, they can help by:

1. Offering support for individuals and families who may be struggling financially – consider food distribution or financial donations
2. Liaise with local statutory partners to identify all of the wider determinants of health within your local area
3. Identify which issue you can actively be involved in tackling → which wider determinant affects your area the most and develop initiatives to tackle those
4. Engage with your local council and your representative to campaign, bring about changes to tackle systemic barriers
5. Develop faith inspired awareness material for the community or congregation

Case study

The Bahu Trust has taken a public health approach to tackling violent crime in its local area. In order to deal with the factors that lead to crime, the mosque has set up a community surgery to support the local residents with debt management, literacy support, food bank and other advice. The Bahu Trust is also involved in campaigning and advocacy, in order to tackle the social barriers that local communities face.

Development opportunity checklist

The development opportunity checklist was developed for faith settings to reflect on the services that they provide for their faith settings and their users. The checklist is split into eight sections, including the themes discussed throughout the Healthy Faith Setting toolkit. The checklist is design to help gather information on:

- The current levels of health promotion activities;
- Solutions to develop new initiatives;
- Leadership, implementation and planning on findings of key sections: for example, decreasing isolation, raising awareness of diseases and screening, signposting to specialist services;
- Reflecting on how inclusive services are, covering all ages and gender expressions
- Training and development opportunities for staff and volunteers

The development opportunity checklist can help faith settings to demonstrate their impact and evaluate their work for development opportunities to better the health needs of the faith settings users.

PROTOTYPE

Section 1: Promoting healthy eating and preventing obesity		Success criteria	By who	Deadline
1.a	Healthy eating awareness campaign should be launched in mosques alongside the provision of healthy food.	Provision of healthy food for mosque events from locally sourced and ethical outlets. Launch of Healthy Eating awareness campaign through mosque channels.		
1.b	Organise a support group for those struggling with eating habits → congregational support group, potential facilitator	Congregational support group launched for those struggling with eating habits, awareness raised within mosque and local community for promotion of support group.		
1.c	Create a Sunnah inspired food guide with recipes and meal ideas.	Collaboration with Imams and food experts for the development of Sunnah-inspired food guide to distribute within mosque and local community.		
1.d	Promote the Sunnah fasting days → Monday, Thursdays etc.	Promotion of regular fasting habits as per the Sunnah. Group set up for those fasting to provide support and solidarity e.g. weekly communal iftars. Data collection of uptake within community via survey, poll, or research activity.		
1.e	Allow your mosque to be used as a platform for food experts to speak to your congregation.	Invitation to and arrangement of external speakers, experts and nutritionists to deliver talks, presentations and workshops to congregation on healthy eating.		
Section 2: Promoting physical activity		Success criteria	By who	Deadline
2.a	Educate the Muslim community about the sunnah and importance of physical activity. Incorporate this into Friday sermons.	Education related to importance of physical activity and the Sunnah developed – resources, literature and posters produced. Incorporated in Friday sermons topics.		
2.b	Set up physical activity classes and groups that cater to men, women, and children. E.g. walking, hiking, yoga, martial arts, kickboxing and cycling.	The establishment of physical activity classes and groups in various areas. Organisation and coordination of		

		these groups to be run by volunteer facilitator or local organisation.		
2.c	Promote walking to the mosque, following the example of the Prophet Muhammad (PBUH)	Promotion of the Sunnah of walking to the mosque. Survey carried out to assess this.		
2.d	Identify Sunnah sports and integrate them into the Muslim community within the activities the mosque provides e.g., archery, swimming and horseback riding.	Identification of Sunnah sports, integration of these within the mosque or provision by external organisation.		
2.e	Allow your mosque to be used as a platform for local sports to be promoted and invite representatives from local organisations to facilitate activities.	Invitation to and arrangement of external speakers, experts and athletes to deliver talks, presentations and workshops to congregation on importance of sports and physical activity.		
Section 3: Conception and pregnancy		Success criteria/Action point	By who	Deadline
3.a	Provide literature on aspects of a healthy pregnancy and practical advice for mothers.	Literature produced or acquired from local institutions and health bodies – distribution and promotion of material within mosque.		
3.b	Offer support activities and groups for both pregnant women and mothers on breastfeeding, childcare and the demands of motherhood.	Activities and groups established within mosque for pregnant women and mothers – run and facilitated by volunteers and experts on areas such as breastfeeding, childcare and demands of motherhood.		
3.c	Encourage the involvement of men throughout the whole pregnancy process, provide support groups for men → educating the men on the responsibilities of being a supportive partner.	Promotion of involvement of men throughout pregnancy process – campaign launched to raise awareness of this within mosque community. Education initiated related to the responsibilities of being a supportive partner. Survey and research conducted into involvement of men post-campaign to assess success.		
3.d	Educate both men and women on the responsibilities of parenthood → create a support mechanism.	Workshops and talks designed and run to educate couples and expecting parents on the responsibilities of parenthood. Support groups established for community.		
3.e	Allow the mosque to be a platform for open discussions about pregnancy and conception → invite support groups/organisations to the mosque to deliver classes/workshops/talks.	Invitation to and arrangement of external speakers, experts and healthcare professionals to deliver talks, presentations and workshops to congregation on conception and pregnancy. Collaboration and partnerships established with local institutions to achieve shared goals.		
3.f	Encourage faith leaders to incorporate responsibilities of parenthood in	Responsibilities of parenthood included in discussion with couples		

	discussion with couples during marriage.	during marriage (Nikkah) ceremony conducted by Imam.		
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PROTOTYPE

Section 4: Promoting childhood health		Success criteria	By who	Deadline
4.a	Holding activities in the mosque that allow children to explore, create and socialise with others e.g. youth clubs, sports and recreational activities.	Establishment of youth clubs, sports and recreational activities for children and young people.		
4.b	Raising any concerns about a child with the appropriate services.	Appropriate services contacted in situations where the safety and health of children are threatened or questioned.		
4.c	Creating counselling clinics and mental health workshops within mosques for young people.	Counselling clinics and workshops organised and facilitated by experts or mental health professionals. Collaboration with local services and organisations for the provision of counselling.		
4.d	Train mosque leaders on how to deal with child mental health.	Training designed and carried out for mosque leaders on child mental health.		
4.e	Staff interacting with children should be trained in mental health first aid and in identifying Adverse Childhood Experiences.	Mental health first aid training designed and implemented for staff closely working with children with a particular focus on ACEs.		
Section 5: Promoting ageing well and retirement		Success criteria	By who	Deadline
5.a	Develop lectures that explain healthy ageing and its benefits to the individual and society.	Lecture series developed to explain healthy ageing and its benefits to the individual and society.		
5.b	Create initiatives that allow elderly members of society to volunteer and socialise with others.	Initiatives established to allow elderly members of society to volunteer and socialise with others e.g. inclusion of the elderly in soup kitchens, grassroots community work, sports and social activities.		
5.c	Create cafes/spaces where elderly people who suffer from age-related illnesses and their families can speak freely and without judgement.	Establishment of cafes and spaces directed at elderly people who suffer from age-related illnesses to discuss issues openly and without judgement – based on Dementia café concept.		
5.d	Destigmatise difficulties faced by the elderly and encourage young people to volunteer with the elderly.	Promotion of young people's involvement with the elderly. Campaign launched to pair young people with elderly in the community – to volunteer and provide support, socialisation and comfort to the elderly within community e.g. regular phone calls, outings and activities.		

5.e	Collaborate with other mosques to develop a senior Muslims platform that advocates their needs.	Collaboration with other mosques and institutions to develop a senior Muslims platform and mechanism that advocates their needs and highlights their experiences and challenges.		
Section 6: Promoting mental health and well-being		Success criteria	By who	Deadline
6.a	Mosques should provide all staff with mental health first aid training.	Mental health first aid training provided to all mosque staff.		
6.b	They should incorporate spiritual support with mental health services which are inclusive and culturally sensitive.	Promotion of mental health services alongside spiritual support – awareness raised of importance of holistic approach to mental health.		
6.c	Offer support and counselling services.	Establishment of mental health services e.g. Counselling, talking therapy and support groups provided within mosque settings or outsourcing of this with local partners.		
6.d	Provide articles, info-graphics and other accessible resources on topics such as stress, anxiety, loneliness.	Promotion and distribution of literature and resources related to mental health – either produced in-house or accessed from local partners on topics such as stress, anxiety and loneliness.		
6.e	Offer a free, confidential helpline operated by trained volunteers.	Establishment and promotion of free, confidential helpline operated by trained volunteers – similar to Muslim Youth Helpline.		
Section 7: Promoting healthy relationships		Success criteria	By who	Deadline
7.a	Using Islamic teachings that promote treating others with kindness, justice, gentleness, respect.	Promotion of Islamic teachings which encourage treating others with kindness, justice, gentleness, respect. Campaign launched to raise awareness of the importance of healthy relationships and the way in which this is advocated within Islam and in the Sunnah.		
7.b	Educating young people on healthy relationships and encouraging open conversations about relationship values from a young age.	Integration of the importance of healthy relationships within Madrasah curriculum, encouragement of open conversations on this topic among teenagers and young people to promote positive relationship values and behaviours.		
7.c	Establishing faith-sensitive, inclusive advice or counselling sessions for those affected by unhealthy relationships.	Establishment of faith-sensitive, inclusive advice or counselling sessions for victims of unhealthy relationships.		

7.d	Providing an anonymous support system of safety and confidentiality where people can seek guidance without judgement.	Anonymous support system established where individuals can seek guidance and advice without judgement – e.g. online web page or messaging service facilitated by trained professionals.		
7.e	Directing individuals to support services and local organisations.	Partnerships with local organisations and promotion of services for community – directing individuals to appropriate local services based on their needs.		
7.f	Creating a platform for experts to talk about these issues e.g., professionally trained psychologists and support organisations.	Mosque-based platform created for experts to talk about these issues which can be accessible to the community – inclusion of professionally trained psychologists and support organisations.		
Section 8: Preventing abuse and violence		Success criteria	By who	Deadline
8.a	Offer temporary refuge for domestic violence victims.	Spaces created within the mosque for temporary refuge to be provided for domestic violence victims.		
8.b	Create initiatives series on 'Signs of Unhealthy Relationships' and spaces where women and survivors of abuse can come together and share their experiences without judgement.	Creation of spaces where women and survivors of abuse can come together and share their experiences without judgement. Support mechanism established and promoted within local community and specifically targeted at women and girls. Campaign launched within community to promote this run by women for women.		
8.c	Create good links with your local statutory partners (i.e., neighbourhood police, local council, youth service) to gain community briefings and collaborate with local partners.	Establishment of partnerships and collaboration with local statutory partners – to work together toward shared goals to address emotional and domestic abuse, to gain community briefings, up to date information and data to support campaign and efforts.		
8.d	Create employment workshops to provide interview skills, job search support and career guidance.	Employment workshops set up to provide interview skills, job search support and career guidance for young people and ex-offenders.		
8.e	Develop faith-inspired diversionary initiatives to steer young people away from crime.	Faith-inspired diversionary initiatives created to steer young people away from crime e.g. volunteering with local community and involvement in grassroots community work.		
Section 9: Encouraging healthier behaviour by addressing smoking and substance misuse		Success criteria	By who	Deadline

9.a	Emphasise Islamic teachings which advise taking care of the body – it is an Amanah on every human being.	Promotion of taking care of the body and encouragement of healthy lifestyle and habits within Friday sermons and events.		
9.b	Educational stop smoking material and encouraging treatments such as nicotine patches (nicotine replacement therapy).	Provision of educational stop smoking material, encouragement of nicotine replacement therapy and similar treatments.		
9.c	Discussion groups for people trying to stop smoking, led by a medical professional or an Imam.	Discussion groups created for people trying to stop smoking, led by a medical professional or an Imam.		
9.d	Provide information and support sessions to combat substance misuse.	Campaign launched to provide information on the risks related to smoking and substance misuse. Confidential support sessions provided for those struggling with these issues.		
9.e	Create links with local drug support groups.	Partnership and collaboration with local drug support groups.		
Section 10: Protecting against disease and health protection		Success criteria	By who	Deadline
10.a	Mosque leaders should promote high levels of personal hygiene, encouraging hand washing with soap for 20 seconds before doing wudu.	Promotion of high levels of hygiene, campaign launched to encourage hand washing and consistent hygiene practices.		
10.b	Imams should spread key messages focusing on healthy behaviour and the potential impacts of unhealthy behaviour.	Educational workshops and talks designed and delivered by imams to promote healthy behaviour.		
10.c	Continue to maintain Covid-19 measures and educate the community or congregation on disease preventative measures as have been done throughout covid-19.	Maintenance of Covid-19 measures and education on disease preventative measures.		
10.d	Develop links with public health departments, create public health initiatives based on briefings, well-evidenced research.	Partnership and collaboration with public health departments to create initiatives based on briefings and well-evidenced research.		
10.e	Develop risk assessments to prevent the spread of diseases in the community via the mosque.	Risk assessments developed to prevent the spread of diseases in the community.		
Section 11: Vaccination and screening		Success criteria	By who	Deadline

11.a	Collaborate with the NHS and Public Health England to promote both vaccination and screening programmes.	Partnership and collaboration with NHS and Public Health England to promote both vaccination and screening programmes.		
11.b	Hold discussion sessions to try to 'bust the myths' surrounding vaccinations.	Discussion sessions and talks run to 'bust the myths' surrounding vaccinations.		
11.c	Provide people with correct, unbiased information surrounding the advantages of vaccination and screening as well as the potential risks of not taking up these programmes.	Literature and material with correct, unbiased information surrounding the advantages of vaccination and screening made readily available within the mosque.		
11.d	Emphasise Islamic teachings that encourage preservation of health and wellbeing.	Islamic teachings that encourage preservation of health and wellbeing communicated in Friday sermons and at events.		
11.e	Create an environment where open discussion over vaccination can take place and there is room for healthy debate.	Fostering an environment where open discussion over vaccination can take place.		
Section 12: Addressing wider economic, social and environmental determinates of health		Success criteria	By who	Deadline
12.a	Offering support for individuals and families who may be struggling financially – start up a food bank or financial donations.	Establishing support networks and food banks for families who are struggling financially. Collaborating with local partners for collection, distribution and promotion of this initiative.		
12.b	Liaise with local statutory partners to identify all of the wider determinants of health within your local area.	Collaboration with local statutory partners to identify wider determinants of health within your local area.		
12.c	Identify which issue you can actively be involved in tackling → which wider determinant affects your area the most and develop initiatives to tackle those.	Identification of most pressing issues in local area, development of initiatives which address these.		
12.d	Engage with your local council and your representative to campaign, bring about changes to tackle systemic barriers.	Partnership with local council to develop campaigns to tackle systemic barriers.		
12.e	Develop faith inspired awareness material for the community or congregation.	Campaign launched to raise awareness of multi-faceted issues which affect health and how to address this.		

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