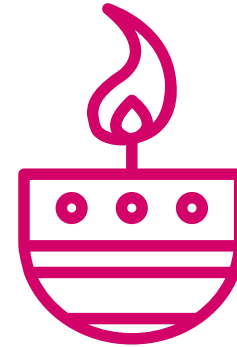




HINDU MANDIRS FAITH SETTINGS TOOLKIT



A BOLDER HEALTHIER BIRMINGHAM

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GLOSSARY

Ahimsā – non-violence in thought, word and deed, love and respect for all life forms due to the belief that God pervades all beings

Antardrashti – to look within or introspect

Ātma vichār – contemplation on the soul

Ātmā – ‘soul’ or ‘self’. The pure jiva, distinct from the physical, subtle and causal bodies, i.e. the spiritual self beyond its material body, senses, mind and worldly desires

Bhajan – devotional lyrics glorifying God

Bidi – a type of cigarette made of unprocessed tobacco wrapped in leaves

Dandavat – prostration as a humble act of worship or respect

Dān (or daan) – selfless giving

Dharma – righteousness, responsibility or duty

Dhyān – meditation

Garbha sanskāra – ‘education in the womb’, referring to the Hindu belief that a child’s development starts in the womb, and that it can be influenced by the mother’s emotional state and practices during pregnancy

Ghar sabhā – a spiritual discourse held at home, attended by all family members. Pramukh Swami Maharaj introduced this home ritual in the BAPS Swaminarayan Sanstha in the early 1970s. It usually involves chanting mantra, bhajan and reading and discussing a shastra

Guru – a religious teacher, adviser or guide; spiritual preceptor

Gutka - a chewing tobacco preparation made of crushed areca nut, tobacco, catechu, paraffin wax, slaked lime and sweet or savoury flavourings

Jiva – one of the five eternal metaphysical realities. It refers to a distinct, individual soul, i.e. a finite sentient being

Karma – the universal law of cause and effect according to which a person is responsible for his or her actions

Kathā – spiritual discourses

Mahimā vichār – contemplation on the good in others to develop a positive outlook

Mandir – Hindu place of worship housing the murti of God, a dwelling of worship in Sanātana Dharma

Mānsi pujā – mental worship of God

Murti – a sacred image infused with the presence of God, Guru or other deity used in religious services to offer worship

Navrātri – a Hindu festival that spans over nine nights and is celebrated every year in the autumn season

Paan - a preparation combining betel leaf with areca nut

Pandit – a learned person, often used to refer to a Hindu priest

Pradakshinā – practice of circumambulating around the deity, mandir or holy place

Pujā – act of worship or adoration; rituals and prayers offered at home or in the mandir

Purushārtha – endeavours or goals of life, namely dharma (righteousness), artha (wealth), kāma (aspirations) and moksha (liberation)

Prasād – sanctified food

Sabhā – a general or religious gathering

Sādhu – a religious ascetic within Hinduism who has renounced earthly attachments

Sanātana Dharma – religion or the tradition of spiritual beliefs, disciplines and practices that are not only ancient, but also eternal, commonly referred to as Hinduism

Sevā – selfless service

Smṛuti – reminiscing on the divine incidents of God

Upavās – fasting

Vedas – divine revelation to sages which comprises of Hinduism's most authoritative body of scriptures, believed to be the world's most ancient scriptures

Yoga – art and science of concentration of mind which helps the spiritual aspirant to ultimately realise God

All infographics have been produced by BAPS.

Photo credits: BAPS.



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Sadhu Yogvivekdas Sadhu

Paramtattvadas Bhavisha

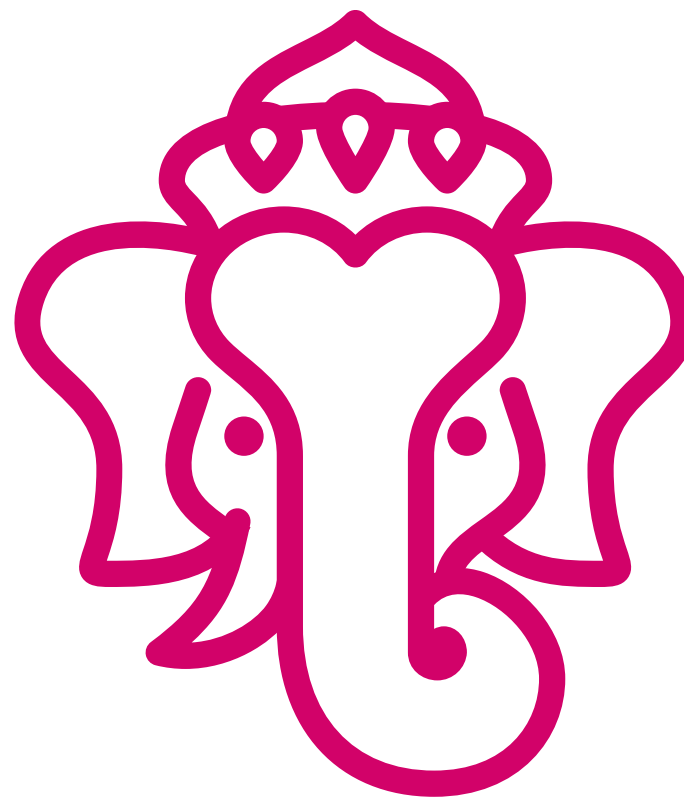
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FOREWORD

Hinduism, also referred to as Sanātana Dharma, is considered by many of its believers and practitioners to be the world's oldest living dharma or religion, originating from the South Asian subcontinent. It is the third largest religion with approximately 1.1 billion followers, comprising about one in every seven of the world's population. Hinduism is made up of different traditions spanning spiritual, cultural and social disciplines and practices of great antiquity.

Hinduism is fascinatingly diverse and does not have one founder or philosophy. It is often referred to as a family of religious traditions because of its many deities, sacred texts, philosophies, communities, religious leaders, rituals, practices and festivals. Yet, most Hindus share core beliefs and the Vedas are the most recognised scriptures in Hinduism.

Hindus consider their true selves to be distinct from both the body and the mind, believing their identity to be the ātmā (soul). It is through the human body that Hindus can fulfil the four purushārthas, also known as the four endeavours or goals of life, namely dharma (righteousness), artha (wealth), kāma (aspirations) and moksha (liberation).

The Shrimad Bhāgvatam (11.2.29) states,

“Durlabho mānusho deho – The human body is a rare boon.” The Satsang Dikshā (2) adds, “Deho’yam sādhanam mukter na bhoga-mātra-sādhanam; Durlabho nashvarash-chā’yam vāram-vāram na labhyate – This body is a means for moksha, not merely a means for indulgence. Rare and perishable, this body is not repeatedly attained.”

Despite the belief that the body and ātmā are distinct from one another, Hindus place great importance on preserving one's physical and mental health. In fact, Hinduism endorses maintaining optimal physical and mental health, as well as purity of diet, as all of these are essential to enable the best positive contribution to the community and society, but also to allow maximal spiritual progress.

ABOUT BIRMINGHAM CITY COUNCIL

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 and 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:

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.

Engagement:

From September 2022 to June 2023, the Hindu Healthy Faith Settings Toolkit was piloted across three Mandirs across Birmingham. The engagement was led by the Centre for Sikh and Panjabi Studies at the University of Wolverhampton. The engagement sessions with the Mandirs collected community feedback on the health topics included in the toolkit, allowing Hindu community members to discuss how Mandirs can more greatly support the health and wellbeing of their faith users.

During the pilot year the toolkit sections on promoting child health, long term conditions, health screening and vaccinations were not

explored due to time constraints and low engagement with the pilot project. Additionally, the sections on promoting healthy relationships and conception and pregnancy were not explored, this was largely due to discomfort among the communities and Mandir committee. These sections may be more relevant to community centres with Hindu attendees. If looking to improve health outcomes for Hindu in these areas within faith settings, it must be acknowledged that there is a challenge in engaging with some faith settings around these topics.

Using the toolkits:

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 Hindu users.

Feedback from community members across the different toolkits revealed that some health topics may be more suitable promoted at community centres, rather than at faith settings. For these topics, it may be useful for the faith setting to signpost their members to these centres.

HINDU MANDIRS FAITH SETTINGS

The toolkits have included signposting and resources that are both generic and specific to each faith, however, if any further support (such as signposting, service provision, professional speakers, or other key resources) is required from Mandirs, they can contact the Communities Team, Public Health Division via the email:

CommunitiesTeam@birmingham.gov.uk

Alongside the developed toolkits, the Communities Team has also created PowerPoint slides that include information from the toolkits. Where health topics are relevant or similar to one another, they have been merged together to support delivery of sessions that present multiple topics. As our engagement found some discomfort in delivering some health topics in their regular service, Mandirs have the autonomy to use the slides that are more appropriate to them and remove the ones that they feel they cannot deliver.

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



ABOUT BAPS SWAMINARAYAN SANSTHA

Bochasanwasi Shri Akshar Purushottam Swaminarayan Sanstha (also known as 'BAPS Swaminarayan Sanstha' or simply 'BAPS') is a worldwide community-based spiritual organisation with its beliefs firmly rooted in the Vedas. Revealed by Bhagwan Swaminarayan at the dawn of the 19th century and established in 1907 by Shastriji

Maharaj, BAPS strives to fulfil the spiritual and social needs of people while promoting inner peace and harmony between individuals, within families, and among communities. In the UK, BAPS Swaminarayan Sanstha is respected as one of the largest and most active Hindu organisations within the Indian diaspora. It is especially known and respected for its multifarious community outreach activities, the internationally-acclaimed 'Neasden Temple' (BAPS Shri Swaminarayan Mandir) in London and BAPS Shri Swaminarayan Mandir in Birmingham. The current spiritual head of BAPS is His Holiness Mahant Swami Maharaj.



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.

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



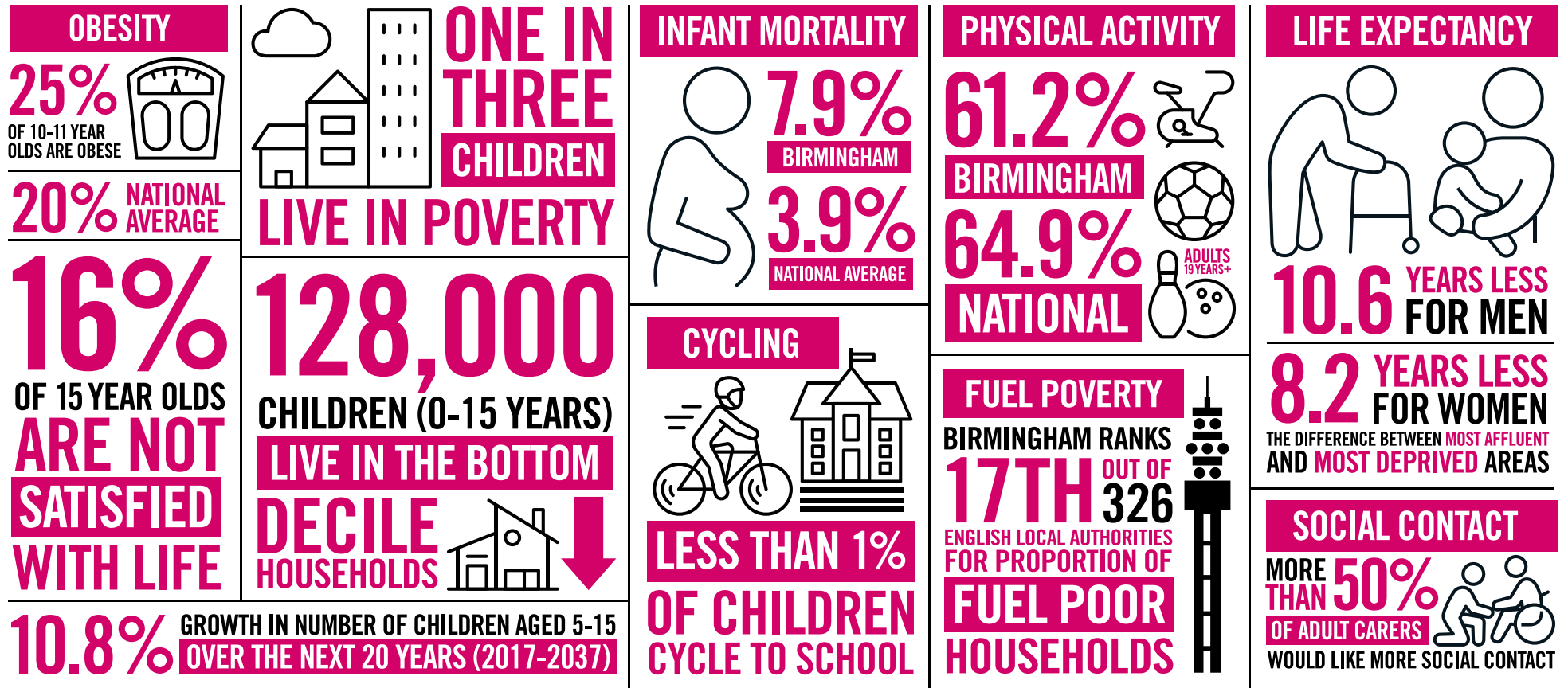


Figure 1: The health inequalities experienced within Birmingham's citizens

INTRODUCTION

Birmingham City Council together with BAPS Shri Swaminarayan Mandir, Birmingham have produced this guide to highlight the benefits of harnessing a collaborative approach to health and well-being to the community of Hindu mandirs and their congregation as well as to healthcare and charitable organisations.

This report describes the most important health issues for which increased awareness and education needs to be provided for Hindus in Birmingham. It gives a practical approach with important facts, links to resources, and practical examples of activities that can be used, and have been implemented, to address these challenges by Hindu mandirs and Hindu-based organisations locally.

Birmingham has a higher than average population of Hindus compared to the rest of the UK. Hindus make up 2.1% of all residents in Birmingham, compared to the national average of 1.5%. Small numbers of Hindus reside throughout most areas in Birmingham, and there are several regions with significantly higher numbers of Hindus, such as Handsworth, Hall Green and Edgbaston.

The majority of Hindus in England have origins in India or via former British colonies. The largest group is from the Gujarat region of India. Gujarati people make up 70% of Hindus in England, followed by Punjabi (15%). Others include Tamil, Bengali, Rajasthani and Maharashtrian. Although more than three quarters of Hindus in England are of Indian ethnicity, it is important to note that less than half of England's Indian population are Hindu, and only about one-fifth of England's South Asian population are Hindu.

Languages commonly spoken by Hindus in the UK include English, Gujarati, Punjabi, Hindi, Bengali, Marathi, Sindhi, Tamil and Nepali. Another important consideration is the background of Hindus currently resident in the UK. Approximately 43% were born in the UK, 42% born in Southern Asia and 11% born in Southern or Eastern Africa. This is likely to affect how activities are planned and carried out at Hindu mandirs.

Mandirs are Hindu temples, a sacred place for worship. They form part of a longstanding Hindu tradition and provide place of peace. Ancient Hindu builders saw the mandir not just as a sacred structure, but as an actual form of God, described as 'devaswarupa' – literally, 'God's body'. Hindus primarily visit mandirs to offer worship and devotion to the murti of God. After consecration, the murti is believed to be the living form of God and therefore rituals and ceremonies are performed in the mandir daily. Mandirs also house year-round Hindu festivals and joyous celebrations.

For many centuries the mandir has also remained a central hub, a community forum where the congregation meet and engage in selfless volunteering which reaches out to meaningfully serve others in the mandir and the wider community, helping to foster greater respect and harmony. Mandirs also serve as a place of education, to learn and cultivate talents in arts, music and literature.

Regular spiritual discourses are held at mandirs through which devotees learn about Hindu beliefs, values and practices. Discourses are often delivered by either a sādhu (monk), pandit (scholar) or a religious leader, who are key leadership figures, highly respected and trusted. They have great influence in promoting health and well-being awareness to individuals of the community. Incorporating health messages into discourses and coupling these with Hindu teachings can have a greater positive impact on the community, as will health activities undertaken at trusted locations such as mandirs.

This toolkit also contains a self-assessment checklist for mandirs to review their current level of health promotion and activities, which can also be used to identify opportunities to further develop these. By using this toolkit mandirs can help raise awareness of healthy living in their congregation, improve physical and mental health of individuals, aid early screening and diagnosis of disease, prevent conditions from worsening, and provide benefit to the wider community and generations to come.

“Sarvetra sukhinaha santu sarve santu nirāmayāhā | Sarve bhadrāni pashyantu mā kaschid duhkham āpnuyāt ||”

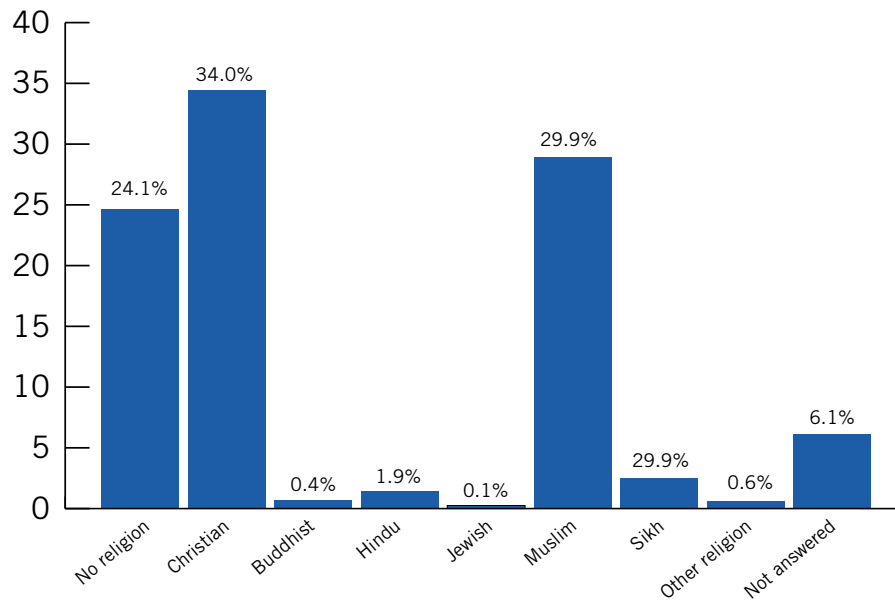
“May all be happy. May all be healthy. May all see the good. May no one be unhappy.” Subhāshitam



CURRENT DEMOGRAPHICS

Figure 2 below shows the most followed religions in Birmingham according to the 2021 Census. The most followed religion is Christianity, followed by 389,406 people (34.0% of the total population). The next most followed 'religions' are Islam (29.9%) and 'no religion' (24.1%). Hindus made up 1.9% of the population.

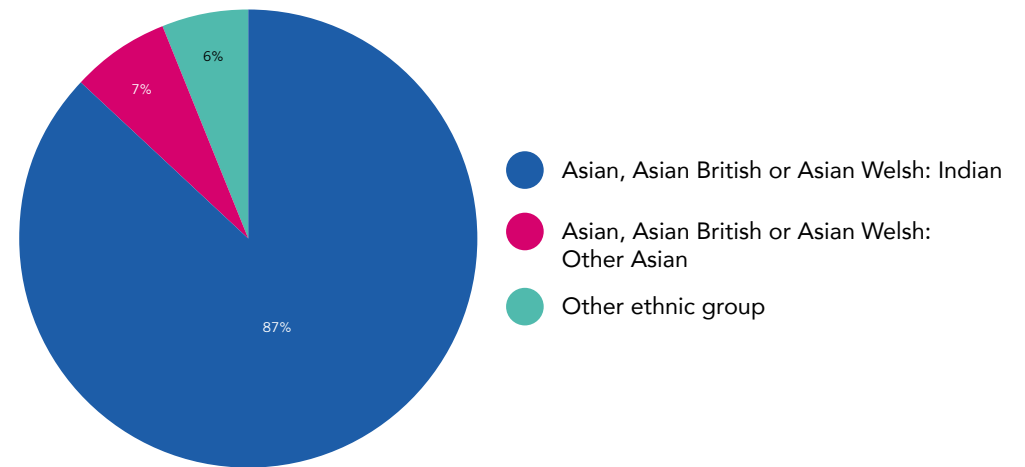
Figure 2: Religion: Birmingham, 2021



Source: Office for National Statistics, census 2021

Figure 5 shows the ethnicity of Hindus living in Birmingham, according to the 2021 census. The highest percentage ethnic group was 'Asian, Asian British or Asian Welsh: Indian' (87%), followed by 'Asian, Asian British or Asian Welsh: Other Asian' (7%).

Figure 3: Ethnicity of Hindus: Birmingham, 2021



Source: Office for National Statistics, census 2021

Table 1 below shows the top countries of birth for Hindus in Birmingham, according to the 2021 census. The most common countries of birth were 'Middle East and Asia: Southern Asia' (47%) and 'Europe: United Kingdom: England' (41%).

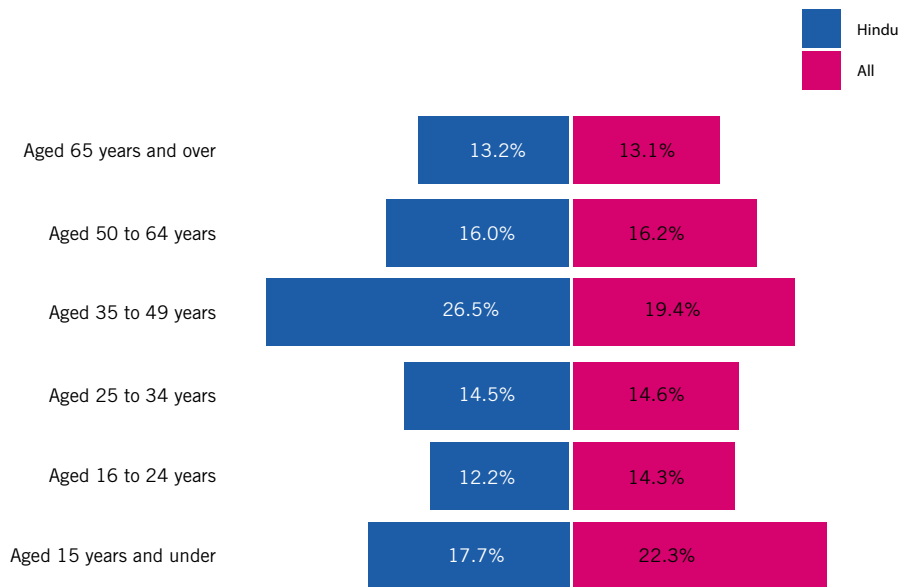
| Country of Birth | Observation (%) |
|-------------------------------------|-----------------|
| Middle East and Asia: Southern Asia | 47 |
| Europe: United Kingdom: England | 41 |
| Africa: South and Eastern Africa | 9 |
| Europe: Other Europe | 1 |
| Other Country of Birth | 2 |

Source: Office for National Statistics, census 2021

HINDU MANDIRS FAITH SETTINGS

Overall, the age of Hindus living in Birmingham is older than the city's average. In the 2021 census, there were 27% of Hindus aged 35 to 49, compared to 19% of the city's average. 22% of Birmingham's total population are aged 15 and under, compared to 18% of Hindus in Birmingham.

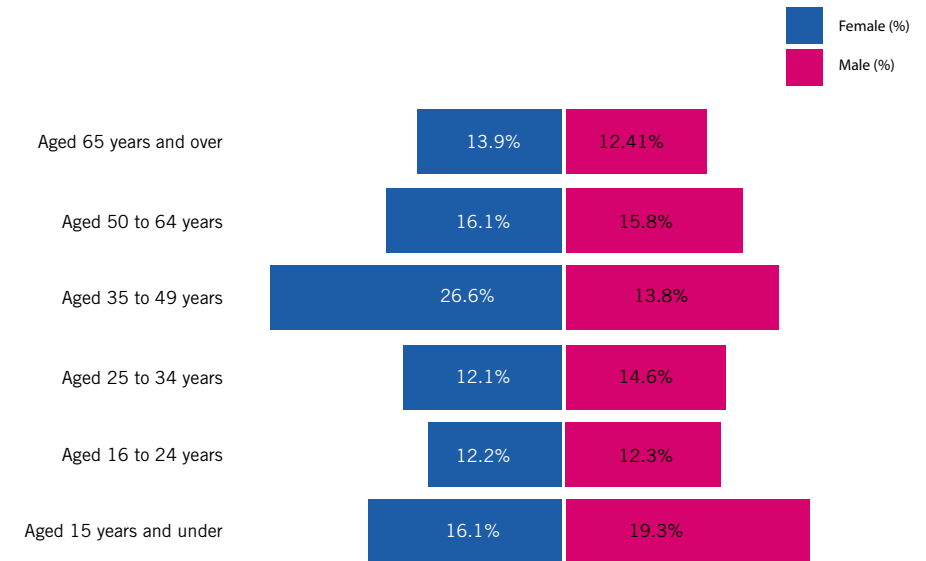
Figure 4: Age of Hindus: Birmingham, 2021



Source: Office for National Statistics, census 2021

Figure 5 shows the age and gender of Hindus in Birmingham. There are slightly more females (51%) than males (49%) who identified as Hindu in the 2021 census. The age distribution of male and female Hindus is relatively similar. However, there was a higher percentage of males aged 15 years and under (19.3%) than females (16.1%).

Figure 5: Age and sex of Hindus: Birmingham, 2021



Source: Office for National Statistics, census 2021

Table 2 below outlines the most common MSOAs Hindu's lived in according to the 2021 census. 3.5% of all Hindus in Birmingham lived in Handsworth South. The next most common MSOAs were Handsworth Wood (n=738, 3.4%) and Middlemore (n=654, 3.0%)

HINDU MANDIRS FAITH SETTINGS

Table 2: Hindu population by MSOA: Birmingham, 2021 average.

| MSOA | Hindu Population | % of Total Hindu Population |
|----------------------------------|------------------|-----------------------------|
| Handsworth South | 774 | 3.5 |
| Handsworth Wood | 738 | 3.4 |
| Middlemore | 654 | 3.0 |
| Edgbaston North | 651 | 3.0 |
| Edgbaston South & University | 613 | 2.8 |
| Harborne West | 593 | 2.7 |
| Hall Green Central | 558 | 2.5 |
| North Central & Dartmouth Circus | 537 | 2.4 |
| Yardley Wood East | 444 | 2.0 |
| Springfield & Hall Green West | 440 | 2.0 |

Source: Office for National Statistics, census 2021



HEALTH INEQUALITIES IN BIRMINGHAM HINDU COMMUNITIES

Some of the most important and prevalent health issues currently affecting Hindus of South Asian origin are the much higher risk of developing diabetes, heart disease and stroke. All of these have consistently been shown to be significantly higher than in most other ethnic groups.⁹

Diabetes, heart disease and stroke occur at a younger age and progress faster in South Asians, with a greater chance of complications that are often more severe.¹⁰ This problem is expected to rise hugely over the next decade.¹¹ Despite this being well known, and that there is an urgent need for effective health promotion and prevention services tailored for South Asians, these are extremely limited at the current time.

South Asians face many barriers to accessing healthcare.¹² Several approaches are needed in order to overcome these health inequalities. Firstly, education and awareness of health and disease is required in appropriate languages, in addition to encouraging Hindus to take up prevention services such as health screening.

Secondly, targeted interventions are required that are holistic and culturally acceptable, meaning involvement from religious leaders and recognised community members is essential.¹³ They will understand the lifestyles of their community group as well as the relationship dynamics between individuals, families and households. They will be able to better adapt and deliver activities for them, and changing strategies for different generations is also crucial.¹⁴

Thirdly, given that mandirs and faith have a vital role in the lives of many Hindus, activities undertaken within the trusted environment of the mandir setting, combined with sessions involving the community group as a whole and references to Hindu teachings, will have a significantly greater impact and overcome traditional barriers.¹⁵



PROMOTING HEALTHY EATING

BACKGROUND:

Almost two-thirds of adults in Birmingham and 40% of primary school children (aged 11 years) are overweight or obese, and are much less likely to eat the recommended '5-a-day' portions of fruit and vegetables compared to the rest of the country¹⁶

South Asians are at significantly higher risk of obesity and its complications such as heart disease, high blood pressure and diabetes.¹⁷ These occur more often, at a younger age and progress faster in South Asians.¹⁸ This means in international guidelines, South Asians have lower cut-offs for obesity than defined by the NHS. But their very high risk is so worrying that it has led to suggestions of an even further lowering of the values used to define obesity for people of South Asian ethnicity.¹⁹

Although genetic differences play a role in making South Asians susceptible to obesity, the more important factors include a lower awareness of what obesity is and its complications.²⁰

Also, misunderstandings about what makes a healthy diet, poor perceptions of a healthy body weight, relating destiny or karma to the development of heart disease and diabetes rather than obesity, and occasionally language barriers.^{21 22 23}

RECOMMENDATIONS:

- Religious leaders should deliver healthy eating messages and mandirs should be used as sites for providing education and training about a healthy diet.²⁴

- Targeting education to households as a whole or focusing on older women, who are often responsible for meal preparation, can have a greater impact.²⁵
- Children should be treated as a high priority, as obesity and eating habits in childhood can follow into adulthood.²⁶
- Involving trusted and recognised health professionals who understand cultural sensitivities, which may include certain dietary customs, and speak the same language as members of the congregation²⁷
- Activities should consider the factors that affect food choice, for example, the importance of good hospitality and celebrations, which may involve the use of ingredients that are high in sugar and fat.²⁸
- Provide training around reducing salt and fat in food served at the mandir and how other healthy habits can be incorporated into cooking without changing the taste of food and its appearance.²⁹

TOP 5 TIPS

1. Religious leaders should normalise sattvic foods, promote a balanced diet in line with NHS guidelines and encourage '5-a-day', at least 5 portions of fruit and vegetables every day.
2. Trusted health professionals who share the same culture and speak the same language as members of the congregation should educate on topics such as healthy eating, as well as obesity and its complications.
3. Provide resources that are culturally appropriate, translated where required and signpost to local and online resources.

4. Hold cooking demonstrations and provide guidance to all about making traditional meals healthier by thinking about using alternative ingredients such as low-fat oils, wholewheat flour, etc.
5. Target healthy eating messages to children and young people by arranging age-specific educational events and via social media.

HINDU REFERENCES

- “*Āhārshudhau sattvashuddhi sattvashuddhau druvā smrutih, Smrutilambhe sarvagrānthinām vipramokshaha – Purity of diet purifies the antahkaran (heart). A purified antahkaran stabilises the mind which aids meditation, and after mastering meditation, the vāsānā (base instincts) are instantly eradicated.*” – **Chhāndogya Upanishad (7.26.2)**
- “*Gunāścha shanmitabhuktam bhajante ārogyamāyushsrashcha balam sukham cha anāvilam chāsya bhaatyapatyam na chainamādyuna iti kshipanti – One should eat less. This leads to health, longevity, strength and happiness, good offspring and people will not say that ‘he is a glutton’.*” – **Mahābhārat, Udyog Parva (37.34)**
- “*Bhoghe roga bhayam – Fear disease in indulgence.*” – **Vairāgyashatak (34)**

RESOURCES

- NHS – [Eat well](#): Healthy eating advice for the general population
- British Heart Foundation – [Obesity](#): Information on obesity and how to measure body mass index (BMI) and waist circumference
- Diabetes UK – [Eating with diabetes](#): Information to make healthy food choices for a balanced diet with diabetes

- BAPS Charities – How to stay healthy during COVID-19 and beyond. Short and easy-to-follow presentations in English/Gujarati on: [Obesity](#), [Preventing Obesity, Diabetes and Heart Disease](#), [Diabetes](#), [Carbohydrates](#), [Fats](#), [Protein](#), [Portion control](#), and [Processed foods](#)

CASE STUDIES

- **BAPS Shri Swaminarayan Mandir - British Heart Foundation Social Cooking Project**

BAPS Shri Swaminarayan Mandir in Birmingham was conferred a Gold Award as part of the British Heart Foundation’s Social Cooking Project. The aim was to lower the saturated fat and salt intake of families attending the mandir, hereby reducing levels of heart disease. It used a whole organisation approach (trustees, team leaders, cooking volunteers, priests and devotees) with peer-to-peer training, cooking demonstrations and healthy food tastings. It was a great success, leading to a change in food preparation and serving practices, lowering the congregation salt intake by 40% and saturated fat intake by 50%.

- **Shree Prajapati Association – Healthy eating messages at Navrātri**

Annually during the Navrātri festival, a time when many families will attend together, the concept of healthy eating is promoted to devotees. The number of unhealthy and traditionally high sugar items are reduced and instead a wider variety of more nutritious fresh fruits and roasted nuts are provided as prasād. In addition, the mandir organises talks about healthy food choices, activity and diabetes during the festival, as well as publishing articles in their magazine regularly about health-conscious eating.

The food swaps in the infographic above include: sweet potato instead of white potato; rapeseed oil instead of ghee; kale crisps instead of potato crisps; Sweet potatoes with kale, spinach and black eye beans instead of Batesa Paua; seeded or wholemeal bread instead of white bread; Bajiri/Juwar, Buckwheat, spelt or multigrain rotli flour instead of rotli flour; quinoa, steamed cauliflower or broccoli or broccoli rice instead of white rice; buckwheat, pea or lentil pasta instead of wheat pasta and gram flour; or lentil flour puda instead of bhakhri .

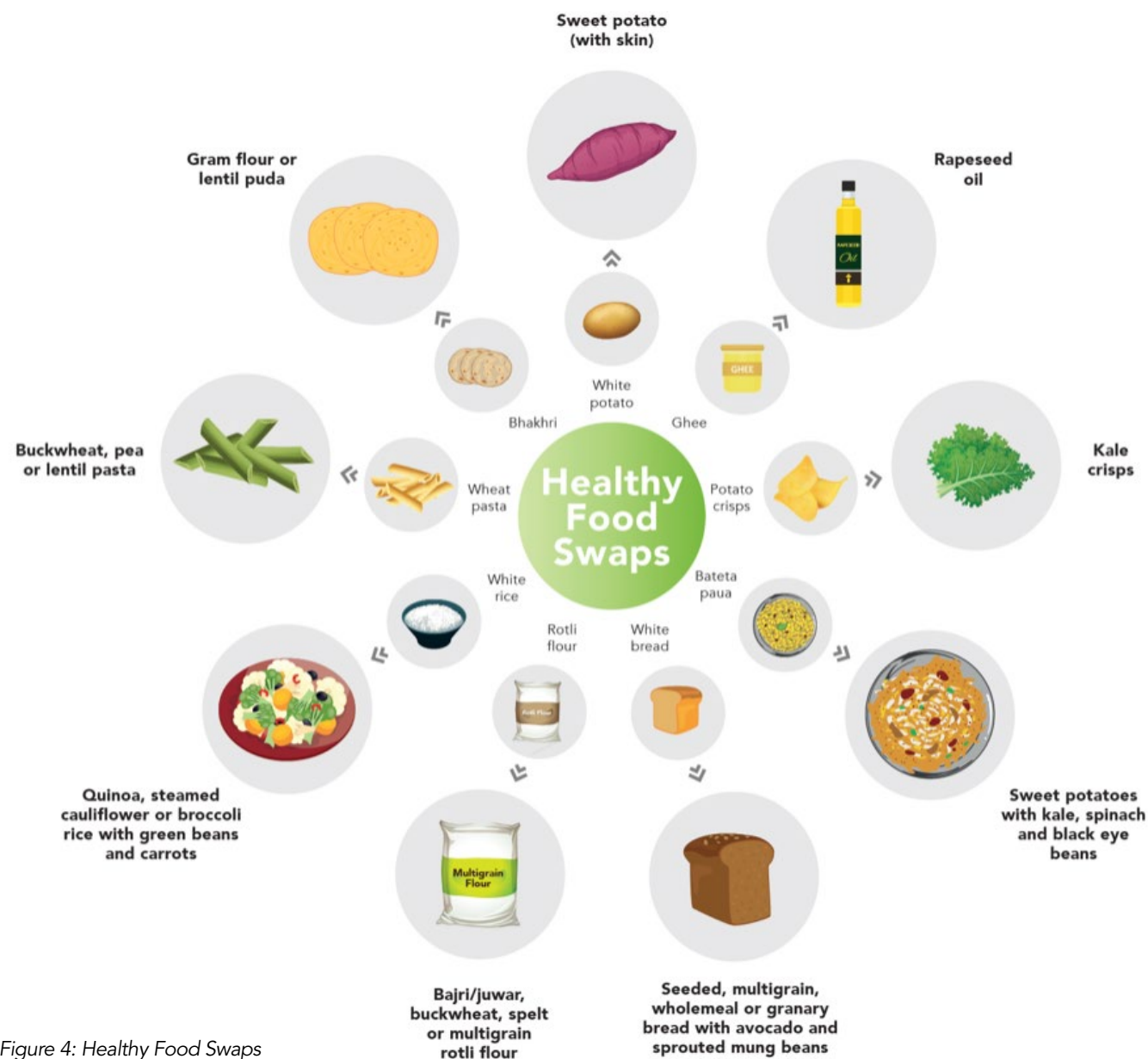


Figure 4: Healthy Food Swaps
Source: BAPS

VEGETARIAN DIET, DIETARY RESTRICTIONS AND FASTING

BACKGROUND:

Many Hindus endeavour to observe the ideals of *ahimsā*, compassion and vegetarianism because of their belief in God's pervasiveness in all living beings.³⁰ There are various types of vegetarian diets, and numerous studies indicate their health benefits.³¹ Approximately 45% of Hindus are vegetarian and another 40% of Hindus follow some restriction on meat consumption.^{32,33} It is estimated that 10% of Hindu vegetarians are vegan and, in the UK, it is estimated that 2% of the population now do not eat meat or fish.^{34,35}

In addition, some Hindus may avoid certain foods, such as egg, onion and garlic or not eat certain items on days of fasting, which is an important penance in Hinduism.³⁶ Four out of five Hindus fast,³⁷ which may be once a week, regularly on certain days of the lunar calendar, during an eclipse, other self-chosen days, on festivals and occasions of spiritual significance or during certain months of the year.³⁸

There are different types of fasting, some Hindus eat only fruits, some take only milk or water or fruit juices, whilst some fast strictly without taking any food and water at all.³⁹ In addition, some Hindus will only accept food that has been offered to God and therefore only eat food that has been prepared at home or at a mandir.⁴⁰

RECOMMENDATIONS

- Although Hindu vegetarian diets have less fat, fewer calories and meet nutrient guidelines more than non-vegetarian diets,⁴¹ education may be required about ensuring a good intake of specific nutrients.⁴²
- Education on healthy eating during fasting, particularly for those with underlying health conditions such as diabetes.⁴³
- Ensuring appropriate and accessible meal choices for Hindu patients in hospitals and other institutions is essential to avoid nutritional problems, or encouraging relatives to take food from home where facilities allow.⁴⁴
- Increased awareness of vitamin D, vitamin B12 and iron deficiency in South Asians as well as encouraging daily supplementation.^{45,46}
- Alternatives to oral medication containing animal-derived ingredients are becoming increasingly available; Hindu patients should discuss this with healthcare professionals and be offered the choice.⁴⁷



TOP 5 TIPS

1. Provide vegan options without ghee, butter, milk and yoghurt in the food served at the mandir; instead use alternative ingredients such as almond, soya, oat, hazelnut, or coconut milks, and dairy-free cheese and yoghurt.
2. Hold events and talks about healthy eating, fasting and a vegetarian diet involving healthcare professionals who understand cultural and religious factors and can speak the language of the congregation.
3. Where possible, avoid purchasing food products from retailers that sell or process non-vegetarian products.
4. Ensure a good intake of vitamins and minerals from whole foods that are minimally processed, as well as daily supplementation of 10 micrograms vitamin D throughout the year for adults and children over the age of 4.
5. Encourage Hindus to discuss dietary restrictions with healthcare professionals, especially regarding meal choices in hospital or care settings, alternatives to medicines with animal-derived ingredients and when fasting with underlying health conditions.

HINDU REFERENCES

- *“Ahimsā paramo dharma – Ahimsā is the highest dharma (moral law).” – Mahābhārat (Dronaparva 165.29), Vasudev Mahāymya (20.21), and Padma Purān (1.31.27)*
- *“Mā himsyāt sarvāni bhūtāni – Do not kill any living creature.” - Veda*
- *“Upāvruṭṭasya pāpebhyo yastu vāso gunaihi saha, upavāsah sa vigneyah sarvabhogavivirjitaha – Upavās is forsaking all sins, introspecting, imbibing virtues and forsaking the cravings of all the senses.” – Bhavishya Purān (64.6)*

- *“Ishāvāsyam idam sarvam – God pervades all things.” – Ishāvāsyā Upanishad*
- *“You must not use your God-given body for killing God’s creatures, whether they are human, animal or whatever.” - Yajur Veda (12.32)*

RESOURCES

- NHS – [The vegetarian diet](#) and [The vegan diet](#)
- PETA UK - [Vegetarianism and veganism](#)
- Diabetes UK – [Vegetarianism and diabetes](#)
- Vegetarian Society – [Info hub: What is a vegetarian](#)
- Vegan society – [Nutrition and health](#)

CASE STUDIES

- **BAPS Shri Swaminarayan Mandir – Healthy dietary choices for the family**

The mandir has held numerous seminars, workshops and advice stands on a healthy vegetarian diet, run by members of the community who are nutritionists by profession. They emphasise a balanced diet, how to maximise nutritional value of food, and substitutions for healthier cooking, whilst understanding the culture, traditional meals and explaining in a language that families are comfortable with. They show food packaging to help community members understand labelling and show images of various meal ideas and food swaps. The events have been very popular amongst the congregation.



INFOGRAPHIC

The Eatwell Guide for Hindus above is divided into the main food groups for a healthy, balanced diet:

- Eat at least five portions of a variety of fruit and vegetables every day e.g. courgette, squash, spinach, pepper, broccoli, tomato, cauliflower, mushroom, kale, aubergine, carrots, oranges, green beans, strawberries.
- Use buckwheat, wholewheat, wholemeal, gram or multigrain flour, as well as wholemeal bread and brown rice.
- Chickpeas, lentils, black eyed beans, tofu, nuts and seeds are an excellent source of protein. Use soy milk, oat milk and almond milk as low fat, low sugar dairy alternatives.
- Minimise oil and spread consumption.
- Steam or boil food instead of frying.
- Flavour food with herbs and spices instead of salt.
- Drink 6-8 cups of water a day



Figure 5: Eatwell Guide for Hindus

Source: BAPS

PROMOTING GOOD ORAL HEALTH

BACKGROUND

Dental Health is not always a priority amongst South Asian communities. Culture, beliefs, customs, food practices and social practices have an influence on oral health. Children of South Asian ethnicity are more likely to have tooth decay.⁴⁸ Adults of Indian ethnicity brush their teeth less frequently, are less likely to use dental hygiene products, and they attend for dental checks less often.⁴⁹ A significant number (61%) only attend the dentist if they have symptoms and more than 93% of Indians in the UK have never flossed.⁵⁰

One of the major barriers for Indians is a lack of trust in dentists and dental health services, and they prefer dentists from a similar ethnicity.⁵¹ Some of the other issues include the inability to explain dental problems, fear of dental treatment, worry about treatment costs, difficulty obtaining time off work, cultural misunderstandings and concerns about hygiene in the dental surgery.⁵²

Traditional forms of tobacco use such as chewing betel nut (*paan*), smoking bidi, and tobacco powder may be a cultural habit in some Indians.⁵³ These, are common causes for mouth cancer, of which Indians have low levels of awareness.⁵⁴

RECOMMENDATIONS

- Brush twice daily using a fluoride toothpaste, ideally with a rechargeable electric toothbrush and clean in between teeth at least once a day with floss, interdental brushes or water floss.^{55,56}
- Minimise the amount and frequency of sugar/acids consumption and limit food/drinks to mealtimes.

- Avoid alcohol, tobacco, betel nut and paan.
- Attend dentist and hygienist appointments regularly, at least once a year.
- Brush children's teeth with a toothbrush and fluoride toothpaste as soon as the first tooth appears, and they should be taken to the dentist for early dental health advice.
- Indians are more likely to have diabetes and therefore gum disease, so regular dental checks should occur particularly in diabetics to avoid tooth loss.⁵⁷

TOP 5 TIPS

1. Contact local dentists/hygienists or oral health promotion teams who can speak languages understood by the congregation to arrange oral health awareness talks and stalls at the mandir.
2. Hold dental health check events at the mandir and provide tailored advice to parents and children on effective cleaning and good oral health habits.
3. Encourage parents to take their child to the dentist ('dental check by one') so that they can provide tailored preventive advice.
4. Encourage regular check-up visits, particularly for those with underlying long-term health conditions, such as diabetes.
5. Show videos from the British Society of Paediatric Dentistry and British Society of Periodontology websites at meetings to educate communities and provide further information.

RESOURCES

- NHS – [Take care of your teeth and gums](#): Advice on how you and your children can have healthy teeth and keep trips to the dentist to a minimum.
- British Society of Paediatric Dentistry – [Smiles for life](#): Videos to help make toothbrushing fun for families.
- British Society of Periodontology – [Resources for patient](#).
- Oral Health Foundation – [Downloads and resources](#): To help promote good oral health, including facts sheets, children's resources and games.

CASE STUDIES

• BAPS Shri Swaminarayan Mandir – Dental health checks

Individual dental health checks are sometimes held at BAPS mandirs for children, by dentists to check general hygiene and identify signs of tooth decay, gum disease or crooked teeth. The dentists provide children and their parents/guardians with feedback from their check and inform them if they required further treatment from their local dentist. As well as providing advice on effective cleaning and the importance of a healthy diet low in sugar, they also offer the children a dental goody bag which contain stickers and a tooth timer for brushing.



Figure 6: Top 3 interventions for preventing tooth decay
Source: Public Health England



PROMOTING PHYSICAL ACTIVITY

BACKGROUND

Physical activity has a number of benefits, it plays a crucial role in reducing heart disease, preventing high blood pressure, preventing weight gain and reducing body fat. Physical activity also has many positive effects on mental health and allows improved learning, managing stress, better sleep, improved social skills and community interaction.⁵⁸

Physical activity levels are very low in British South Asians and should be a public health priority.⁵⁹ Compared to the rest of the population, South Asians are far less likely to be active and this has remained unchanged for the last 4 years.⁶⁰ Women in particular are much less active than men and both become even less active as they get older.⁶¹

This lack of physical activity leads to a much higher risk of early death from heart disease and South Asians often have a heart attack or stroke on average 10 years younger than those from White ethnic groups.⁶²

RECOMMENDATIONS

- Adults should do some type of physical activity every day. This includes strength building activities at least twice a week, as well as a minimum of 150 minutes of moderate intensity activity per week.⁶³
- Everyone should reduce time spent sitting or lying down and break up periods of not moving with activity.⁶⁴
- Tackling inactivity must be tailored to specific groups or individuals to meet their background; a 'one size fits all' approach should not be used.⁶⁵

- Places of worship are effective and deemed to be 'safe' environments to deliver culturally-tailored physical activity programmes without language barriers.^{66,67,68,69}
- Family members and relatives are important in encouraging physical activity and if they all work together, this can lead to positive behaviours.⁷⁰

TOP 5 TIPS

1. Encourage individual physical activity and advocate its positive effects regularly.
2. Empower members of the community to help plan, organise and deliver sport and physical activity programmes.
3. Tailor activity and sport to specific ages and abilities, encouraging all to take part.
4. Host regular sports and physical activity sessions at the mandir as well as through online video and social media platforms.
5. Signpost to local community groups and leisure centres.

HINDU REFERENCES

- *"Durlabho mānusho deho – The human body is a rare boon."* – **Shrimad Bhāgvatam (11.2.29)**
- *"First build up your own physique. Then only you can get control over the mind."* – **Swami Vivekanānda**

RESOURCES

- NHS – [Physical activity guidelines](#)
- British Heart Foundation – Staying Active: [9 ways to get more active](#)
- BAPS Charities – [Exercise](#): 12 exercises, accessible for all ages, which can be incorporated into the daily routine.

Exercise and health: Covers the importance of exercise with basic exercise routines and other tips on how to stay physically fit whilst at home.

CASE STUDIES

- **BAPS Shri Swaminarayan Mandir – Sports and activities for the community**

Annual cricket, football, netball and volleyball tournaments are held at BAPS mandirs to encourage people of all ages to get involved in regular physical activity and prove to be an overwhelming success. In addition, people of all ages and backgrounds come together to participate in an annual ‘10K Charity Challenge’, a fun way to raise funds for a variety of worthy causes and local charities, and, importantly do something healthy as a community. Weekly sports and yoga classes are also held to help develop lasting positive health behaviours.

- **Hindu Council of Birmingham – International Day of Yoga**

As part of the annual United Nations declared International Day of Yoga, the Hindu Council of Birmingham organises a fun day of yoga exercise and demonstrations of various yoga practices for all ages in Victoria Square, Birmingham City Centre. It is a popular event, raising awareness and importance of physical and mental health as well as the benefits of practicing yoga.

- **Shree Prajapati Association – Sports activities and tournaments**

Weekly badminton and table tennis clubs are organised and well attended. In addition, an annual sports day is held during the summer which includes badminton, carrom, darts, football, pool, squash, table tennis and swimming tournaments. This particularly attracts and engages youth in physical activities whilst having fun.

To meet recommended weekly activity targets you can:

- Take at least 150 minutes of moderate intensity exercise per week e.g. a brisk walk, cycling, Kathak/Garba
- Take a least 75 minutes vigorous intensity exercise per week e.g. taking the stairs, jogging, doing sport.
- Minimise sedentary time and do not sit down for extended periods of time.
- Keep your muscles, bones and joints strong through yoga, gym and extra dandvat pranams.
- Walk more instead of driving and do extra pradakshinas



Figure 7: Tips for being active

Source: Chief Medical Officers Physical Activity Guidelines UK, gov.uk.

PROMOTING GOOD MENTAL HEALTH AND WELL-BEING

BACKGROUND

The Hindu scriptures are very clear and positive about the importance of mental health in helping one's spiritual progress. British Hindus have many protective socio-economic factors for mental health compared to the rest of the population,⁷¹ and those of Indian ethnicity are amongst the least likely to use mental health services in England.⁷² However, this may be because fewer British Hindus seek help for their mental health because of negative stigma and cultural beliefs.⁷³

One in four adults and one in 10 children experience mental illness and half of mental health difficulties begin before a child is 14 years of age. Isolation is an important factor that leads to higher levels of anxiety and depression within communities.⁷⁵ This in turn can increase the risk of other conditions such as cardiovascular disease and cancer.⁷⁶ However, religion and cultural beliefs within the community provides social support, a sense of connection and meaning, improved life satisfaction and coping strategies.⁷⁷

RECOMMENDATIONS

- **Connect with God and others** by practicing spirituality, taking part in prayer, rituals and developing good relationships with others in the community.
- **Be physically active** - Improving physical health will help mental well-being and raise self-esteem.

- **Learn something new everyday** to boost self-confidence and build a sense of purpose.
- **Sevā** – give to others and practice kindness, to create positive feelings and to connect with others.
- **Pay attention to the present moment** through mindfulness or meditation and more attention to your own thoughts, feelings and the world around us.⁷⁸
- **Maintain a positive attitude** by giving yourself credit, being grateful, learning from the past, using positive words when talking and forgiving yourself.⁷⁹

TOP 5 TIPS

1. Religious leaders should discuss mental health in sermons with the aim of reducing stigma and encourage people to seek help early from health services.
2. Arrange talks or workshops by trusted healthcare professionals and include members of the congregation who are happy to share their own experiences with mental illness.
3. Create volunteering opportunities at the mandir and activities that allow the community to meet and connect with each other, such as classes, religious discussions or sports.
4. Emphasise the Hindu practices of *ātmā vichār* – contemplation on the soul, *antardrashti* – introspection, *smṛuti* – reminiscing on the divine incidents of God, *mānsi pujā* – mental worship of God, *mahimā vichār* – focussing on the glory of God and the good in others, *dhyān* – meditation, and *sevā* – selfless service.
5. Develop an outreach or welfare programme in which community members are regularly contacted, stay connected and supported

when required.

HINDU REFERENCES

- “When meditation is mastered, the mind is unwavering like the flame of a lamp in a windless place.” – **Bhagavad Gitā (6.19)**
- “Joy is never tomorrow. It is always now.” – **Sri Sri Ravi Shankar**
- “Integrity in thought, word and deed are inherent in the good.” – **Kālidāsa**
- “‘That is mine that is theirs,’ says the small-minded. The wise believe that the entire world is a family.” – **Mahā Upanishad (6.71-75)**
- “Athātho brahmajijnāsā – Now is the time to inquire about the Absolute Truth.” – **Brahma Sutras**

RESOURCES

- NHS – [5 steps to mental well-being](#), [Mental health](#) and [Depression and anxiety self-assessment quiz](#)
- BAPS Charities – [Mental Health](#): This presentation covers some simple steps you can take to help take care of the mental health and well-being of you and those you care about. In addition, [this video](#) highlights the importance of seeking help when we are struggling, and shares suggestions on where to go for further support.
- Healthy London Partnership – [Good thinking](#): Hinduism. [Pujya Yogvivekdas Swami](#): how connecting with God and with others can improve your mental well-being. [Dr Nisha Patel and Shinal Patel](#): on paying attention to the present moment. [Free NHS-approved well-being apps](#), [self-assessment](#) (sleep, anxiety, low mood, stress, general well-being) and [urgent support](#).

- Mind – [How to improve your mental well-being](#)
- BAPS UK & Europe – [Forgiveness](#) and [Forgiveness: Wisdom from the Rāmāyana](#): Insightful presentations about the power of forgiveness and how it can hold the key to our peace of mind.
- Improved Access to psychological therapies and service (IAPT)- [Birmingham Healthy Minds](#) for people seeing to improve symptoms of depression and anxiety
- Text 85238 for free 24/7 mental health text support at [Shout](#)

CASE STUDIES

- **BAPS Shri Swaminarayan Mandir – Understanding Mental Health Webinars**

Special mental health webinars were prepared and delivered for BAPS mandirs during the pandemic by two volunteers who work professionally as a clinical psychologist and an anxiety specialist. The experts provided informative guidance on how to better understand the mental health of children and teenagers and techniques for parents to resolve mental health concerns. The importance of seeking help quickly was encouraged and links provided for further information and support.

- **Shree Prajapati Association – Mental Health, Coping Together**

Shree Prajapati Association supported and promoted the Hindu & Jain Collaboration webinar on mental health. This was a presentation in Gujarati to lift the lid on how to cope with mental health with real life stories from the Gujarati community. Guidance was provided by specialist psychologists, therapists and other professionals to help understand, recognise and manage mental health conditions.

Figure 8: Mental Well-Being
Source: BAPS



Recently an article about mental health issues facing South Asians has also been published in their magazine.

To improve mental wellbeing you can practice:

- **Ātmā vichār:** contemplation of the soul
- **Antardrashti:** Introspection
- **Smruti:** reminiscing of the divine incidents of God
- **Mānsi pujā:** mental worship of God
- **Mahimā vichār:** focussing on the glory of God and the good in others
- **Dhyān:** Meditation contemplating upon the powers, virtues, love

PROMOTING HEALTHY RELATIONSHIPS

BACKGROUND

Strong family relationships and taking care of elders continue to remain commonly held values amongst British Hindus. Hindus are more likely to be married, less likely to be divorced, and have the lowest proportion of lone parents of any religious group.⁸⁰ Monogamy is a fundamental belief of Hinduism.⁸¹

The pattern of Hindu household structures differs to the general UK population, with more extended families, often including three or four generations living together and more than double the number of households with children living with their parents.^{82,83} This emphasis on close-knit extended family relationships helps to provide a natural social support system and minimises loneliness and social isolation to promote well-being.

Most Hindu communities believe a key role of marital relationships is procreation and the forming of family units, and thus favour heterosexual marriages.⁸⁴ However, homosexual relationships are also present in Hindu society.

RECOMMENDATIONS

- Encourage and support extended family relationships, to respect our elders and support our parents and siblings, this will provide a healthy support network.
- Parents can support their children by being there to listen to them, staying involved in their life, being a positive role model, encouraging their interests and making them feel valued.

- Accept family relationships may face difficulties but teach the importance of patience and compromise during religious assemblies.
- Promote the positive benefits of healthy relationships on mental well-being and minimising loneliness, isolation and depression.
- Promote healthy relationships outside the home, including at work and at school by teaching the benefits of virtues such as compassion and honesty as well as minimising anger and envy.

TOP 5 TIPS

1. Celebrate our parents and grandparents during Mother's Day and Father's Day "*matru devo bhava*", "*pitru devo bhava*".
2. Promote healthy family relationships by encouraging families to eat together for one meal per day, or as a minimum at least one meal per week – "*A family that eats together, stays together.*"
3. Encourage all members of the family to come together for 15-20 minutes at least once per week to discuss spiritual and positive social issues – "*ghar sabhā*".
4. Even though homosexuality can be difficult to discuss in faith settings, homosexual relationships are present in Hindu society, and it is important to be able to signpost and provide support, if needed.
5. Hold targeted assemblies for adolescents and young adults to explain the importance of staying alert when forming new friendships and relationships at college or university.

HINDU REFERENCES

- *“I am equal towards all living beings; no one is hated by me and no one is beloved. Those who worship me with devotion, however, are in me, and I am in them.” - Bhagavad Gitā (9.29)*
- *“A holy atmosphere will prevail in the home and in society. Ghar sabhā inspires and consolidates family bonds.” – Pramukh Swami Maharaj, BAPS Swaminarayan Sanstha*
- *“Formula for family harmony: satsang, ghar sabha, mutual understanding and to let go.” – Pramukh Swami Maharaj, BAPS Swaminarayan Sanstha*
- *“Preyo mitram bandhutā vā samagrā sarvekāmāhā sevādhir jeevitam vā. Streenām bhartā dharmadārāscha pumsām iti anyonyam vatsayor jnātam astu – The husband and wife are to each other the best of friends, the essence of all relationship, the fulfilment of all desires, the very life itself. So is the husband to the wife and the wife to the husband.” – Mālatimādhav (6.18)*
- *“Family members should gather daily and engage in worship, discussions, scriptural reading and other devotional activities.” – Mahant Swami Maharaj, Satsang Dikshā (86)*
- *“Samaha sarvashe bhuteshu” “Being equitably disposed toward all living beings, such a yogi attains supreme devotion unto me.” - Bhagavad Gitā (13.28)*
- *Everyone in the world, whether human or animal, is understood as equal by those who are enlightened: “The wise see the same in a brahmin endowed with wisdom and cultivation, in an outcaste, in a cow, in an elephant, and even in a dog.” - Bhagavat Gitā (5.18)*

RESOURCES

- BAPS UK & Europe – Parenting from the Bhagavad Gita: [Part 1](#), [Part 2](#) and [Part 3](#). Some insightful and practical lessons from the Shrimad Bhagavad Gita for parents and children of all ages.
- [Galop](#) – support for LGBT+ people who have experienced abuse and violence.

CASE STUDIES

- **BAPS Shri Swaminarayan Mandir – Ghar Sabhā**
BAPS mandirs have encouraged the practice of regular ghar sabhā, family assemblies at home, to pray and play together in the spirit of intergenerational harmony. Families take time out every day or weekly to gather and communicate with each other. This can include praying together, discussing their day/week, voicing any concerns, sharing problems, playing games, etc. This exercise is key to building and strengthening relationships within families and facilitates family members emotionally and mentally supporting each other in a way that improves mental health.





What makes a relationship **healthy**?

Factors in a healthy relationship include:

- Understanding
- Compromise
- Mutual respect
- Safety
- Trust
- Honesty
- Good communication
- Individuality

PROMOTING HEALTHY CHOICES: CONCEPTION AND PREGNANCY

BACKGROUND

More than 80% of couples will get pregnant within a year and about half of those who do not conceive will do so in the second year.⁸⁵ Infertility can be a highly stigmatised condition with significant social consequences.⁸⁶ Indian women have a lower fertility rate than the UK average,⁸⁷ and are also more likely to have one of the most common causes of infertility, a condition called polycystic ovary syndrome (PCOS) at a younger age and with more severe symptoms.⁸⁸

Once a woman finds out she is pregnant, often lots of advice is offered to her by the elder women within the Hindu community. 'You must eat for two now' or 'You shouldn't exercise' are common misconceptions and myths that can be heard.

Women who eat a healthy balanced diet, maintain a healthy weight and remain active before and during pregnancy are more likely to get pregnant, less likely to experience problems later in pregnancy and labour, and are more likely to have a healthier baby.⁸⁹ This is important as Birmingham has one of the highest rates of low-birth-weight babies in the country.⁹⁰

Pregnancy, childbirth and the period after giving birth can in particular place increased demands on women and their relationships,⁹¹ and the risk of suicide for women in the first year after giving birth is higher amongst women from the Indian ethnic group.⁹²

Pregnancy is a time when domestic abuse is more likely to start or worsen. Pregnant women may feel less able to take action than at other times, for example, they may be financially dependent on their partner, or more isolated than usual.

RECOMMENDATIONS

- Couples trying to conceive should be offered information about the normal patterns of conception. For many this will be reassurance that they have a good chance of conception.⁹³
- To increase the chances of getting pregnant, couples should maintain a healthy weight and avoid alcohol and smoking.⁹⁴
- Pregnant women should eat a variety of foods including 5 portions of fruits and vegetables, carbohydrates, protein such as beans/lentils, fibre-rich foods and dairy.⁹⁵
- Women who are trying to get pregnant should take a daily folic acid supplement and a vitamin D supplement. This should continue throughout their pregnancy.⁹⁶
- Women may continue or start moderate exercise (e.g. 30 minutes walking everyday) during pregnancy.⁹⁷
- Pregnant women should limit their consumption of caffeine to 200mg per day, which is equivalent to 2 cups of tea/instant coffee or 1 cup of filter coffee.⁹⁸
- Be alert to signs of domestic abuse and take action if needed

TOP 5 TIPS

1. Organise pregnancy support groups with sessions on healthy eating, exercise and yoga, positive thinking, meditation, relaxation and creative activities.
2. Encourage *garbha sanskār* activities for pregnant women, such as prayer, listening to devotional music and reading spiritual publications.
3. Encourage pregnant women to attend antenatal appointments, tests and ultrasound scans.
4. Signpost pregnant women and couples to pregnancy-related resources and local support groups.
5. Religious leaders should condemn selecting a child based on gender (infanticide and foeticide).

RESOURCES

- NHS – [Pregnancy](#): This guide includes all you need to know about trying for a baby, pregnancy, labour and birth.
- Royal College of Obstetricians and Gynaecologists – [Patient information leaflets](#): Up-to-date leaflets on a variety of topics around pregnancy and childbirth.
- National Childbirth Trust – [Wealth of online resources about being a parent and information on courses and workshops](#).
- National Institute for Health and Care Excellence – [Fertility problems](#): Trying for a baby? Some things you can do to improve your chances of getting pregnant.
- Royal College of Obstetricians and Gynaecologists – [Male fertility problems](#).

CASE STUDIES

- **BAPS Shri Swaminarayan Mandir – Child and maternal health awareness**

Advice and practical guidance was provided to pregnant women and families on child and maternal health-related issues by medical professionals at the mandir's health fair. Specialists also provided information on nutrition and exercise during pregnancy, mental well-being and signposting to local services. A number of women and couples benefitted from this and were able to openly ask questions they may have not been able to ask elsewhere.

- **Shree Prajapati Association – Magazine article: 'Death of a newborn'**

Shree Prajapati Association published an insightful magazine article for their congregation, written by a member of the community who had experienced the death of a newborn baby. It highlighted the importance of family and friends, hobbies and interests, staying active and a healthy diet for those affected by a similar experience. The article also promoted support and conversations around the topic without spreading blame which can cause harm to people.



Healthy Pregnancy



Avoid listening to myths

Continue to exercise and stay healthy

Think about your mental health; stay positive, read and listen to devotional books and music

You may need vitamin B12 and iron supplements

Vegetarian foods that are high in iron include pulses, dark green vegetables, wholemeal bread and dried fruits such as apricots

To keep healthy during pregnancy:

- Avoid listening to myths
- Continue to exercise and stay healthy
- You may need vitamin b12 and iron supplements
- Think about your mental health; stay positive, read and listen to devotional books and music.
- Vegetarian foods that are high in iron include pulses, dark green vegetables, wholemeal bread and dried fruits such as apricots.



Figure 9: Healthy Pregnancy
Source: BAPS

PROMOTING CHILD HEALTH

BACKGROUND

We all want to give our children the best start in life possible. Good maternal health and breastfeeding are important to help provide an advantage to children by reducing infant and childhood death rates,⁹⁹ allergies, infections, obesity, asthma, and problems with digestion.¹⁰⁰

South Asian children have a higher rate of obesity and diabetes as well as having lower physical activity levels.^{101,102,103} These are all risk factors for heart disease and high blood pressure which are significant health problems in South Asian adults.¹⁰⁴

Poor mental health in children is also a growing concern. There is often stigma around discussing mental health and well-being among South Asians, but it is important to discuss this openly. Both families and communities can help children experiencing mental health problems and increase their ability to recognise and deal with them.¹⁰⁵

RECOMMENDATIONS

- Establishing **supportive family** and social structures helps to promote childhood mental health and well-being.
- A good level of **physical activity** in childhood including outdoor time improves overall health during childhood and in adulthood (healthier lungs, heart, better growth and development)¹⁰⁶. If families and parents have good behaviours, their children will develop healthy habits.

- A **healthy diet** is about balance and variety (avoiding excess intake or reduced intake). It will help to achieve optimal growth.¹⁰⁷
- Children learn **healthy eating behaviours** through those around them. Healthy eating behaviours are promoted through behaviour of their peers (friends and relatives) and family members.
- **Health promotion** such as awareness of the benefits of vaccination¹⁰⁸, breastfeeding¹⁰⁹, and easy measures for accident prevention are also important.

TOP 5 TIPS

1. Promote parent and child activities for eating well and physical activities in the mandir. Promote key child health awareness mini-topics in children's assemblies e.g. good sleep habits, handwashing, minimising screen-time, etc.
2. Incorporate physical activity during children's events at the mandir and 'own your health' activities, e.g. cooking with dad during Father's Day celebration.
3. Family time and mental health: Encourage children to talk about their experiences and bring problems to the "family team" during regular family time in ghar sabhā.
4. Build in screen-time breaks during longer children's events with programmes that have a mix of screen and non-screen activities, and education for parents around reducing screen-time.
5. Support breastfeeding facilities in all mandirs.

RESOURCES

- NHS – [Your child's weight](#).
- National Literacy Trust – [Words for Life](#): It provides parents, children and young people with activities and support to improve their language, literacy and communication skills from home.
- NHS – [Healthy child programme](#): Support in making healthy choices around immunisations, health information, developmental reviews, and access to a range of community services and resources.
- Young Minds - [Parents A-Z guide to support](#): Advice on how to help your child with their feelings and behaviour, as well as mental health conditions and life events.
- Child Accident Prevention Trust - [child safety advice for parents and carers](#).
- Royal College of Paediatrics and Child Health – [The health impacts of screen time: a guide for clinicians and parents](#).



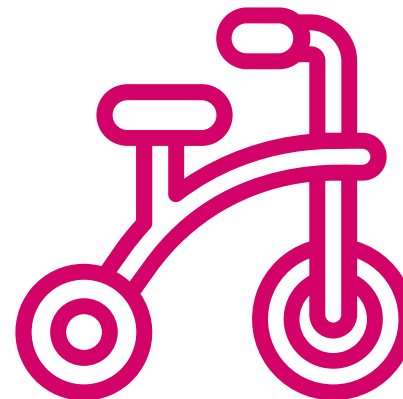
CASE STUDIES

- **BAPS Shri Swaminarayan Mandir – Parenting and Education Seminars**

Special seminars for parents and guardians of children were organised at BAPS Shri Swaminarayan Mandir in Birmingham. More than 60 parents, grandparents and carers of children attended. A specially prepared booklet with information and guidance was provided beforehand and videos, presentations and fun interactive practical activities formed the basis of the seminars, which focussed on methods to motivate children, boost their self-esteem and enhance their potential.

- **BPM Shree Krishna Temple - Youth Sport Association**

Every Saturday, BPM Shree Krishna Temple holds sports activities for children and youth. These include various indoor and outdoor sports such as football, volleyball and cricket, with training by qualified coaches. It is attended by almost 70 children and youth weekly and helps to keep children physically active and socially engaged with others in the community.



PROMOTING AGEING WELL AND RETIREMENT

BACKGROUND

Work can keep people physically, mentally and socially active. Retirement is a major life change and can be a difficult time, resulting in the unknown, loneliness and isolation.¹¹⁰ Compared to other BAME communities, people of Indian ethnicity have much lower levels of loneliness and isolation.¹¹¹ Both of these can increase the risk of developing dementia, poor memory, poor attention span and problem-solving skills.¹¹²

However, people of Indian ethnicity are at higher risk of developing dementia because they are more likely to have diabetes, high blood pressure, heart disease or stroke.¹¹³

In the Indian community, ageing well and minimising the risk of dementia should focus on a healthy diet and exercise, in addition to improving mental well-being.

FRAILITY AND FALLS

Frailty is a risk for people as they get older with more than half of over 85s considered frail.¹¹⁴ Ageing is also associated with an increased risk of falling, due to many factors including sight and muscle loss, deterioration of balance and use of certain medications. Bones weaken as we get older, meaning that elderly adults are more prone to bone fractures when they fall. Where frailty exists, the person is likely to require assistance to remain independent at home.

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.

MENTAL HEALTH

Poor mental health is also a significant health concern amongst older people. The most common problem is depression, which affects around one in five older adults. For those with physical illness the risk is doubled for those in hospitals and trebled for those in care homes. Supporting older people to be social, keep active and stay independent in the home can be beneficial for overall wellbeing.

DEMENTIA

Dementia refers to a group of related syndromes associated with a decline of brain functioning. The most common forms are Alzheimer's Disease and vascular dementia. The risk increases with age, especially after the age of 65¹¹⁵ Affecting one in 14 people over the age of 65 1 in 6 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 million. Due to cultural reasons, South Asians may believe it is the family's responsibility to care for a person with dementia and they may have feelings of fear or shame because of the condition. This means they are less likely to use dementia services, may not know about treatment options and present later, often in crisis.^{117,118}

DIGITAL POVERTY

Digital exclusion is common within people of older age. Around 5 million people over the age of 55 are not online.¹¹⁹ 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. This can cause a lack of opportunity, access, knowledge and information for older adults.

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.

The risk of an elderly person dying within the first three months following the death of their spouse is greatly increased. Therefore, the faith setting needs to ensure support is given to individuals in the immediate months following the death of a partner.

RECOMMENDATIONS

- Promoting a healthy lifestyle through eating well, staying active, maintaining a healthy weight and taking medication for long-term health conditions.
- Encourage people to keep mentally active by reading, learning new things and playing educational games and puzzles.¹²⁰
- Help people to connect and socialise with each other, arrange meetings and activities that involve getting together and volunteering opportunities.

- Reduce stigma of dementia by emphasising it has a physical cause and if diagnosed early can be treated or the progress can be slowed, normalise help-seeking and provide targeted information about the help available.¹²¹

TOP 5 TIPS

1. Host a welfare programme at the mandir for older people, with regular meetings including spiritual, educational, social, physical, mental well-being and volunteering activities.
2. Hold classes to learn a second language, scriptural study or small group religious discussions.
3. Appoint an advocate for dementia from the community, hold multi-generational dementia awareness events, and develop links with local groups and organisations.
4. Make mandirs dementia-friendly environments and train volunteers on recognising the early signs of, and interacting with, a person with dementia.
5. Reduce isolation by developing an outreach programme in which families regularly connect with others in the community and train older people to use technologies that facilitate communication.

HINDU REFERENCES

- *“Those who see the divine present everywhere and in all living beings, do not degrade themselves by their mind. They, ultimately, reach the supreme destination.” – Bhagavad Gitā (13.29)*
- *“In humans, nobody knows their age.” – Rig Veda (7.23.2)*

RESOURCES

- Birmingham City Council – [Ageing well services](#): information of a range of organisations providing information, support and advice to help lead a healthier and happier life.
- Age UK – [10 tips for ageing better](#): Tips for living healthily and happily for longer. [Making the most of the internet](#): Step-by-step guides to help you feel confident and stay safe online.
- Alzheimer’s Society - [Five things you should know about dementia](#).
- Dementia Action – [Dementia friendly physical environments checklist](#): small changes that can have a major impact on improving accessibility for people with dementia.

CASE STUDIES

• Various mandirs – Activities for older people

A number of mandirs in Birmingham hold regular activities for older people in their communities; at BAPS Shri Swaminarayan Mandir’s ‘Vadil Seva Kendra’, BPM Shree Krishna Temple’s ‘Krishna Milan Kendra Vrudh Samelan’, Shree Prajapati Association’s monthly seniors programmes, and Shree Ram Mandir’s twice-weekly day centres. Older people get together for religious activities, exercises and yoga, various talks in Gujarati on health and other important topics by invited speakers, meals together as well as social events and days trips.

• BAPS Shri Swaminarayan Mandir – The facts about dementia

An awareness event was held on dementia by a local GP in a mix of English and Gujarati, to break down the myths surrounding dementia. From his practical experience as a doctor dealing with the Hindu community in Birmingham, he clarified common misconceptions, how

to spot the early signs of dementia, emphasised that it has a physical cause, and provided practical tips and sources of help when looking after a family member with dementia.

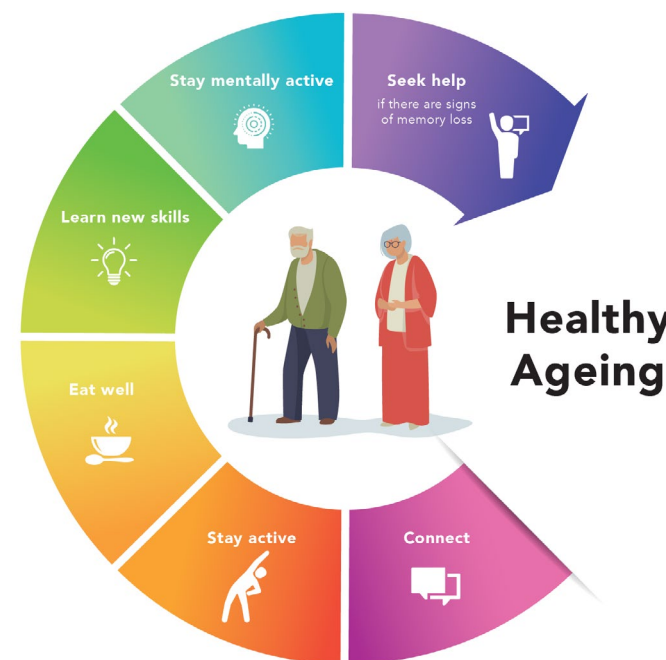


Figure 10: Healthy Ageing
Source: BAPS

To keep healthy while ageing it is important to:

- Seek help if there are any signs of memory loss
- Stay mentally active
- Learn new skills
- Eat well
- Stay active
- Connect with others socially

SUPPORTING HINDUS WITH LONG-TERM CONDITIONS

BACKGROUND

Life expectancy in Birmingham is lower than the national average and there is a higher death rate from heart, lung and liver disease, as well as cancer, which is rising in South Asians.^{122,123} During the COVID-19 pandemic, men of Indian ethnicity were also almost twice as likely to die than those of White ethnicity.¹²⁴

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.

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 problems.¹²⁵

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 common in men and people from

Black ethnic groups are nearly twice as likely to have the disease compared with people from white, mixed or other ethnic groups.¹²⁶

Achieving good control of diabetes is a significant issue in Indians and they are also less likely to show improvements in cholesterol and blood pressure whilst on treatment.¹²⁷ Not taking medicines as prescribed is a contributing factor and there are many reasons for this.¹²⁸ Up to half of medicines are not taken as prescribed,¹²⁹ and the rate of taking medicines as prescribed is much lower in Indians, especially those who have recently migrated.¹³⁰

CARDIOVASCULAR DISEASE:

Cardiovascular disease (CVD) relates to the conditions affecting the heart or blood vessels and is the leading cause of death nationally and in ethnic minority groups, causing 24% of all deaths in England and Wales in 2019. The prevalence of coronary heart disease (CHD) is highest in Indian (6%) and Pakistani men (8%).¹³¹

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.¹³² 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 pain.¹³³

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. 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. Mandirs 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.

RECOMMENDATIONS

- Educate Hindus about the importance of health as well as various diseases and empower them to take ongoing responsibility for their own health.
- 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.

- Raise awareness of infectious diseases such as COVID, flu, TB, hepatitis and food or water-transmitted infections.
- Educate around identifying and acting on the early symptoms of disease, such as those seen in various cancers.
- Promote positive healthy behaviours, such as healthy eating, physical activity and cleanliness.

TOP 5 TIPS

1. Raise awareness of health and disease through religious discourses, smaller group discussions, talks, leaflets, posters, publications and online platforms.
2. Encourage people to seek medical advice earlier and share health resources through communication and social media platforms and promote the use of health apps.
3. Hold health awareness events in conjunction with healthcare professionals, local and national charities and healthcare organisations.
4. Promote ongoing national health campaigns such as Change4Life, Healthier You, Act FAST and NHS Health Check, and use the opportunity of awareness days/weeks/months to regularly deliver health awareness messages.
5. Organise medicines information events run by local pharmacists to highlight the importance of taking medicines as prescribed and how to overcome some of the common challenges faced.

HINDU REFERENCES

- *“Through cleanliness and purity of body and mind (Saucha, Shudhi) comes a purification of the essence (sattva), a goodness and gladness of feeling, a sense of focus with intentness, the mastery and union of the senses, and a fitness, preparation and capability for self-realisation.” – Patanjali, Yogasutras (2.41)*
- *“Cleanliness of body and mind I declare to be knowledge.” – Bhagavad Gitā (13.9)*
- *“One should observe all forms of external and internal purity. Shri Hari loves purity and is pleased with those who are pure.” – Mahant Swami Maharaj, Satsang Dikshā (50)*

RESOURCES

- Public Health England – [Campaign Resource Centre](#)
- NHS – [Health A to Z](#) and [Medicines: tips for carers](#)
- University College London – [List of awareness days](#)
- Macmillan Cancer Support – [Cancer information and support](#)
- BAPS Charities – How to stay healthy during COVID-19 and beyond. Short and easy to follow presentations in English/Gujarati on: [Covid-19 Risk Factors](#), [Preventing Obesity](#), Diabetes and Heart Disease and [Heart Attack & Stroke](#)

CASE STUDIES

• BAPS Shri Swaminarayan Mandir – Community health fair

An interactive community health fair was held at BAPS Shri Swaminarayan Mandir, Birmingham, supported by local and national charities and organisations, including the British Heart Foundation, Bowel Cancer UK, and Health Exchange. It was an event that consolidated the various health awareness activities undertaken for the local community throughout the year, and to convey important messages of safe and healthy living. Health screenings, seminars, workshops and information stands, including one on medicines, were available throughout the day.

• Hindu Council of Birmingham – Faiths, Health and Well-being Seminars

The Hindu Council of Birmingham promotes the Faiths, Health and Well-being Seminars to members of the community. These seminars explain the importance of health and well-being issues from a faiths perspective. All seminars are free to attend, are organised twice yearly, and are supported by the Birmingham Council of Faiths. The seminars are attended by members of faith organisations, chaplains, healthcare professionals, academics, patients and community members.

• Shree Ram Mandir – Health awareness stalls at Mela Fun Day

As part of the Mela Fun Day, attended by many from the local and wider community, Shree Ram Mandir arranged health awareness stalls. These included an information stall about dementia in collaboration with local NHS services, as well as a breast cancer awareness campaign, led by a member of the congregation.

JAN

National Obesity Awareness Week
-
Cervical Cancer Prevention Week
-
Dry January

FEB

National Heart Month
-
World Cancer Day

MAR

Prostate Cancer Awareness Month
-
National Salt Awareness Week
-
World Oral Health Day

APR

Bowel Cancer Awareness Month
-
Stress Awareness Month
-
World Health Day

MAY

Action on Stroke Month
-
Mental Health Awareness Week
-
World Hypertension Day

JUN

Men's Health Week
-
Diabetes Week

JUL

24/7 Samaritans - The Big Listen
-
World Hepatitis Day

AUG

World Breastfeeding Awareness Week
-
Cycle to Work Day

SEP

Know Your Numbers Week
-
Organ Donation Week
-
National Fitness Day

OCT

Breast Cancer Awareness Month
-
National Cholesterol Month
-
World Mental Health Day

NOV

National Stress Awareness Day
-
World Diabetes Day
-
Alcohol Awareness Week

DEC

World AIDS Day
-
International Day of Persons with Disability

Annual calendar of international health awareness days:

January: National Obesity awareness week, Cervical Cancer prevention Week, Dry January

February: National heart month, World Cancer Day

March: Prostate cancer Awareness Month, national salt awareness week, World oral health Day

April: Bowel Cancer awareness Month, Stress awareness Month, World Health Day

May: Action on Stroke month, Mental Health Awareness Week, World Hypertension day

June: Men's Health Week, Diabetes Week

July: 24/7 Samaritans - The Big Listen, World Hepatitis Day

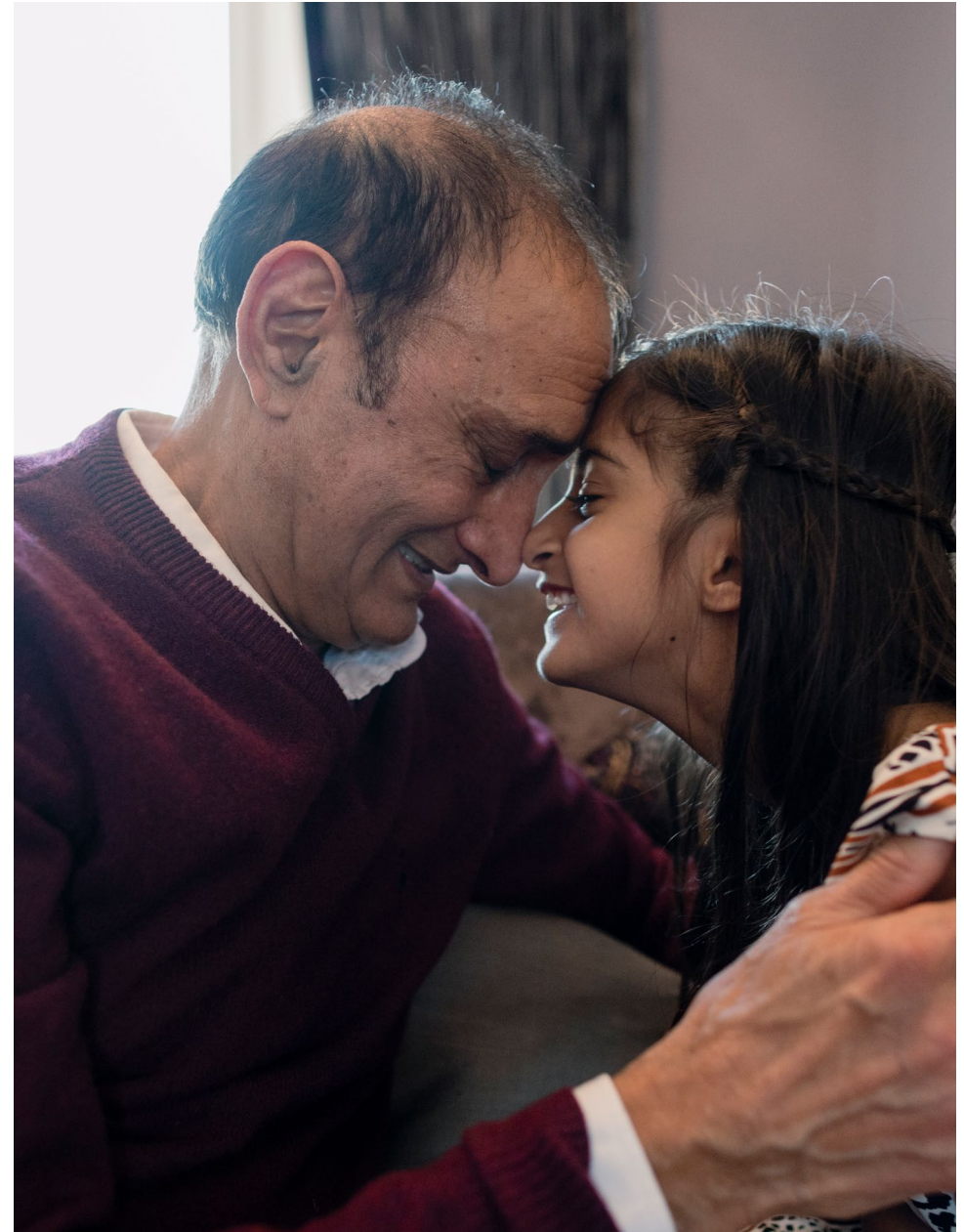
August: World Breastfeeding Awareness Week, Cycle to Work Day

September: Know your Numbers Week, Organ Donation Week, National Fitness Day

October: Breast Cancer Awareness Month, National Cholesterol Month, World Mental Health Day

November: National Stress Awareness Day, World Diabetes Day, Alcohol Awareness Week

December: World AIDs Day, International Day of Persons with Disability



PREVENTING INFECTION AND IMPROVING VACCINE UPTAKE

BACKGROUND

Health protection means preparing for waves of infection, such as flu and the coronavirus. Protecting against disease means seeing prevention of illness as better than having to treat it later. Many diseases can be effectively prevented or protected against. Prevention often includes keeping physically active, eating a nutritious diet and attending regular screening/health checks. To prevent infection, mandir should enforce effective hand washing and sanitising amongst those using the mandir, as well as regular and effective cleaning.

Vaccination is the most important thing we can do to protect ourselves and our children against ill health. They prevent up to 3 million deaths worldwide every year. Since vaccines were introduced in the UK, diseases like smallpox, polio and tetanus that used to kill or disable millions of people are either gone or seen very rarely. The annual flu vaccine also helps to protect the most vulnerable groups from serious or fatal illness.

Although overall the population of Birmingham has a significantly lower than average rate of childhood and flu vaccinations,¹³⁴ Hindus have one of the highest levels of vaccine uptake across all religious groups.¹³⁵ However, a small minority of Hindus are still hesitant to receive vaccines. According to the Office for National Statistics, Hindus have lower levels of vaccine hesitancy compared to most religious groups and those with no-religion. COVID-19 vaccination rates were

2nd highest of the main religious groups, only behind Christians, between the 8th December 2020 and 12th April 2021 (92.0% vaccinated).

RECOMMENDATIONS:

- Encourage vaccine uptake in children and adults, for example for flu, COVID, TB, travel vaccines and routine childhood vaccinations.
- Educate about the importance of health as well as various diseases and empower them to take ongoing responsibility for their own health
- Enforce effective hand washing and sanitising amongst those using the mandir, as well as regular and effective cleaning

5 TOP TIPS

1. Raise awareness of vaccination through religious sermons, talks and seminars, videos and social media channels.
2. Encourage those travelling abroad, e.g. to Asia, to book travel clinic appointments with healthcare professionals, to ensure recommended travel-related vaccines and anti-malaria tablets are taken.
3. Raise awareness of health and disease through religious discourses, smaller group discussions, talks, leaflets, posters, publications and online platforms.
4. Adhere to public health advice in response to COVID-19, including regular hand-washing and limiting contact when experiencing symptoms of COVID-19
5. Encourage people taking antibiotics to follow information from their healthcare provider

RESOURCES

- BAPS UK & Europe - [Flu Vaccine Advice Video](#): important advice about the flu vaccine for adults and children covering who is eligible to receive the vaccine, why it is important to take it, where it is available, and where to find more information.
- BAPS Charities – COVID-19 Vaccine Safety: Debunking the Myths & Sharing the Facts Video ([Gujarati](#) and [English](#)), and [COVID Vaccine webinar](#) for 18- to 40 year-olds: to help debunk some common myths and explain the facts about the testing, approval and licensing of the vaccine in the UK.
- BBC - Coronavirus vaccine Q&A video: in [Gujarati](#), [Punjabi](#) and [Tamil](#).
- [Vaccinations](#): guide to help understand the vaccines offered in the UK and when to have them. It also explains how they work and why they're safe and important.

CASE STUDIES

• Various mandirs – COVID vaccination awareness

A number of mandirs and Hindu organisations in Birmingham have been successfully raising awareness of COVID vaccination for their communities. BAPS Shri Swaminarayan Mandir, BPM Shree Krishna Temple, Hindu Council of Birmingham, Shree Prajapati Association and Shree Ram Mandir and have worked hard to dispel myths and promote vaccination uptake in Hindus. This has been through regular messaging and announcements, sharing content from reliable sources on social media and newsletters, webinars and presentations by doctors in languages the communities can understand, and directing people to local vaccination centres.



PROMOTING HEALTH SCREENING

BACKGROUND

Birmingham has a significantly lower than average rate of cancer screening coverage for breast, cervical and bowel cancer, as well as abdominal aortic aneurysm screening.¹³⁶ Hindus are less likely to attend some cancer screening programmes, despite high levels of education, because of worries about the test and result, embarrassment, inconvenient appointments, and childcare.¹³⁷

Hindus are also less likely to attend and benefit from NHS health checks with their GP for a number of reasons, including being asymptomatic and the belief that the GP's role is to deal with disease only rather than health promotion.¹³⁸ Hindus undergoing health checks performed in community venues such as at mandirs have consistently reported positive experiences, being comfortable and shown sustained lifestyle changes.¹³⁹

RECOMMENDATIONS

- Education around the importance of attending and the benefits of cancer screening programmes (cervical cancer, breast cancer and bowel cancer).
- Educate and encourage attendance for other NHS screening programmes (abdominal aortic aneurysm screening, diabetic eye screening, NHS health check and screening tests offered in pregnancy).
- Hold health checks at the mandir, with clear pathways for directing people back to the GP for follow-up.¹⁴⁰
- Health checks should be targeted for early detection of conditions

without symptoms which are prevalent in the community, such as heart disease, high cholesterol, high blood pressure, diabetes, kidney and liver damage.^{141,142}

TOP TIPS

1. Encourage those travelling abroad, e.g. to India, to book travel clinic appointments with healthcare professionals, to ensure recommended travel-related vaccines and anti-malaria tablets are taken.
2. Raise awareness of NHS screening programmes through talks and events where members of the community can share their positive experiences of the process.
3. Provide a 'one-stop shop' health screening programme at the mandir with point-of-care tests, risk calculation, tailored culturally appropriate health promotion in a suitable language, and follow-up where required.
4. Get in touch with local NHS services or other mandirs who are currently running community health screening programmes for guidance.

RESOURCES

- NHS – [Screening](#): overview of screening, with links to the different types of screening offered by the NHS in England.

The screening tests offered in pregnancy are:

- screening for infectious diseases (hepatitis B, HIV and syphilis)
- screening for Down's syndrome, Patau's syndrome and Edwards' syndrome screening for sickle cell disease and thalassaemia
- screening to check the physical development of the baby (known as the 20-week scan or mid-pregnancy scan)

- diabetic eye screening if you are pregnant and have type 1 or type 2 diabetes

Newborn babies are offered:

- a physical examination, which includes the eyes, heart, hips and testes a hearing test
- a blood spot test to check if the baby has any of 9 rare conditions

Diabetic eye screening

- From the age of 12, all people with diabetes are offered an annual diabetic eye test to check for early signs of diabetic retinopathy

Cervical screening

- Cervical screening is offered to all women and people with a cervix aged 25 to 64 to check the health of cells in the cervix. It is offered every 3 years for those aged 25 to 49, and every 5 years from the ages of 50 to 64

Breast screening

- Breast screening is offered to women aged 50 to 70 to detect early signs of breast cancer. Women over 70 can self-refer

Bowel cancer screening

- Everyone aged 60 to 74 is offered a bowel cancer screening home test kit every 2 years.
- If you're 75 or over, you can ask for a kit every 2 years by phoning the free bowel cancer screening helpline on 0800 707 60 60.
- Abdominal aortic aneurysm (AAA) screening
- AAA screening is offered to men during the screening year (1 April to 31 March) that they turn 65 to detect abdominal aortic aneurysms (a dangerous swelling in the aorta). Men over 65 can self-refer

More about screening

- Learn more about screening available on the NHS - <https://www.nhs.uk/conditions/nhs-screening/>
- Birmingham NHS Health Checks programme which screens for a wide range of illnesses and is open to anyone

CASE STUDIES

• BAPS Shri Swaminarayan Mandir - Community Cardiovascular Screening

BAPS have held numerous health screening sessions for adults of all ages in Birmingham, benefiting over 300 members of the local community. The sessions especially target people under 40 with a family history of diabetes or heart disease. The programme involves blood tests, body mass index, blood pressure and body fat measurements. Over half of the attendees had abnormal results which they were unaware of. All participants are given an opportunity to discuss the findings with a doctor to arrive at an agreed action plan, as well as with a nutritionist to educate on a healthy diet.



ENCOURAGING AVOIDANCE OF RISKY BEHAVIOUR: ALCOHOL, SMOKING AND SUBSTANCE MISUSE

BACKGROUND

Intoxicants are considered prohibited in Hinduism, not just because of the harm to health, but also to because any behaviours that result in an addiction are strongly discouraged.^{143,144} Figures show that people of Indian ethnicity and Hindus in the UK are among the lowest proportion of smokers,^{145,146} and they are also less likely to drink alcohol compared to the general population.¹⁴⁷ However, alcohol misuse and smoking remain important public health issues that can affect anybody.

ALCOHOL

Alcohol misuse is the biggest cause of death and ill-health among young adults in the UK and a quarter of adults regularly drink too much.¹⁴⁸ Among working age adults, alcohol is the leading cause of ill-health, disability, and death.¹⁴⁹ Problem alcohol use is currently on the rise in the West Midlands with a roughly 50% increase in the last 10 years.¹⁵⁰ People are starting to consume alcohol at an earlier age and are drinking more, particularly at home.

Harm from alcohol extends beyond the drinker, affecting their families and communities. Alcohol consumption is particularly harmful during pregnancy, limiting the development of the baby's brain and other organs.

SMOKING

The contribution of smoking to heart diseases, lung diseases, and general ill health is well known. Men who never smoke have a 78% chance of reaching 73; those who start smoking by the age of 20 and never stop have a 42% chance.¹⁵¹ A more popular practice amongst some Indians is consuming *paan* or *gutka*, which a mixture of betel nut, herbs, spices and often tobacco, wrapped in a betel leaf.¹⁵² Consuming betel nut even without tobacco can cause various types of cancer.

Harm from smoking is shared, with most second-hand smoke being odourless, meaning people can unknowingly breathe in harmful poisons, no matter how cautious the smoker is being. For those who have not yet decided to stop smoking, it is important to not smoke indoors to protect others from second-hand smoke. Passive smoking is particularly dangerous to children, pregnant women and people with chronic respiratory conditions

GAMBLING

Another form of addiction, gambling, has seen a rise in recent years as online gambling has become more common. The accessibility of gambling 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 risk.¹⁵³ In 2019, the Gambling Commission launched a three-year strategy seeking to improve prevention, education, treatment and support for problem gamblers.

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 depression.¹⁵⁴

The recreational use of prescription or over-the-counter drugs has increased.¹⁵⁵ 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.^{156,157} 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.

PREVENTION AND TREATMENT

Prevention works, the sustained action on smoking has resulted in fewer smokers and Birmingham has an ambition to be smoke free indoors and out 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.

Each person will require a bespoke approach for their problem, emphasis on acknowledging a problem, the possibility of personal change and the benefits of treatment is likely to be helpful.¹⁵⁸

RECOMMENDATIONS

- The most effective way for people to quit smoking and tobacco use is with expert help through local NHS stop smoking services.¹⁵⁹
- Reduce the stigma surrounding substance misuse and encourage people to seek help from healthcare services.
- For those dependent on alcohol or drug additions, help from local community services is essential to help cut down or stop completely.

TOP 5 TIPS

1. Raise awareness of the negative impact of smoking, alcohol misuse, illicit drugs and chewing tobacco, paan and gutka through spiritual discourses and health seminars.
2. Educate children and youth of the harms of substance misuse and involve them in creating content for newsletters and posters that can be displayed in the mandir.
3. Raise awareness of national campaigns such as Dry January, Stoptober and Alcohol awareness week in November.
4. 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.
5. Arrange drop-in sessions where specialists can provide advice and support about smoking and alcohol to community members in their own language.

HINDU REFERENCES

- *Drinking liquor is described as one of the five great sins in Manu Smriti (11.54).*
- *“Except for the uncontrolled mind, there is no greater enemy.” – **Bhakta Prahlād***
- *“He who is unattached is poised in wisdom.” – **Bhagavad Gitā (2.57)***
- *“All that there is within the universe to satisfy one’s senses, cannot satisfy a person whose senses are uncontrolled.” – **Shrimad Bhāgvatam (8.19.21)***
- *“One should never consume intoxicating substances, such as alcohol, bhang and tobacco. One should also refrain from smoking.” – **Mahant Swami Maharaj, Satsang Dikshā (27)***

RESOURCES

- NHS – [Self-help tips to stop smoking](#), [Paan, bidi and shisha](#), [Find stop smoking services](#), [Alcohol misuse](#), [Alcohol support](#) and [Drug addiction](#).
- Smokefree National Helpline – Free advice: Call 0300 123 1044 and ask to speak to an interpreter for the language you need.
- Alcohol Change UK – [Checking your drinking](#), [Alcohol fact sheets](#) and [Tips for cutting down](#)

CASE STUDIES

- **BAPS Shri Swaminarayan Mandir – Education around smoking and alcohol misuse**

BAPS Shri Swaminarayan Mandir has held a number of health screening clinics for the community in Birmingham, during which attendees are educated about the risks of smoking and alcohol use. The strong link with heart disease, stroke and high blood pressure is emphasised, especially as these are already significant health issues for the community. Discussions are culturally sensitive and privately held with a healthcare professional since smoking and substance misuse issues may not want to be admitted or discussed openly.



PROMOTING AWARENESS FOR PREVENTION OF ABUSE AND VIOLENCE

BACKGROUND

Birmingham has a higher than average rate of hospital admissions for violence compared to the rest of England.¹⁶⁰ Approximately 1 in 20 people of Indian ethnicity in the UK experience domestic abuse, with men slightly more likely to report that they have experienced domestic violence compared to women.¹⁶¹

Adults within an Asian ethnic group are more than five times more likely to be victims of a religiously motivated hate crime than adults of White ethnic groups. More than a quarter of those of Indian ethnicity thought they were likely to be a victim of crime in the next year, which is higher than that of the general population.

A fundamental teaching in Hinduism is *ahimsā* or non-violence. This provides an excellent platform to use scriptural texts to discuss the consequences of abuse and violence and measures that can be taken to prevent these behaviours. Awareness of domestic violence, elder abuse and child abuse is important, and the impact of cultural norms, beliefs and stigma that may prevent people from seeking help must be acknowledged.

RECOMMENDATIONS

- Promote the importance of non-violence and respect for others in Hinduism, and incorporate the consequences of abuse and violent behaviours in assemblies and sermons.
- Ensure children's assemblies are conducted with at least two

Disclosure and Barring Service-cleared adults present at all times.

- Promote awareness of behaviours that may contribute to violence and abuse such as alcohol or substance misuse, and other addictions such as gambling, and teach the importance of avoidance of these to prevent violence and abuse.

TOP 5 TIPS

1. Workshops to teach parents, children and young adults about the importance of being alert to online grooming and abuse, and provide guidance on where to get advice about staying safe online.
2. Have a clear policy for safeguarding children and adults and trained leads for safeguarding, who provide annual child and adult safeguarding training for all volunteers working in the faith setting.
3. Ensure adults working with children have all undergone enhanced Disclosure and Barring Service clearance.
4. Hold workshops and seminars with charities or partners that are aware of Hindu beliefs and behaviours to raise awareness about domestic abuse and how to get help.
5. Raise awareness of factors that may lead to violence and abuse such as financial worries, unemployment, stress within the family and provide guidance on how to get help for these stressors to prevent abuse.

HINDU REFERENCES

- *"Ahimsā is not causing pain to any living being at any time through the actions of one's mind, speech or body."* – **Shāndilya Upanishad**
- *"Meritorious action leads to merit (punya), while evil action leads to further evil."* – **Brihadāranyaka Upanishad (3.2.13)**

- *“Ahimsā is the highest dharma, ahimsā is the highest self-control, ahimsā is the greatest gift, ahimsā is the best practice, ahimsā is the highest sacrifice, ahimsā is the finest strength, ahimsā is the greatest friend, ahimsā is the greatest happiness, ahimsā is the highest truth, and ahimsā is the greatest teaching.” – Mahābhārata (13.117.37-38)*

RESOURCES

- NHS – [Domestic violence and abuse](#): how to recognise the signs and where to get help.
- Refuge – [National domestic abuse helpline](#): 0808 2000 247 for women and children.
- Respect – [Men’s advice line](#): 0808 8010 327 for male victims of domestic abuse.
- [National Hindu Welfare Support](#) - works with communities, families and girls to raise awareness about grooming and provides assistance and support to those in need.
- NSPCC – [Keeping children safe](#): support and tips to help you keep children safe and what to do if you’re worried about a child.
- Report It – [Report a hate crime](#).

CASE STUDIES

- **BAPS Shri Swaminarayan Mandir – Annual safeguarding training for all volunteers**

The named designated leads for child safeguarding at BAPS mandirs ensure training is provided at least once a year for all volunteers who work with children and organise children’s activities. The training ensures volunteers are aware of the different types of child abuse,

signs and symptoms, and what to do if they are concerned about the safety of a child. In addition, certain guidelines that must be followed by volunteers for all activities with children are enforced, for example, to never stay alone in a room with a child, and the requirement for enhanced DBS clearance.

- **Hindu Council of Birmingham – Violence and abuse seminars**

The Hindu Council of Birmingham regularly organises ‘Insight’ seminars on a number of pertinent topics that can affect the Hindu community. These have included hate crime, domestic violence, cybercrime, as well as child grooming and entrapment. They have also appointed members of the organisation as a point of call for issues regarding violence, abuse or cybercrime in the community and have a close relationship with legal advisors and partner organisations such as National Hindu Welfare Support.



EMPOWERING WOMEN

BACKGROUND

Over the past 40 years, there has been a rise in the percentage of working age women in employment in the UK.¹⁶⁴ In 2017, there were approximately 70,000 women of Indian ethnicity aged 18-35 years resident in England.¹⁶⁵ In 2019, almost 7 out of 10 working aged women of Indian ethnicity were in employment, the second highest rate after White women.¹⁶⁶ In the same year, 57% of girls of Asian ethnicity attained average grade 8 in GCSEs in the UK,¹⁶⁷ and half of students of Asian ethnicity from state schools obtained a place in higher education,¹⁶⁸ with both males and females of BAME backgrounds equally believing a university education is very important.¹⁶⁹

Overall, positive attitudes to education, work ethos and high achievement are encouraged equally in Hindu families for both men and women. However, this equality and empowerment of women can be improved by increasing awareness of the wide range of opportunities for careers in Science, Technology, Engineering and Mathematics (STEM) disciplines, business and politics, and encouraging successful Hindu women to be role models to support each other in the workplace and within the community

RECOMMENDATIONS

- Hold assemblies led by women, for women – at all ages, to encourage confidence and nurture talents including public speaking, dance, etc.

- Ensure sermons and assemblies remain fully inclusive with examples from the scriptures relating to the strengths and virtues of women and men being used.
- Hold careers guidance sessions in the mandir that provide knowledge of the full array of options available for both young men and women.
- Parents and grandparents (members of the extended family) should encourage and support women building their careers and working full-time (if they wish) by offering help within the household and childcare.

TOP 5 TIPS

1. Hold workshops to allow women to learn about subjects that may be considered traditionally “male”, including financial welfare, making a will, investments and dealing with assets.
2. Hold seminars specifically focussing on promoting women’s health, including the importance of uptake of screening services such as cervical and breast cancer screening.
3. Have crèche facilities that make both parents (whether male or female) feel equally welcome and able to look after and feed their children.
4. Have a dedicated women’s forum that allows free discussion of issues that may be faced by women in the home or at work.
5. Mark the celebration of International Women’s Day annually at the mandir and organise ongoing events and activities for women throughout the rest of the year.

HINDU REFERENCES

- “The daughter, O king, has been ordained in the scriptures to be equal to the son.” – **Bhishma, Anushasana Parva, Māhābhārata(13.47.26)**
- “Where women are honoured, there the gods delight; where they are not honoured, there all acts become fruitless.” – **Manu Smriti (3.56)**
- “Superiority or inferiority should never be understood to be based on gender. All can attain moksha through devotion while observing the dharma prescribed for them.” – **Mahant Swami Maharaj, Satsang Dikshā (13)**

RESOURCES

- NHS – [Cervical cancer](#) and [Breast cancer](#)
- Mental Health Foundation – [Women and mental health](#)
- [International Women’s Day](#) - global day celebrating the social, economic, cultural and political achievements of women.
- [STEMettes](#) - runs a number of intersectional cohort programmes, impactful events, and inspirational content platforms to promote Science, Technology, Engineering and Maths (STEM) related careers to girls.

CASE STUDIES

• BAPS Shri Swaminarayan Mandir – International Women’s Day

Since 2010, International Women’s Day has been celebrated at BAPSmandirs in line with the United Nations annual day of commemoration. Each year a different theme or topic affecting women and women’s empowerment is explored in depth. The programme is content, and execution is entirely and independently delivered by the ladies of BAPS, including various formats such as workshops, seminars with invited expert speakers, dramas, and dance. Topics that have been discussed include cyberbullying, mental health and well-being, unconscious bias and domestic abuse. This has enabled women and girls of all ages to feel knowledgeable about these issues, provided guidance and signposting if they need to seek help and built resilience and esteem.

• BPM Shree Krishna Temple - Women’s network

BPM Shree Krishna Temple has a women’s network team that organises various events and activities specifically for women. Speakers are invited to give talks at the events which have included women’s health, mental well-being, dementia, child abuse, allergies and breast cancer awareness. They also regularly hold day and weekend trips for women which are a great way for them to bond with others in the community.



UNDERSTANDING THE WIDER DETERMINANTS OF HEALTH

BACKGROUND

Birmingham is one of the most deprived areas in England and has one of the highest levels of unemployment in the country.¹⁷⁰ Hindus, however have the highest level of educational attainment across all religious groups, with almost 60% obtaining a degree or equivalent compared with an average of 40% for other groups and they have one of the highest proportions of employed people working in professional occupations.¹⁷¹ School children of Indian ethnicity also have attainment above the national average and are less likely to be excluded from school.¹⁷²

Those from the Indian ethnic group are also the least likely to live in deprived neighbourhoods.¹⁷³ However, they are more than three times more likely to have large numbers of people in the same household compared to the general population, because of multiple generations staying together.¹⁷⁴ This has been linked to a higher rate of infections and death during the COVID-19 pandemic.¹⁷⁵

Poor air quality is the largest environmental risk to health in the UK. Pollutants are emitted through many activities, such as transport, industry, farming, energy generation and heating buildings, causing and aggravating heart and lung disease as well as cancers.¹⁷⁶

RECOMMENDATIONS

- Organise educational, skills development and careers events for people of all ages, and integrate these alongside faith-based teaching.

- Provide guidance to the congregation on hygiene, cleaning and ventilation for minimising the risk of infections spreading in multigenerational households.
- Encourage members of the community to reduce car use and instead, where possible, walk or cycle to work or the mandir, use public transport or consider car-sharing.
- Meat consumption should be avoided as it has a significant negative impact on the environment, it causes cancers and heart disease, as well as a source for transmitting viruses from animals to humans.¹⁷⁷
- Raise awareness of other ways to reduce carbon footprint through reducing long-haul flights, speed management, using renewable energy, home insulation, reuse and recycling.¹⁷⁸

TOP 5 TIPS

1. Appoint an education and careers team or committee who can plan and organise events, offer guidance and networking opportunities with other members of the community.
2. Develop links with local and regional organisations, higher education institutions and government agencies who can offer careers guidance, work experience and training opportunities for members of the community.
3. Celebrate Earth Day annually to raise awareness of the environment, organise a regular local litter-picking initiative, get involved in tree-planting activities and volunteering for local wildlife or environmental organisations.
4. Reduce the carbon footprint of the mandir building by maximising natural light and energy efficient lighting, using renewable energy such as solar systems, using water-efficient fixtures and efficient heating, ventilation and air conditioning systems.

5. Use eco-friendly compostable and biodegradable plates, cutlery and packaging in the mandir instead of single-use plastics, and facilitate electric vehicle use by installing electric vehicle charging points in the mandir car park.

HINDU REFERENCES

- “Yatra bhavati vishvam eka nidam – The whole world is one nest.” – **Vājasaneyā Samhitā (32.8)**

RESOURCES

- GOV.UK – [National Careers Service](#) and [Job Help](#): careers information, advice and guidance to help make decisions on learning, training and work at all stages of careers.
[The Skills Toolkit](#): free courses to help learn new skills or get a new job. [Free courses for jobs](#): details of the free courses and qualifications to help adults gain skills for life.
- Birmingham City Council – [Pollution](#): air pollution, its effects and how to reduce it.
- Energy Saving Trust – [Top tips to reduce your carbon footprint](#).
- BAPS Shri Swaminarayan Mandir, London – [Environment-friendly features](#): tips for optimising energy efficiency and incorporating environmentally-friendly features into Hindu mandirs.
- BAPS UK & Europe – [Campus Podcasts](#): podcast series in conversation with successful Hindus, to help university students in the UK expand their awareness on various topics across a multitude of industries.

CASE STUDIES

• BAPS Shri Swaminarayan Mandir – Education and careers events

BAPS Shri Swaminarayan Mandir in Birmingham hold a number of educational and skills development events. There is a dedicated team of professionals who organise classes, seminars and workshops for children and adults. Events have included numeracy, literacy and problem-solving skills workshops as well as 11+, GCSE choices, syllabus update and technology seminars. The mandir also shares podcasts by successful members of the Hindu community in a range of industries, to inspire with career aspirations whilst understanding how they can uphold their faith along the way.

• BAPS Shri Swaminarayan Mandir – Reducing carbon footprint and environmental awareness activities

BAPS Shri Swaminarayan Mandir in Birmingham has been designed and constructed to minimise any negative impact on the environment. It incorporates many eco-friendly features such as solar energy panels, skylights to maximise natural lighting, partitioning, zonal lighting and heating, energy-saving lights and water-efficient fittings. Every year Earth Day is celebrated to raise environmental awareness and BAPS volunteers regularly take part in Hall Green’s “Keepin’ It Clean” initiative, which involves litter-picking in the local vicinity. Compostable or biodegradable plates, cutlery and bags are used and there has been a significant reduction in the use of single-use plastics.

• Hindu Council of Birmingham – Insight series seminars

As part of the ‘Insight’ seminars series, the Hindu Council of Birmingham have organised talks sharing the lives and stories of Hindus in politics, the police, Royal Air Force, Navy and Army.

Figure 11: Dahlgren and Whitehead's Social Determinants of Health Model
 Source: gov.uk



These have given young people who are interested in these careers a better understanding of these traditionally less popular careers for Hindus. They have also recently held a talk on the current climate crisis

and how Hindus can play a role in tackling climate change through the Hindu value of ahimsā.

PROMOTING ORGAN DONATION

BACKGROUND

Waiting times for an organ transplant are much longer for Black, Asian, Mixed Race or minority ethnic patients. For figures in April 2015 to March 2016, after one year of waiting for a kidney transplant, 35% of White patients had received their transplant whereas only 19% of Black, Asian and Minority ethnic patients had received a transplant.¹⁷⁹

Although there has been an increase in the number of registrations from the Indian community to the NHS Organ Donor Register over the past 4 years, more people from the Indian and Hindu community need to be willing to donate either in life or after death.

From a recent survey, almost half of Hindus are not signed up on the NHS Organ Donor Register and almost half do not feel well-informed about the law change on organ donation.¹⁸⁰ Almost a third of Hindus have not discussed organ donation with their family and almost a quarter of Hindus do not know whether their faith supports organ donation.¹⁸¹



RECOMMENDATIONS

- Debunking the myths surrounding organ donation and how organ donation is supported within Hinduism.¹⁸²
- Raising awareness of the law change and encouraging conversation within families.¹⁸³
- Encouraging more Hindus to step forward as living donors and to donate organs after death.
- Increasing registrations onto the organ donation register.
- Sharing useful resources about organ donation with the community.

TOP 5 TIPS

1. Share resources produced by NHSBT and the Jain and Hindu Organ Donation (JHOD) Group that provide a Hindu perspective on organ donation.
2. Hindu faith leaders should encourage organ donation, as one of the highest forms of *dān* and *sevā*.
3. Organise organ donation awareness talks and events for the community in which real life stories from organ donors, donor families, medical professionals, community and faith leaders are shared.
4. Target communication to the youth via social media to encourage initiating discussion within multi-generational households.
5. Get in touch with JHOD, who are leading on informing the community about the change in law and can support groups organising local events.

HINDU REFERENCES

- *“Of all the things that it is possible to donate, to donate your own body is infinitely more worthwhile.” – Manu Smruti*
- *“As a person discards the old worn out clothes to put on new ones, the eternal soul discards the old body on death and takes re-birth into a new one.” – Bhagavad Gitā, (2.22)*

RESOURCES

- NHS Blood and Transplant – [A Hindu perspective on organ donation](#): Includes a video on the Hindu perspective on organ donation, real life stories and a leaflet to explain the recent law change around organ donation. It also contains links to downloadable guides to organ donation and Hindu beliefs in English, Punjabi, Gujarati, Hindi and Tamil.
- NHS Blood and Transplant - [Hinduism and organ donation videos](#)
- Jain and Hindu Organ Donation (JHOD) Group - [leading on informing the community about the change in law and can support groups organising local events](#).
- BAPS UK & Europe - Several educational videos and leaflets on organ donation: [Playlist of short videos on organ donation after death and the new law in England](#), [video on living organ donation](#) and [leaflet on living organ donation](#).

CASE STUDIES

- **BAPS Shri Swaminarayan Mandir - Living organ donation conference**

A living organ donation and transplantation conference was held in September 2018 at the mandir, in partnership with NHS Blood & Transplant (NHSBT), to raise awareness about living organ donation amongst Hindus. The audience heard real life patient stories, had their medical questions answered by a transplant surgeon and were also urged to support organ donation from a Hindu faith perspective. Various resources were produced for the Hindu community including a YouTube video and educational leaflet.

- **Shree Ram Mandir – Organ donation awareness**

Shree Ram Mandir have been promoting organ donation and encouraging people to register their decisions with the NHS. They shared an inspiring video story to their congregation on social media, spoken by a Hindu who lost his wife to a brain haemorrhage and subsequently donated her organs, benefitting five other people. The video raised awareness of the acceptance of organ donation in Hinduism and the need to have conversations in the family.

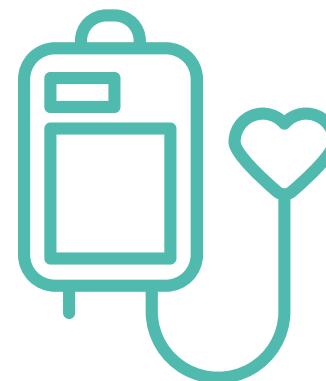




Figure 12: Organ Donation
Source: BAPS

Quotes from Hindu leaders in favour of organ donation:

- “Daan is an act of selfless giving which is an integral part of our religion. Our religion has no barriers to ang daan (organ donation)”- **Mahendrabhai Pandya, Head Priest, Jalaram Temple, Leicester**
- “According to Sanatan Vedic Dharma, every person should support organ donation because many lives can be saved”- **Pujya Devprasad Bapushree**
- “I strongly believe that organ donation is the best donation any human can give.”- **Mrs Trupti Patel, President, Hindu Forum of Britain**
- “To donate an organ is truly a selfless act of ‘Seva’ and is something that every person who is able to, should think about.”- **His Holiness Mahant Swami Maharaj, Spiritual Head, BAPS Swaminarayan Sanstha**
- “The best daan you can give is the daan of the body. Be selfless”- **Nila Madhav Da**

CPR TRAINING AND DEFIBRILLATOR AWARENESS

BACKGROUND

Cardiac arrest occurs when the heart stops pumping blood around the body and causes a person to collapse and stop breathing normally. Around 80% of cardiac arrests happen in the home and for every minute that a person in cardiac arrest doesn't receive CPR and defibrillation (an electric shock to restart the heart), their chance of survival drops by about 10%.¹⁸⁴

Outcome is poor, with less than one in ten people in the UK surviving after having a cardiac arrest.¹⁸⁵ South Asians are even less likely to survive a cardiac arrest than the general population.¹⁸⁶ They are much more likely to experience a cardiac arrest and they are younger when they have one.¹⁸⁷

In a 2021 survey, 38% of adults reported never having undertaken any training to help someone in cardiac arrest, and only less than a quarter have ever had training in using a defibrillator (also known as an AED, a machine that delivers an electric shock to restart the heart).¹⁸⁸ If CPR were more widely taught, thousands of lives could be saved every year and knowing CPR and being confident to act in an emergency is crucial to save a family member's life.¹⁸⁹

RECOMMENDATIONS

- Raise awareness of cardiac arrest and AEDs, as well as how cardiac arrest differs to a heart attack.

- Hold CPR skills and defibrillator awareness training according to the latest national guidelines, for volunteers and the community, ensuring all equipment is in working order.¹⁹⁰
- Simplify teaching to make learning stick, for example, by teaching hands-only CPR and use engaging training methods such as videos and apps or online interactive training tools.¹⁹¹
- Address factors that stop those of Indian ethnicity performing CPR, such as lack of confidence, fear of mouth-to-mouth resuscitation, and fear of doing more harm than good.¹⁹²
- Conduct a risk assessment regarding the provision of an AED for the mandir. Ensure any emergency equipment is located and signposted appropriately and checked according to manufacturers' guidelines.¹⁹³

TOP 5 TIPS

1. Collaborate with local and national organisations to deliver in-person or online training sessions for the community.
2. Train members of the congregation to be CPR trainers and obtain CPR training kits so that training sessions can be held on a regular basis at the mandir by those who can speak the language of the community.
3. Annually in October, raise awareness of cardiac arrest, CPR training and AED awareness through the national "Restart a Heart" campaign.
4. Hold basic CPR training skills sessions specifically for children.
5. First aid courses also include CPR training so train more volunteers in first aid and encourage community members to also undertake first aid courses.

RESOURCES

- Resuscitation Council UK – [Restart a Heart](#): variety of resources for CPR skills and organising local training events. [CPR Language resources](#): CPR fliers and animation videos in Gujarati, Hindi, Punjabi, Bengali and Tamil. [Lifesaver learning](#): interactive training tool to learn lifesaving skills anytime, anywhere through action-packed scenarios.
- British Heart Foundation – [Cardiac arrest](#), [Restart a Heart Day](#), [CPR training videos](#) and [CPR training in communities](#).
- St John Ambulance – [How to do CPR on an adult](#), [How to do CPR on a child](#), and How to use a defibrillator (AED).

CASE STUDIES

- **BAPS Shri Swaminarayan Mandir – Instructor training and in-person/online community CPR training sessions**

BAPS has trained a number of their volunteers as instructors, so that they are able to deliver regular CPR/AED training. As a result, many training sessions have been held with several hundreds of members of the Hindu and wider community in Birmingham being trained in CPR skills. For the World Restart a Heart Day in 2020, BAPS collaborated with St John Ambulance to run online CPR training webinars in English and Gujarati, which involved participants practicing skills in their own home and included a session specifically for children as well as follow-up tutorials for those who wanted to know more.



SEVĀ, VOLUNTEERING AND HELPING OTHERS

BACKGROUND

Hinduism teaches the importance of serving both God and humanity. *Sevā* is a Sanskrit word that means more than just service or to serve. It means to serve without the existence of one's own identity – to serve selflessly.¹⁹⁴ In 2018, only 13% of the Hindu population in England and Wales reported having participated in voluntary activity over the previous year.¹⁹⁵

Volunteering has many recognised benefits for mental and physical health, life satisfaction, social well-being and for depression, particularly for ethnic minorities.¹⁹⁶ There is also research to show that volunteering in older people may protect against dementia.¹⁹⁷

In addition to this, volunteering provides the opportunity to give back to an organisation that has impacted on a person's life, makes a difference to the lives of others, helps the volunteer feel part of a valued team, a chance to get to know the community and make new friends, spend time away from work or a busy lifestyle and helps gain new skills, confidence and self-esteem.¹⁹⁸

RECOMMENDATIONS

- Arrange various volunteering activities at the mandir that are accessible for people of different ages and abilities within the community.
- Ensure the mandir has a policy on volunteers, an induction process and clear role descriptions for core positions.

- Provide appropriate support and supervision, ensure work is valued, provide both positive and negative feedback and allow for personal development and training.
- Explore wider volunteering opportunities and other ways to help the local community for example through local food banks, blood donation drives and supporting local charities.
- Finding bone marrow donors is significantly more difficult for those of Indian ethnicity, so recruitment drives should be held at mandirs to increase numbers on the stem cell register.¹⁹⁹

TOP 5 TIPS

- Hold regular *sevā* sessions that all ages of the congregation can take part in, such as decoration, cleaning or community service activities.
- Ensure *sevā* opportunities allow volunteers to utilise their technical and creative skills, e.g. graphic design, art, photography, audio-visual, web design, social media, project management, languages, etc.
- Hold volunteer appreciation events and express gratitude personally.
- Arrange dry and tinned food collections which can be donated to local foodbanks or charities.
- Partner with DKMS or Anthony Nolan to hold bone marrow register recruitment drives at the mandir and raise awareness of the bone marrow registry.

HINDU REFERENCES

- “Vasudhaiva kutumbakam – The whole world is one family.” – **Subhāshitam**
- “Sarvetra sukhinaha santu sarve santu nirāmayāhā, Sarve bhadrāni pashyantu mā kaschid dukkham āpnuyāt – May all be happy. May all be healthy. May all see the good. May no one be unhappy.” – **Subhāshitam**
- “Ātmavat sarvabhūtāni yaha pashyati saha pashyati – One who sees others with the same view that one sees oneself is a true seer.” – **Subhāshitam**
- “Dayā dharmako mul hai, pāp mul abhimān, Tulsi dayā na chhāndiye, jab tag ghatme prān – Compassion is the root of dharma; the root of sin is ego; do not forsake compassion until there’s life in the body as long as you are alive; so says Tulsidas.” – **Rāmcharitmānas**
- “Mitrasyaāham chakshushā sarvāni bhutani – I behold all beings with the eyes of a friend.” – **Yajur Veda (36.18)**
- “In the joy of others lies our own.” – **Pramukh Swami Maharaj, BAPS Swaminarayan Sanstha**

RESOURCES

- Healthy London Partnership – [Giving to others](#): Mrs Trupti Patel, President of the Hindu Forum of Britain.
- VAL – [How to Manage Volunteers](#): simple guidelines and practical information to successfully manage volunteers.
- [DKMS](#) – Blood cancer awareness charity that can help recruit donors to the stem cell register.
- [Anthony Nolan](#) – Charity that helps recruit donors to the stem cell register.

CASE STUDIES

- **BAPS Shri Swaminarayan Mandir - Bone marrow register recruitment drives**

BAPS in collaboration with DKMS and Anthony Nolan, has organised bone marrow register recruitment drives to enrol members of the Hindu and wider South Asian community onto the British Bone Marrow Registry. The events have provided an opportunity to raise awareness in the community about the shortage of registered donors and allowed many new donors to be registered in the drives in Birmingham.

- **Shree Ram Mandir – Tiffin service**

Shree Ram Mandir have been supporting the community since the beginning of the COVID pandemic by delivering hot Gujarati vegetarian sattvic food to many vulnerable and elderly people. They engaged volunteers in food preparation and delivered meals three days every week, to those who were struggling to find or prepare food suited to their cultural and dietary needs. Volunteers also spoke to community members, to ensure their well-being and reduce feelings of isolation.

- **BAPS Shri Swaminarayan Mandir – Connect & Care programme**

During the pandemic, BAPS Shri Swaminarayan Mandir in Birmingham has been using digital tools to help bring people together. Devotees used technology to help young and old to stay connected, not only with one another but also with their faith. They also have been working in collaboration with many charities, for example The Active Well Being Society who distributed hot meals provided by BAPS to hundreds of people across Birmingham each week. The mandir also donated to and supported a number of local foodbanks, schools, hospitals, hospices, emergency services, care homes, community centres as well as other Hindu mandirs.





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.

FINANCIAL SUPPORT

This toolkit highlights recommendations for how Mandirs, and community centres, can support their congregation with a variety of health-related topics to improve overall health and well-being of the community.

However, it is recognised that financial constraints may restrict how much support can be provided to the congregation. Therefore, this section of the toolkit can be utilised to signpost to relevant funding portals.

BIRMINGHAM VOLUNTARY SERVICE COUNCIL

Birmingham Voluntary Service Council (BVSC) is the leading voluntary sector support body in Birmingham, committed to ensuring that voluntary action can thrive and make a positive difference for everyone in Birmingham.

BVSC provides support for organisations looking to identify new income streams and business development approaches that will help organisations grow and thrive.

- **Business Development and Funding Network**

Any individual working in the voluntary, community, faith or social enterprise sector in Birmingham can join the network for weekly webinars to hear the latest funding opportunities and get tips for successful applications.

[Join the network](http://www.surveymonkey.co.uk/r/WKVG3YL) (www.surveymonkey.co.uk/r/WKVG3YL)

- **Engage for Funding Portal**

Funding search portal available to BVSC members whose annual turnover is less than £1m. Registration will provide immediate, free access to a comprehensive database of funding opportunities.

[Join the network](http://www.surveymonkey.co.uk/r/WKVG3YL) (www.surveymonkey.co.uk/r/WKVG3YL)

[Access the Engage for funding portal here](https://funding.idoxopen4community.co.uk/engageforfunding)

(https://funding.idoxopen4community.co.uk/engageforfunding)

- **Business Development Webinars & Resources**

In 2020 BVSC successfully secured funding from the National Lottery Community Fund Covid-19 Relief, to support the sector with accessing funding opportunities.

[Business Development Webinars & Resources](https://www.bvsc.org/business-development-webinars-1)

(https://www.bvsc.org/business-development-webinars-1)

FINDITINBIRMINGHAM

FinditinBirmingham promotes local opportunities to local organisations via the 'opportunities' section of their website from a variety of funding sources, including Birmingham City Council.

[Funding opportunities on FinditinBirmingham](https://www.finditinbirmingham.com/opportunities)

(https://www.finditinbirmingham.com/opportunities)

ADDITIONAL SUPPORT

If your Mandir or community centre requires any additional support in locating available funding opportunities, please contact the Communities

Team at Birmingham Public Health at

CommunitiesTeam@birmingham.gov.uk

DEVELOPMENT OPPORTUNITY CHECKLIST

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ABOUT THE 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.

If you require support in completing this checklist, then please contact the Communities Team at Birmingham City Council CommunitiesTeam@birmingham.gov.uk.

USING THE CHECKLIST

• Things to Consider

When completing the different sections of the development opportunity checklist, consider using a 'SWOT' framework to help with strategic planning of health and well-being projects.

Strengths: consider what you do well as a Mandir or Hindu organisation currently, your strongest assets, what resources there currently are to help support any health and well-being projects.

Weaknesses: consider what areas of health and well-being can be improved within the Mandir or Hindu organisation, what resources aren't currently available that could support any projects, what skills need developing among the Committee, which areas may external support be needed.

Opportunities: this refers to any external factors which could support your Mandir or Hindu organisation, this might include considerations on how you will reach more people or connections with key professionals who can support in the delivery of health and well-being topics.

Threats: this refers to any factors which have the potential to harm the Mandir or Hindu organisation. This may include topic areas which are not appropriate to cover in a Mandir or with certain Hindu groups.

• Current Progress

This area of the checklist provides an opportunity to review what is currently being done at the Mandir or Hindu organisation to address health and well-being topics. Information in this section should cover what projects are currently ongoing, what resources and support is available or what future plans include if currently there is no progress against the checklist question. This section can also be utilised to reflect on what can be added to the current progress.

e.g., Are projects delivered in the appropriate language(s) for the group? Currently, any projects relating to health and wellbeing are delivered in appropriate languages for members of the local congregation, mainly Gujarati and English.

• Action Points and Action Owners

This section of the checklist should be used to identify the next steps in working towards the specific health and wellbeing goal, as well as identifying who is responsible for specific actions.

e.g., to support in sharing information about local health and well-being services we will continue identifying and developing contact with local services that may be used for members of the community to engage with. Our volunteer lead will be responsible for building relationships with contacts from these services.

- **Comments**

This section of the checklist Mandir or Hindu organisation that have not been addressed in the current progress or action points columns. This may include specific considerations needed for certain congregations, inclusion of any relevant SWOT analysis, or general feedback and comments. This section may also be used for general comments relating to this toolkit.

e.g., Have you considered the various forms of media to communicate health and well-being messages and promoting events with the congregation? When creating resources for older adults, the Mandir should consider focussing on print media with larger font due to digital exclusion and accessibility.

- **Ideas for health and wellbeing**

At the end of the toolkit there are some ideas for the Hindu community on activities that could be completed at the Mandir to address the health topics identified throughout the toolkit. Please use the ideas written and share any additional ideas with us at communitiesteam@birmingham.gov.uk.

We would love to be able to share your great ideas with other Mandirs within Birmingham.



Checklist 1 (Vision)

| Section | Checklist Question | Current Progress | Action Points and Action Owners | Comments |
|---------|--|------------------|---------------------------------|----------|
| 1a | What is the overall vision for health and well-being in the congregation? | | | |
| 1b | Are you aware of the important problems faced by the congregation? | | | |
| 1c | What key areas do you want to address? | | | |
| 1d | How confident are you as a Mandir in being able to address these key areas | | | |
| 1e | What are the timelines to achieve this? | | | |

Checklist 2 (Mandir Committee and the Congregation)

| Section | Checklist Question | Current Progress | Action Points and Action Owners | Comments |
|---------|---|------------------|---------------------------------|----------|
| 2a | Does the Mandir or Hindu organisation have a lead for health and well-being, as well as a wider health committee or members of the congregation with relevant skills? | | | |
| 2b | Are the management committee and other key members of the Mandir involved in discussions about health and well-being projects? | | | |
| 2c | How will you bring members of the congregation and other volunteers on board with the delivery of the key areas and aims? | | | |
| 2d | Are healthcare professionals from the congregation involved in bringing their skills to the health and wellbeing team? | | | |
| 2e | Is the Mandir management committee and other key members aware of ethical considerations around the project? | | | |

Checklist 3 (Planning)

| Section | Checklist Question | Current Progress | Action Points and Action Owners | Comments |
|---------|---|------------------|---------------------------------|----------|
| 3a | Do you have a plan for improving the health and well-being of the congregation using this toolkit? | | | |
| 3b | Have you identified key areas for development in health and wellbeing for the congregation? Have you considered what training you will need to develop in health and wellbeing? | | | |
| 3c | Are the planned activities and approaches inclusive in their offering to different groups in the congregation? For example: <ul style="list-style-type: none"> • Children • Adults • Older adults • Women • People with disabilities | | | |

Checklist 3 (Planning)

| Section | Checklist Question | Current Progress | Action Points and Action Owners | Comments |
|---------|--|------------------|---------------------------------|----------|
| 3d | Have you considered safeguarding through DBS checks? | | | |
| 3e | Do the plans factor in religious and cultural sensitivities? | | | |
| 3f | Are projects delivered in the appropriate language(s) for the group? | | | |
| 3g | Have you considered any limitations of delivering the project, for example, what is achievable and what requires additional support? Consider where you can try to get additional support. | | | |
| 3h | Do you know where to find the latest advice on health and wellbeing issues? | | | |
| 3i | Is faith, reference to scriptures and religious teaching included in the health and well-being projects? | | | |

Checklist 4 (Training)

| Section | Checklist Question | Current Progress | Action Points and Action Owners | Comments |
|---------|--|------------------|---------------------------------|----------|
| 4a | What specific training needs are required for the team to deliver the project or projects? What organisations can support/ deliver the training to improve confidence and skills for the Mandir? | | | |
| 4b | Does the team know where to signpost the Congregation to specific services, for example stop smoking services, weight management, health screening? | | | |
| 4c | How will opportunities be provided for the team to develop their skills? | | | |
| 4d | How will you measure success of the project? For example, will you collect a questionnaire, will you look at improving rates of a certain health behaviour? | | | |
| 4e | How will you ensure that learnings from things that didn't work so well are taken forwards into future projects? | | | |

Checklist 5 (Resources and Collaborations)

| Section | Checklist Question | Current Progress | Action Points and Action Owners | Comments |
|---------|---|------------------|---------------------------------|----------|
| 5a | Have you made a list of resources required to deliver the project? If there are further resources required, how do you plan on filling these gaps? | | | |
| 5b | Could you collaborate with other Mandirs and Hindu organisations to run projects locally? | | | |
| 5c | Do you have any collaborations with other Mandirs nationally who can provide ideas and support for projects? | | | |
| 5d | How will you link into services already being offered? | | | |
| 5e | Are you already working with local services to deliver similar projects? Could these be shared with other Mandir across Birmingham to promote local services and share success? | | | |
| 5f | Does the Mandir or Hindu organisation encourage its Congregation to engage with local health service patient groups and forums? | | | |

Checklist 6 (Communication)

| Section | Checklist Question | Current Progress | Action Points and Action Owners | Comments |
|---------|---|------------------|---------------------------------|----------|
| 6a | To what extent, if any, are services at the Mandir marketed in the Congregation? How are they currently marketed and where are there gaps? | | | |
| 6b | Is there a communications lead at the Mandir? If there is not, is this something that you can ask for support from other Mandirs, Birmingham City Council, or other local services? | | | |
| 6c | How much stage time is devoted to communicating health and well-being messages and services for the Congregation? | | | |
| 6d | Have you considered the various forms of media to communicate health and well-being messages and promoting events with the Congregation? For example, Mandir website, newsletters in print, face-to-face, print media such as posters and booklets, social media platforms such as Facebook, twitter and Instagram. | | | |

Checklist 6 (Communication)

| Section | Checklist Question | Current Progress | Action Points and Action Owners | Comments |
|---------|--|------------------|---------------------------------|----------|
| 6e | Do you use a variety of media such as images, videos, stories, educational resources and links to further information and organisations? | | | |
| 6f | Is literature and communication accessible and printed or verbally delivered in both Panjabi and English? | | | |

Checklist 7 (Evaluation and Sharing Good Practice)

| Section | Checklist Question | Current Progress | Action Points and Action Owners | Comments |
|---------|--|------------------|---------------------------------|----------|
| 7a | Are the projects making any difference to the overall health and wellbeing of the Congregation? (see 4d for how to measure success). How do you know this? | | | |
| 7b | How will you gather open feedback on projects from the Congregation? | | | |
| 7c | How will you ensure that learnings from the feedback are taken forwards for the next project | | | |
| 7d | Will you share the feedback with other Hindu organisations, external service providers and professionals? How will you try and do this? | | | |
| 7e | Will the Congregation be offered an opportunity to give their views on the feedback gathered? If so, how will you offer the opportunity? | | | |

Checklist 8 (Topic Specific Summary of Tips)

This section of the checklist provides some ideas for health and well-being projects that can be run for specific topics. This list is not exhaustive and can be tailored to be specific to a particular Mandir or Hindu organisation.

| Toolkit Section | Suggested Project Focus Areas | Comments (what projects have been implemented, current progress, action points and action owners) |
|--|---|---|
| Understanding the Wider Determinants of Health | <ul style="list-style-type: none"> • Appoint an education and careers team or committee who can plan and organise events, offer guidance and networking opportunities · • Develop links with organisations, higher education institutions and government agencies who can offer careers guidance, work experience and training · • Celebrate Earth Day annually to raise awareness of the environment • Reduce the carbon footprint of the mandir building · Use eco-friendly compostable and biodegradable plates, cutlery and packaging in the mandir instead of single-use plastics · • Organise a regular local litter-picking initiative, get involved in tree-planting and volunteering for local wildlife or environmental organisations • Facilitate electric vehicle use by installing electric vehicle charging points in the mandir car park | |
| How will you gather open feedback on projects from the Congregation? | <ul style="list-style-type: none"> • Normalise sattvic foods and encourage '5-a-day' fruits and vegetables • Healthy eating education targeting the whole household or older women who are responsible for food preparation • Culturally appropriate and translated information and resources, involving trusted healthcare professionals • Cooking classes and demonstrations, and healthier food options served at the Mandir • Train volunteers in the mandir to reduce salt and fat use in food via a peer-to-peer training programme • Target children and youth as high priority via age-specific educational events and via social media | |

Checklist 8 (Topic Specific Summary of Tips)

| Toolkit Section | Suggested Project Focus Areas | Comments (what projects have been implemented, current progress, action points and action owners) |
|---|---|---|
| Vegetarian Diet, Dietary Restrictions and Fasting | <ul style="list-style-type: none"> • Provide vegan options at the mandir • Hold seminars and talks by professionals • Avoid purchasing from retailers that have non-vegetarian products • Encourage vitamin and mineral supplementation • Encourage discussions with healthcare professionals about vegetarian alternatives to medicines | |
| Promoting Good Oral Health | <ul style="list-style-type: none"> • Arrange talks by local dentists or hygienists in an appropriate language • Hold dental health checks at the mandir • Encourage 'dental check by one' • Reinforce regular check-ups • Show videos and signpost to sources of further information | |
| Promoting Good Oral Health | <ul style="list-style-type: none"> • Encourage individual physical activity and advocate its benefits regularly • Empower the community to plan, organise and deliver physical activity programmes • Tailor activities to age and ability • Host regular activity sessions at the mandir and through online platforms • Signpost to local community groups and leisure centres | |

Checklist 8 (Topic Specific Summary of Tips)

| Toolkit Section | Suggested Project Focus Areas | Comments (what projects have been implemented, current progress, action points and action owners) |
|---|---|---|
| Promoting Good Mental Health and Well-being | <ul style="list-style-type: none"> • Reduce stigma surrounding mental health in kathā/sermons • Promote getting early support from mental health services and professionals • Talks and workshops led by professionals and including members of the community sharing personal experiences • Create volunteering opportunities that allow the community to meet and connect with each other • Emphasise Hindu practices that can help improve mental well-being • Support and collaborate with local and national mental health charities • Meditation and mindfulness sessions • Develop an outreach/welfare programme | |
| Preventing Infection and Improving Vaccine Uptake | <ul style="list-style-type: none"> • Raise awareness of health and disease through religious discourses • Encourage people to seek medical advice earlier and share health resources • Hold health awareness events in conjunction with professionals, charities and healthcare organisations • Promote ongoing national health campaigns and use awareness days/weeks/months to regularly deliver health awareness messages • Organise medicines information events run by local pharmacists | |

Checklist 8 (Topic Specific Summary of Tips)

| Toolkit Section | Suggested Project Focus Areas | Comments (what projects have been implemented, current progress, action points and action owners) |
|---|--|---|
| Promoting Healthy Relationships | <ul style="list-style-type: none"> • Celebrate our parents and grandparents during Mother’s Day and Father’s Day • Promote healthy family relationships by encouraging families to eat together • Encourage all members of the family to come together for 15-20 minutes at least once per week to discuss spiritual and positive social issues through ghar sabhā • Acknowledge various types of relationships are present in Hindu society and signpost to organisations that can offer support, if needed • Hold targeted assemblies for adolescents and young adults to explain the importance of staying alert when forming new friendships and relationships at college or university | |
| Promoting Healthy Choices: Conception and Pregnancy | <ul style="list-style-type: none"> • Organise pregnancy support groups with sessions on healthy eating, exercise and yoga, positive thinking, meditation, relaxation and creative activities • Encourage garbha sanskār activities for pregnant women • Encourage pregnant women to attend appointments, tests and scans • Signpost pregnant women and couples to resources and local support groups • Condemn selecting a child based on gender (infanticide and foeticide) | |

Checklist 8 (Topic Specific Summary of Tips)

| Toolkit Section | Suggested Project Focus Areas | Comments (what projects have been implemented, current progress, action points and action owners) |
|---|---|---|
| Promoting Childhood Health for Hindu Children | <ul style="list-style-type: none"> • Promote parent and child activities in the mandir and key health awareness mini-topics in children’s assemblies • Incorporate physical activity during children’s events and ‘own your health’ activities • Encourage children to talk about their experiences and bring problems to the “family team” during ghar sabhā • Build in screen-time breaks during longer children’s events and education for parents around reducing screen-time • Support breastfeeding facilities in all mandirs. • Encourage immunisations, screening, birth reviews and breastfeeding | |
| Promoting Ageing Well and Retirement | <ul style="list-style-type: none"> • Host a welfare programme at the mandir for older adults • Hold classes to learn a second language, scriptural study or small group religious discussions • Reduce stigma around dementia by holding awareness events, develop links with local organisations and appoint an advocate for dementia • Make mandirs dementia-friendly environments and train volunteers on the early signs of, and responding to, a person with dementia • Reduce isolation by developing an outreach programme in which families regularly connect with others in the community • Train older adults to use technologies that facilitate communication | |

Checklist 8 (Topic Specific Summary of Tips)

| Toolkit Section | Suggested Project Focus Areas | Comments (what projects have been implemented, current progress, action points and action owners) |
|--|--|---|
| Promoting Awareness for Prevention of Abuse and Violence | <ul style="list-style-type: none"> • Promote the importance of non-violence and respect for others in Hinduism, and incorporate the consequences of abuse and violent behaviours in assemblies and sermons • Workshops about the importance of being alert to online grooming and abuse • Have a clear policy for safeguarding children and adults and trained leads for safeguarding, who provide annual child and adult safeguarding training for all volunteers working in the faith setting • Ensure children’s assemblies are conducted with at least two DBS-cleared adults present at all times • Ensure adults working with children have all undergone enhanced Disclosure and Barring Service clearance • Hold workshops and seminars with charities or partners that are aware of Hindu beliefs and behaviours to raise awareness about domestic abuse and how to get help • Raise awareness of factors that may lead to violence and abuse and provide guidance on how to get help for these stressors to prevent abuse | |
| Empowering Women | <ul style="list-style-type: none"> • Hold workshops to allow women to learn about traditional “male” centric subjects • Hold seminars specifically focussing on promoting women’s health • Have crèche facilities that make both parents feel equally welcome • Have a dedicated women’s forum that allows free discussion of issues • Mark the celebration of International Women’s Day annually and organise ongoing events and activities for women | |

Checklist 8 (Topic Specific Summary of Tips)

| Toolkit Section | Suggested Project Focus Areas | Comments (what projects have been implemented, current progress, action points and action owners) |
|--|---|---|
| Promoting Organ Donation | <ul style="list-style-type: none"> • Share resources produced by NHSBT and the Jain and Hindu Organ Donation (JHOD) Group that provide a Hindu perspective on organ donation • Hindu faith leaders should encourage organ donation, as one of the highest forms of dān and sevā • Organise organ donation awareness talks and events for the community to debunk myths and encourage conversations • Target communication to the youth via social media to encourage discussion • Get in touch with JHOD, to support organisation of local events | |
| CPR Training and Defibrillator Awareness | <ul style="list-style-type: none"> • Collaborate with local and national organisations to deliver in-person or online training sessions for the community • Train members of the congregation to be CPR trainers and obtain CPR training kits so that training sessions can be held on a regular basis at the mandir by those who can speak the language of the community • Raise awareness annually in October through the national “Restart a Heart” campaign • Hold basic CPR training skills sessions specifically for children • Train volunteers in first aid skills and encourage community members to also undertake first aid courses • Ensure any emergency equipment in the mandir is located and signposted appropriately and checked | |

Checklist 8 (Topic Specific Summary of Tips)

| Toolkit Section | Suggested Project Focus Areas | Comments (what projects have been implemented, current progress, action points and action owners) |
|--|--|---|
| Sevā, volunteering and helping others | <ul style="list-style-type: none"> • Hold regular sevā sessions that all ages of the congregation can take part in • Ensure the mandir has a policy on volunteers and they are appropriately supervised and supported • Ensure sevā opportunities allow volunteers to utilise their technical and creative skills • Hold volunteer appreciation events and express gratitude personally • Arrange dry and tinned food collections which can be donated to local foodbanks • Partner with DKMS or Anthony Nolan to hold bone marrow register recruitment drives at the mandir | |
| Encouraging Avoidance of Risk Behaviour: Alcohol, Smoking, Gambling and Substance Misuse | <ul style="list-style-type: none"> • Function as support networks where issues around alcohol and substance misuse can be openly discussed. • Fund projects on alcohol abuse. • Gather statistics on substance abuse and the effects of smoking. • Form partnerships with local services. | |
| Promoting Health Screening | <ul style="list-style-type: none"> • Promote the value of screening to congregation and help people to overcome any anxieties. • Understand the role community leaders can play in protecting against 'misinformation.' Work with health providers. • Deliver training courses, workshops, conferences and seminars. • Understand how Hindu people's beliefs may affect their willingness to take up screening and identify the myths. | |

REFERENCES:

- 1 Vivekchand S. Hinduism: an introduction - Part 1. 2nd ed. Swaminarayan Aksharpathi, Ahmedabad; 2011.
- 2 Pew Research Center. Religious Composition by Country, 2010-2050. 2015. Available from: <https://www.pewforum.org/2015/04/02/religious-projection-table/2020/number/all/> [Accessed 4 Dec 2021].
- 3 Birmingham City Council. Population overview. Faith and religious communities. Available from: https://www.birmingham.gov.uk/info/50265/supporting_healthier_communities/2436/faith_and_religious_communities/2 [Accessed 8 Nov 2021].
- 4 Office for National Statistics. 2011 Census. 2011. Available from: <https://www.ons.gov.uk/census/2011census> [Accessed 8 Nov 2021].
- 5 Birmingham City Council. Population overview. Faith and religious communities. Available from: https://www.birmingham.gov.uk/info/50265/supporting_healthier_communities/2436/faith_and_religious_communities/2 [Accessed 8 Nov 2021].
- 6 Thakrar D, Das R, Sheikh A. Caring for Hindu patients. Radcliffe Publishing. 2008;240.
- 7 Office for National Statistics. 2011 Census. 2011. Available from: <https://www.ons.gov.uk/census/2011census> [Accessed 8 Nov 2021].
- 8 GOV.UK. Indian ethnic group. Ethnicity facts and figures. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/summaries/indian-ethnic-group> [Accessed 31 Oct 2021].
- 9 Cainzos-Achirica M, Fedeli U, Sattar N, Agyemang C, Jenum AK, McEvoy JW, et al. Epidemiology, risk factors, and opportunities for prevention of cardiovascular disease in individuals of South Asian ethnicity living in Europe. *Atherosclerosis*. 2019;286:105–13. Available from: <https://doi.org/10.1016/j.atherosclerosis.2019.05.014>
- 10 National Institute for Health and Care Excellence (NICE). Public health draft guidance - Assessing body mass index and waist circumference thresholds for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups in the UK. Available from: <https://www.nice.org.uk/guidance/ph46/documents/bmi-and-waist-circumference-black-and-minority-ethnic-groups-draft-guidance2> [Accessed 1 Nov 2021].
- 11 Shah A, Kanaya AM. Diabetes and Associated Complications in the South Asian Population. *Curr Cardiol Rep*. 2014;16(5):476. Available from: <https://dx.doi.org/10.1007%2Fs11886-014-0476-5>
- 12 Watson J, Satyan R, Gupta R, Myers M, Campbell R, MacPhie E. Empowering local communities to make lifestyle changes: is the Health Mela a potential solution? *BMJ Nutr Prev Heal*. 2020;3(2):143. Available from: <https://dx.doi.org/10.1136%2Fbmjnph-2020-000067>
- 13 Cainzos-Achirica M, Fedeli U, Sattar N, Agyemang C, Jenum AK, McEvoy JW, et al. Epidemiology, risk factors, and opportunities for prevention of cardiovascular disease in individuals of South Asian ethnicity living in Europe. *Atherosclerosis*. 2019;286:105–13. Available from: <https://doi.org/10.1016/j.atherosclerosis.2019.05.014>
- 14 Bhatnagar P, Shaw A, Foster C. Generational differences in the physical activity of UK South Asians: a systematic review. *Int J Behav Nutr Phys Act*. 2015;12(1):1–19. Available from: <https://doi.org/10.1186/s12966-015-0255-8>
- 15 Leung G, Stanner S. Diets of minority ethnic groups in the UK: influence on chronic disease risk and implications for prevention. *Nutr Bull*. 2011;36(2):161–98. Available from: <https://doi.org/10.1111/j.1467-3010.2011.01889.x>
- 16 Public Health England (PHE). Public Health Outcomes Framework - Birmingham. Public Health Outcomes Framework. 2021. Available from: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data> [Accessed 1 Nov 2021].
- 17 Ntuk UE, Gill JMR, Mackay DF, Sattar N, Pell JP. Ethnic-Specific Obesity Cutoffs for Diabetes Risk: Cross-sectional Study of 490,288 UK Biobank Participants. *Diabetes Care*. 2014;37(9):2500–7. Available from: <https://doi.org/10.2337/dc13-2966>
- 18 National Institute for Health and Care Excellence (NICE). Public health draft guidance - Assessing body mass index and waist circumference thresholds for intervening to prevent ill health and premature death among adults from black, Asian and other minority ethnic groups in the UK. Available from: <https://www.nice.org.uk/guidance/ph46/documents/bmi-and-waist-circumference-black-and-minority-ethnic-groups-draft-guidance2> [Accessed 1 Nov 2021].
- 19 Caleyachetty R, Barber TM, Mohammed NI, Cappuccio FP, Hardy R, Mathur R, et al. Ethnicity-specific BMI cutoffs for obesity based on type 2 diabetes risk in England: a population-based cohort study. *Lancet Diabetes Endocrinol*. 2021;9(7):419–26. Available from: [https://doi.org/10.1016/S2213-8587\(21\)00088-7](https://doi.org/10.1016/S2213-8587(21)00088-7)
- 20 Misra A, Khurana L. Obesity-related non-communicable diseases: South Asians vs White Caucasians. *Int J Obes*. 2010;35(2):167–87. Available from: <https://doi.org/10.1038/ijo.2010.135>
- 21 Leung G, Stanner S. Diets of minority ethnic groups in the UK: influence on chronic disease risk and implications for prevention. *Nutr Bull*. 2011;36(2):161–98. Available from: <https://doi.org/10.1111/j.1467-3010.2011.01889.x>
- 22 Patel N, Ferrer HB, Tyrer F, Wray P, Farooqi A, Davies MJ, et al. Barriers and Facilitators to Healthy Lifestyle Changes in Minority Ethnic Populations in the UK: a Narrative Review. *J Racial Ethn Heal Disparities*. 2016;4(6):1107–19. Available from: <https://doi.org/10.1007/s40615-016-0316-y>

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- 23 Mukherjea DA, Underwood DKC, Stewart DAL, Ivey DSL, Kanaya DAM. Asian Indian Views on Diet and Health in the United States: Importance of Understanding Cultural and Social Factors to Address Disparities. *Fam Community Health*. 2013;36(4):311. Available from: <https://doi.org/10.1097/fch.0b013e31829d2549>
- 24 Leung G, Stanner S. Diets of minority ethnic groups in the UK: influence on chronic disease risk and implications for prevention. *Nutr Bull*. 2011;36(2):161–98. Available from: <https://doi.org/10.1111/j.1467-3010.2011.01889.x>.
- 25 Leung G, Stanner S. Diets of minority ethnic groups in the UK: influence on chronic disease risk and implications for prevention. *Nutr Bull*. 2011;36(2):161–98. Available from: <https://doi.org/10.1111/j.1467-3010.2011.01889.x>.
- 26 Brown T, Smith S, Bhopal R, Kasim A, Summerbell C. Diet and Physical Activity Interventions to Prevent or Treat Obesity in South Asian Children and Adults: A Systematic Review and Meta-Analysis. *Int J Environ Res Public Heal*. 2015;12(1):566–94. Available from: <https://doi.org/10.3390/ijerph120100566>
- 27 Leung G, Stanner S. Diets of minority ethnic groups in the UK: influence on chronic disease risk and implications for prevention. *Nutr Bull*. 2011;36(2):161–98. Available from: <https://doi.org/10.1111/j.1467-3010.2011.01889.x>
- 28 Leung G, Stanner S. Diets of minority ethnic groups in the UK: influence on chronic disease risk and implications for prevention. *Nutr Bull*. 2011;36(2):161–98. Available from: <https://doi.org/10.1111/j.1467-3010.2011.01889.x>
- 29 Zaidi Q, Govindji A, Ali H. Social Cooking Project. Food Standards Agency; 2008. Available from: <http://oro.open.ac.uk/27606/> [Accessed 1 Nov 2021].
- 30 Vivekchand S. Hinduism: an introduction - Part 1. 2nd ed. Swaminarayan Aksharpath, Ahmedabad; 2011.
- 31 Chavan S. A study on vegetarianism. EBSCO, USA. 2015;5:156–9. Available from: https://www.researchgate.net/profile/Vibhuti-Patel/publication/303741960_WOMEN'S_STUDIES_VS_GENDER_STUDIES/links/57502ba408aefe968db7246b/WOMENS-STUDIES-VS-GENDER-STUDIES.pdf#page=157
- 32 Leitzmann C. Vegetarian nutrition: past, present, future. *Am J Clin Nutr*. 2014;100(suppl_1):496S-502S. Available from: <https://doi.org/10.3945/ajcn.113.071365>
- 33 Pew Research Center. Eight-in-ten Indians limit meat in their diets, and four-in-ten consider themselves vegetarian. 2021. Available from: <https://www.pewresearch.org/fact-tank/2021/07/08/eight-in-ten-indians-limit-meat-in-their-diets-and-four-in-ten-consider-themselves-vegetarian/> [Accessed 11 Nov 2021].
- 34 Leitzmann C. Vegetarian nutrition: past, present, future. *Am J Clin Nutr*. 2014;100(suppl_1):496S-502S. Available from: <https://doi.org/10.3945/ajcn.113.071365>.
- 35 Diabetes UK. Vegetarian diets and diabetes. Eating with diabetes. Available from: <https://www.diabetes.org.uk/guide-to-diabetes/enjoy-food/eating-with-diabetes/vegetarian-diets> [Accessed 5 Nov 2021].
- 36 Leung G, Stanner S. Diets of minority ethnic groups in the UK: influence on chronic disease risk and implications for prevention. *Nutr Bull*. 2011;36(2):161–98. Available from: <https://doi.org/10.1111/j.1467-3010.2011.01889.x>
- 37 Pew Research Center. Eight-in-ten Indians limit meat in their diets, and four-in-ten consider themselves vegetarian. 2021. Available from: <https://www.pewresearch.org/fact-tank/2021/07/08/eight-in-ten-indians-limit-meat-in-their-diets-and-four-in-ten-consider-themselves-vegetarian/> [Accessed 11 Nov 2021].
- 38 Mukundcharandas S, Das J, Hindu rites & rituals: sentiments, sacraments & symbols. Swaminarayan Aksharpath, Ahmedabad. 2007;512.
- 39 Vivekchand S. Hinduism: an introduction - Part 2. 2nd ed. Swaminarayan Aksharpath, Ahmedabad; 2011.
- 40 Thakrar D, Das R, Sheikh A. Caring for Hindu patients. Radcliffe Publishing. 2008;240
- 41 Shridhar K, Dhillon PK, Bowen L, Kinra S, Bharathi AV, Prabhakaran D, et al. Nutritional profile of Indian vegetarian diets – the Indian Migration Study (IMS). *Nutr J*. 2014;13(1):1–9. Available from: <https://doi.org/10.1186/1475-2891-13-55>
- 42 Chavan S. A study on vegetarianism. EBSCO, USA. 2015;5:156–9. Available from: https://www.researchgate.net/profile/Vibhuti-Patel/publication/303741960_WOMEN'S_STUDIES_VS_GENDER_STUDIES/links/57502ba408aefe968db7246b/WOMENS-STUDIES-VS-GENDER-STUDIES.pdf#page=157
- 43 Misra A, Khurana L. Obesity-related non-communicable diseases: South Asians vs White Caucasians. *Int J Obes*. 2010;35(2):167–87. Available from: <https://doi.org/10.1038/ijo.2010.135>
- 44 Leung G, Stanner S. Diets of minority ethnic groups in the UK: influence on chronic disease risk and implications for prevention. *Nutr Bull*. 2011;36(2):161–98. Available from: <https://doi.org/10.1111/j.1467-3010.2011.01889.x>
- 45 Darling AL, Blackburn DJ, Ahmadi KR, Lanham-New SA. Very high prevalence of 25-hydroxyvitamin D deficiency in 6433 UK South Asian adults: analysis of the UK Biobank Cohort. *Br J Nutr*. 2021;125(4):448–59. Available from: <https://doi.org/10.1017/s0007114520002779>
- 46 NHS. Vitamins and minerals - Vitamin D. 2020. Available from: <https://www.nhs.uk/conditions/vitamins-and-minerals/vitamin-d/> [Accessed 1 Nov 2021].
- 47 Strickland S. Dietary restrictions: implications on medication choice. *Br J Gen Pract*. 2014;64(627):e670–1. Available from: <https://dx.doi.org/10.3399%2Fbjgp14X681865>

HINDU MANDIRS FAITH SETTINGS

- 48 Public Health England. National Dental Epidemiology Programme for England: oral health survey of 5-year-olds 2019 - A report on the variations in prevalence and severity of dental decay. 2020. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873492/NDEP_for_England_OH_Survey_5yr_2019_v1.0.pdf [Accessed 31 Oct 2021].
- 49 Arora G, Mackay DF, Conway DI, Pell JP. Ethnic differences in oral health and use of dental services: cross-sectional study using the 2009 Adult Dental Health Survey. *BMC Oral Heal*. 2016;17(1):1–12. Available from: <https://doi.org/10.1186/s12903-016-0228-6>
- 50 Batra M, Gupta S, Erbas B. Oral Health Beliefs, Attitudes, and Practices of South Asian Migrants: A Systematic Review. *Int J Environ Res Public Heal*. 2019;16(11):1952. Available from: <https://dx.doi.org/10.3390%2Fijerph16111952>
- 51 Batra M, Gupta S, Erbas B. Oral Health Beliefs, Attitudes, and Practices of South Asian Migrants: A Systematic Review. *Int J Environ Res Public Heal*. 2019;16(11):1952. Available from: <https://dx.doi.org/10.3390%2Fijerph16111952>
- 52 Arora G, Mackay DF, Conway DI, Pell JP. Ethnic differences in oral health and use of dental services: cross-sectional study using the 2009 Adult Dental Health Survey. *BMC Oral Heal*. 2016;17(1):1–12. Available from: <https://doi.org/10.1186/s12903-016-0228-6>
- 53 Jain S, Basavaraj P, Singla A, Gupta R, Gupta T, Kundu H, et al. A Review on Effect of Culture on Health and Oral Health. *J Orofac Heal Sci*. 2014;5(2):67. Available from: <http://dx.doi.org/10.5958/2229-3264.2014.00002.1>
- 54 Pabbla A, Duijster D, Grasveld A, Sekundo C, Agyemang C, van der Heijden G. Oral Health Status, Oral Health Behaviours and Oral Health Care Utilisation Among Migrants Residing in Europe: A Systematic Review. *J Immigr Minor Heal*. 2020;23(2):373–88. Available from: <https://doi.org/10.1007/s10903-020-01056-9>
- 55 Walsh T, Worthington H V, Glenny A, Marinho VC, Jeronic A. Fluoride toothpastes of different concentrations for preventing dental caries. *Cochrane Database Syst Rev*. 2019(3). Available from: <https://doi.org/10.1002/14651858.cd007868.pub3>
- 56 Yaacob M, Worthington H V, Deacon SA, Deery C, Walmsley AD, Robinson PG, et al. Powered versus manual toothbrushing for oral health. *Cochrane Database Syst Rev*. 2014(6). Available from: <https://doi.org/10.1002/14651858.cd002281.pub3>
- 57 Preshaw PM, Alba AL, Herrera D, Jepsen S, Konstantinidis A, Makrilakis K, et al. Periodontitis and diabetes: a two-way relationship. *Diabetologia*. 2012;55(1):21. Available from: <https://dx.doi.org/10.1007%2Fs00125-011-2342-y>
- 58 Department of Health & Social Care. UK Chief Medical Officers' Physical Activity Guidelines. 2019. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/832868/uk-chief-medical-officers-physical-activity-guidelines.pdf [Accessed 31 Oct 2021].
- 59 Williams ED, Stamatakis E, Chandola T, Hamer M. Assessment of physical activity levels in South Asians in the UK: findings from the Health Survey for England. *J Epidemiol Community Heal*. 2011;65(6):517–21. Available from: <https://doi.org/10.1136/jech.2009.102509>
- 60 GOV.UK. Physical inactivity. Ethnicity facts and figures. 2019. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/physical-inactivity/latest> [Accessed 31 Oct 2021].
- 61 GOV.UK. Physical inactivity. Ethnicity facts and figures. 2019. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/health/diet-and-exercise/physical-inactivity/latest> [Accessed 31 Oct 2021].
- 62 Williams ED, Stamatakis E, Chandola T, Hamer M. Physical activity behaviour and coronary heart disease mortality among South Asian people in the UK: an observational longitudinal study. *Heart*. 2011;97(8):655–9. Available from: <https://doi.org/10.1136/hrt.2010.201012>
- 63 NHS. Exercise. Live Well. 2021. Available from: <https://www.nhs.uk/live-well/exercise/> [Accessed 8 Nov 2021].
- 64 NHS. Exercise. Live Well. 2021. Available from: <https://www.nhs.uk/live-well/exercise/> [Accessed 8 Nov 2021].
- 65 Sport England. Ethnicity - Getting people in ethnic groups active. Know your audience - Demographic knowledge. Available from: https://www.sportengland.org/know-your-audience/demographic-knowledge/ethnicity?section=getting_people_in_ethnic_groups_active [Accessed 8 Nov 2021].
- 66 Leung G, Stanner S. Diets of minority ethnic groups in the UK: influence on chronic disease risk and implications for prevention. *Nutr Bull*. 2011;36(2):161–98. Available from: <https://doi.org/10.1111/j.1467-3010.2011.01889.x>
- 67 Patel N, Ferrer HB, Tyrer F, Wray P, Farooqi A, Davies MJ, et al. Barriers and Facilitators to Healthy Lifestyle Changes in Minority Ethnic Populations in the UK: a Narrative Review. *J Racial Ethn Heal Disparities*. 2016;4(6):1107–19. Available from: <https://doi.org/10.1007/s40615-016-0316-y>
- 68 Bhatnagar P, Foster C, Shaw A. What shapes physical activity attitudes within an ethnic minority? An intergenerational comparison of British Indian women. *Research Square*. 2019. Available from: <https://doi.org/10.21203/rs.2.13912/v1>
- 69 Horne M, Tierney S. What are the barriers and facilitators to exercise and physical activity uptake and adherence among South Asian older adults: A systematic review of qualitative studies. *Prev Med (Baltim)*. 2012;55(4):276–84. Available from: <https://doi.org/10.1016/j.ypmed.2012.07.016>
- 70 Horne M, Tierney S. What are the barriers and facilitators to exercise and physical activity uptake and adherence among South Asian older adults: A systematic review of qualitative studies. *Prev Med (Baltim)*. 2012;55(4):276–84. Available from: <https://doi.org/10.1016/j.ypmed.2012.07.016>

HINDU MANDIRS FAITH SETTINGS

- 71 Ineichen B. Mental illness and suicide in British South Asian adults. *Ment Health Relig Cult*. 2012;15(3):235–50. Available from: <https://doi.org/10.1080/13674676.2011.643861>.
- 72 GOV.UK. Indian ethnic group. Ethnicity facts and figures. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/summaries/indian-ethnic-group> [Accessed 31 Oct 2021].
- 73 Kang C. Hinduism and Mental Health: engaging British Hindus. *Ment Health Relig Cult*. 2010;13(6):587–93. Available from: <https://doi.org/10.1080/13674676.2010.488427>
- 74 NHS England. Mental health. 2021. Available from: <https://www.england.nhs.uk/mental-health/> [Accessed 10 Nov 2021].
- 75 Robb CE, de Jager CA, Ahmadi-Abhari S, Giannakopoulou P, Udeh-Momoh C, McKeand J, et al. Associations of Social Isolation with Anxiety and Depression During the Early COVID-19 Pandemic: A Survey of Older Adults in London, UK. *Front Psychiatry*. 2020;17:11:991. Available from: <https://dx.doi.org/10.3389%2Ffpsyt.2020.591120>
- 76 Karasz A, Gany F, Escobar J, Flores C, Prasad L, Inman A, et al. Mental Health and Stress Among South Asians. *J Immigr Minor Heal*. 2016;21(1):7–14. Available from: <https://doi.org/10.1007/s10903-016-0501-4>
- 77 Jaspal R, Lopes B. Discrimination and mental health outcomes in British Black and South Asian people during the COVID-19 outbreak in the UK. *Ment Health Relig Cult*. 2021;24(1):80–96. Available from: <https://doi.org/10.1080/13674676.2020.1871328>
- 78 NHS. 5 steps to mental wellbeing. 2019 Available from: <https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/> [Accessed 10 Nov 2021].
- 79 Patel M. Positive Attitude for a Healthy Mind by Param Shanti. Medium. BAPS Better Living. 2021. Available from: <https://medium.com/bapsbetterliving/positive-attitude-for-a-healthy-mind-523e21ad7457> [Accessed 1 Nov 2021].
- 80 Kang C. Hinduism and Mental Health: engaging British Hindus. *Ment Health Relig Cult*. 2010;13(6):587–93. Available from: <https://doi.org/10.1080/13674676.2010.488427>.
- 81 Griffith R. *The Rámáyá of Válmīki - Translated Into English Verse*. Trubner and Co. London. 1870
- 82 Thakrar D, Das R, Sheikh A. *Caring for Hindu patients*. Radcliffe Publishing. 2008;240
- 83 GOV.UK. Indian ethnic group. Ethnicity facts and figures. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/summaries/indian-ethnic-group> [Accessed 31 Oct 2021].
- 84 BBC Bitesize. What does Hinduism say about homosexuality?. Human sexuality and relationships. Available from: <https://www.bbc.co.uk/bitesize/guides/zw8qn39/revision/> [Accessed 14 Nov 2021].
- 85 National Institute for Health and Care Excellence (NICE). Pre-conception - advice and management. Health topics A to Z - Clinical Knowledge Summaries. 2021. Available from: <https://cks.nice.org.uk/topics/pre-conception-advice-management/> [Accessed 29 Oct 2021].
- 86 Culley L, Rapport F, Katbamna S, Johnson M, Hudson N. A Study of the Provision of Infertility Services to South Asian Communities. 2004. Available from: <https://www.dmu.ac.uk/documents/research-documents/health-and-life-sciences/reproduction-research/endopart/asfertshortreport.pdf> [Accessed 31 Oct 2021].
- 87 Coleman DA, Dubuc S. The fertility of ethnic minorities in the UK, 1960s–2006. *Population Studies*. 2010;64(1):19–41. Available from: <https://doi.org/10.1080/00324720903391201>
- 88 Wijeyaratne CN, Balen AH, Barth JH, Belchetz PE. Clinical manifestations and insulin resistance (IR) in polycystic ovary syndrome (PCOS) among South Asians and Caucasians: is there a difference? *Clin Endocrinol*. 2002;57(3):343–50. Available from: <https://doi.org/10.1046/j.1365-2265.2002.01603.x>
- 89 NHS. Keeping well in pregnancy. Available from: <https://www.nhs.uk/pregnancy/keeping-well/> [Accessed 29 Oct 2021].
- 90 Public Health England (PHE). Public Health Outcomes Framework - Birmingham. Public Health Outcomes Framework. 2021. Available from: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data> [Accessed 1 Nov 2021]
- 91 Nilaweera I, Doran F, Fisher J. Prevalence, nature and determinants of postpartum mental health problems among women who have migrated from South Asian to high-income countries: A systematic review of the evidence. *J Affect Disord*. 2014;166:213–26. Available from: <https://doi.org/10.1016/j.jad.2014.05.021>
- 92 Cantwell R, Clutton-Brock T, Cooper G, Dawson A, Drife J, Garrod D, et al. Saving Mothers' Lives: Reviewing maternal deaths to make motherhood safer: 2006-2008. The Eighth Report of the Confidential Enquiries into Maternal Deaths in the United Kingdom. *BJOG An Int J Obstet Gynaecol*. 2011;118 Suppl 1:1–203. Available from: <https://doi.org/10.1111/j.1471-0528.2010.02847.x>
- 93 National Institute for Health and Care Excellence (NICE). Scenario: Management of infertility. Infertility - Clinical Knowledge Summaries. 2018. Available from: <https://cks.nice.org.uk/topics/infertility/management/management/> [Accessed 29 Oct 2021].
- 94 NHS. Trying to get pregnant. 2020. Available from: <https://www.nhs.uk/pregnancy/trying-for-a-baby/trying-to-get-pregnant/> [Accessed 29 Oct 2021].
- 95 National Institute for Health and Care Excellence (NICE). Scenario: Antenatal care - uncomplicated pregnancy - Management. Clinical Knowledge Summaries. 2021. Available from: <https://cks.nice.org.uk/topics/antenatal-care-uncomplicated-pregnancy/management/antenatal-care-uncomplicated-pregnancy/#lifestyle-advice> [Accessed 29 Oct 2021].

HINDU MANDIRS FAITH SETTINGS

- 96 National Institute for Health and Care Excellence (NICE). Scenario: Antenatal care - uncomplicated pregnancy - Management. Clinical Knowledge Summaries. 2021. Available from: <https://cks.nice.org.uk/topics/antenatal-care-uncomplicated-pregnancy/management/antenatal-care-uncomplicated-pregnancy/#lifestyle-advice> [Accessed 29 Oct 2021].
- 97 National Institute for Health and Care Excellence (NICE). Scenario: Antenatal care - uncomplicated pregnancy - Management. Clinical Knowledge Summaries. 2021. Available from: <https://cks.nice.org.uk/topics/antenatal-care-uncomplicated-pregnancy/management/antenatal-care-uncomplicated-pregnancy/#lifestyle-advice> [Accessed 29 Oct 2021].
- 98 National Institute for Health and Care Excellence (NICE). Scenario: Antenatal care - uncomplicated pregnancy - Management. Clinical Knowledge Summaries. 2021. Available from: <https://cks.nice.org.uk/topics/antenatal-care-uncomplicated-pregnancy/management/antenatal-care-uncomplicated-pregnancy/#lifestyle-advice> [Accessed 29 Oct 2021].
- 99 Office for National Statistics (ONS). Child and infant mortality in England and Wales. 2020. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/childhoodinfantandperinatalmortalityinenglandandwales/2018> [Accessed 31 Oct 2021].
- 100 Breastfeeding and the use of human milk. Pediatrics. 2012;129(3). Available from: <https://doi.org/10.1542/peds.2011-3552>.
- 101 Diabetes UK. Diabetes in the UK 2010: Key statistics on diabetes. 2010. Available from: https://www.diabetes.org.uk/resources-s3/2017-11/diabetes_in_the_uk_2010.pdf [Accessed 31 Oct 2021].
- 102 Royal College of Paediatrics and Child Health (RCPCH). State of Child Health – Insight into the state of child health in the UK. 2020. Available from: <https://stateofchildhealth.rcpch.ac.uk/> [Accessed 31 Oct 2021].
- 103 Kelishadi R, Azizi-Soleiman F. Controlling childhood obesity: A systematic review on strategies and challenges. J Res Med Sci. 2014;19(10):993. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/pmc4274579/>
- 104 The King's Fund. The health of people from ethnic minority groups in England. 2021. Available from: <https://www.kingsfund.org.uk/publications/health-people-ethnic-minority-groups-england> [Accessed 31 Oct 2021].
- 105 Kramer EJ, Kwong K, Lee E, Chung H. Cultural factors influencing the mental health of Asian Americans. West J Med. 2002;176(4):227. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/12208826>
- 106 Bull FC, Al-Ansari SS, Biddle S, Borodulin K, Buman MP, Cardon G, et al. World Health Organization 2020 guidelines on physical activity and sedentary behaviour. Br J Sports Med. 2020;54(24):1451–62. Available from: <http://dx.doi.org/10.1136/bjsports-2020-102955>
- 107 Roduit C, Frei R, Depner M, Schaub B, Loss G, Genuneit J, et al. Increased food diversity in the first year of life is inversely associated with allergic diseases. J Allergy Clin Immunol. 2014;133(4):1056-1064.e7. Available from: <https://doi.org/10.1016/j.jaci.2013.12.1044>
- 108 NHS. Why vaccination is safe and important. 2019. Available from: <https://www.nhs.uk/conditions/vaccinations/why-vaccination-is-safe-and-important/> [Accessed 31 Oct 2021].
- 109 UNICEF. Research on Infant Health. Baby Friendly Initiative. Available from: <https://www.unicef.org.uk/babyfriendly/news-and-research/baby-friendly-research/infant-health-research/> [Accessed 31 Oct 2021].
- 110 Rosenberg DE, Belletiere J, Gardiner PA, Villarreal VN, Crist K, Kerr J. Independent Associations Between Sedentary Behaviors and Mental, Cognitive, Physical, and Functional Health Among Older Adults in Retirement Communities. J Gerontol A Biol Sci Med Sci. 2016;71(1):78–83. Available from: <https://doi.org/10.1093/gerona/glv103>
- 111 Victor CR, Burholt V, Martin W. Loneliness and Ethnic Minority Elders in Great Britain: An Exploratory Study. J Cross Cult Gerontol. 2012;27(1):65–78. Available from: <https://doi.org/10.1007/s10823-012-9161-6>
- 112 Jaspal R, Lopes B. Discrimination and mental health outcomes in British Black and South Asian people during the COVID-19 outbreak in the UK. Ment Health Relig Cult. 2021;24(1):80–96. Available from: <https://doi.org/10.1080/13674676.2020.1871328>
- 113 Uppal G, Bonas S. Constructions of dementia in the South Asian community: a systematic literature review. Ment Health Relig Cult. 2013;17(2):143–60. Available from: <https://doi.org/10.1080/13674676.2013.764515>
- 114 Jaspal R, Lopes B. Discrimination and mental health outcomes in British Black and South Asian people during the COVID-19 outbreak in the UK. Ment Health Relig Cult. 2021;24(1):80–96. Available from: <https://doi.org/10.1080/13674676.2020.1871328>
- 115 Patel M. Positive Attitude for a Healthy Mind by Param Shanti. Medium. BAPS Better Living. 2021. Available from: <https://medium.com/bapsbetterliving/positive-attitude-for-a-healthy-mind-523e21ad7457> [Accessed 1 Nov 2021].
- 116 NHS. 5 steps to mental wellbeing. 2019 Available from: <https://www.nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing/> [Accessed 10 Nov 2021].
- 117 Uppal G, Bonas S. Constructions of dementia in the South Asian community: a systematic literature review. Ment Health Relig Cult. 2013;17(2):143–60. Available from: <https://doi.org/10.1080/13674676.2013.764515>
- 118 Mukadam N, Waugh A, Cooper C, Livingston G. What would encourage help-seeking for memory problems among UK-based South Asians? A qualitative study. BMJ Open. 2015;5(9):e007990. Available from: <http://dx.doi.org/10.1136/bmjopen-2015-007990>

HINDU MANDIRS FAITH SETTINGS

119 Maringe C, Mangtani P, Ratchet B, Leon DA, Coleman MP, Silva I dos S. Cancer incidence in South Asian migrants to England, 1986–2004: Unraveling ethnic from socioeconomic differentials. *Int J Cancer*. 2013;132(8):1886–94. Available from:

<https://doi.org/10.1002/ijc.27826>

120 Opoku-Boateng G, Norcio AF. Effect of platform type on player gaming experience: An investigation of brain games for cognitive performance enhancement in healthy older adults. *CHI Play 2016 - Proc Annu Symp Comput Interact Play Companion*. 2016 Oct 16;18–20. Available from:

<https://doi.org/10.1145/2968120.2990464>

121 Mukadam N, Waugh A, Cooper C, Livingston G. What would encourage help-seeking for memory problems among UK-based South Asians? A qualitative study. *BMJ Open*. 2015;5(9):e007990. Available from:

<http://dx.doi.org/10.1136/bmjopen-2015-007990>

122 Public Health England (PHE). Public Health Outcomes Framework - Birmingham. Public Health Outcomes Framework. 2021. Available from:

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data> [Accessed 1 Nov 2021].

123 Maringe C, Mangtani P, Ratchet B, Leon DA, Coleman MP, Silva I dos S. Cancer incidence in South Asian migrants to England, 1986–2004: Unraveling ethnic from socioeconomic differentials. *Int J Cancer*. 2013;132(8):1886–94. Available from:

<https://doi.org/10.1002/ijc.27826>

124 Office for National Statistics (ONS). Coronavirus (COVID-19) related deaths by ethnic group, England and Wales. 2020. Available from:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyethnicgroupenglandandwales/2march2020to15may2020>

[Accessed 31 Oct 2021].

125 Birmingham City Council. NHS Health Checks Programme. Supporting Healthier Lives. 2022 [Available from:

https://www.birmingham.gov.uk/info/50263/supporting_healthier_lives/2448/nhs_health_checks_progr.

126 Public Health England. 3.8 Million People in England Now Have Diabetes 2016 [Available from:

[https://www.gov.uk/government/news/38-million-people-in-england-now-have-diabetes#:~:text=Diabetes%20is%20more%20common%20in,15.2%25%20compared%20to%208.0%25\).](https://www.gov.uk/government/news/38-million-people-in-england-now-have-diabetes#:~:text=Diabetes%20is%20more%20common%20in,15.2%25%20compared%20to%208.0%25).)

127 Misra A, Khurana L. Obesity-related non-communicable diseases:

South Asians vs White Caucasians. *Int J Obes*. 2010;35(2):167–87. Available from:

<https://doi.org/10.1038/ijo.2010.135>

128 Barnett NL. Medication adherence: Where are we now? A UK perspective. *Artic Eur J Hosp Pharm*. 2013;21(3). Available from:

<http://dx.doi.org/10.1136/ejpharm-2013-000373>

129 National Institute for Health and Care Excellence (NICE). Medicines adherence: involving patients in decisions about prescribed medicines and supporting adherence - Clinical guideline 76. 2009. Available from:

www.nice.org.uk/guidance/cg76 [Accessed 9 Nov 2021].

130 Singh C, Crawford K, Willey S, Hall H, Harder K, Plummer V, et al. Medication adherence among people of Indian ethnicity living with chronic disease following migration to Australia. *Collegian*. 2020;27(2):179–84. Available from:

<https://doi.org/10.1016/j.colegn.2019.06.002>

131 Scarborough P, Bhatnagar P, Kaur A, Smolina K, Wickramasinghe K and Rayner M. Ethnic differences in cardiovascular disease. 2010. Available from:

https://www.bhf.org.uk/~media/files/research/heart-statistics/hs2010fc_ethnic_differences_in_cardiovascular_disease-full-copy.pdf [Accessed 28 Nov 2021]

132Office for Health Improvement and Disparities. Musculoskeletal health: Applying all our health 2022 [Available from: <https://www.gov.uk/government/publications/musculoskeletal-health-applying-all-our-health/musculoskeletal-health-applying-all-our-health#:~:text=MSK%20conditions%20are%20a%20group,conditions%2C%20for%20example%2C%20rheumatoid%20arthritis>.

133 Arthritis Research UK. Musculoskeletal health. A public health approach 2022 [Available from: <https://www.versusarthritis.org/media/2179/public-health-guide.pdf>

134 Public Health England (PHE). Public Health Outcomes Framework - Birmingham. Public Health Outcomes Framework. 2021. Available from:

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data> [Accessed 1 Nov 2021].

135 Woolf K, McManus IC, Martin CA, Nellums LB, Guyatt AL, Melbourne C, et al. Ethnic differences in SARS-CoV-2 vaccine hesitancy in United Kingdom healthcare workers: Results from the UK-REACH prospective nationwide cohort study. *Lancet Reg Heal - Eur*. 2021;9:100180. Available from:

<https://doi.org/10.1016/j.lanepe.2021.100180>.

136 Public Health England (PHE). Public Health Outcomes Framework - Birmingham. Public Health Outcomes Framework. 2021. Available from:

<https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data> [Accessed 1 Nov 2021].

137 Cadman L, Ashdown-Barr L, Waller J, Szarewski A. Attitudes towards cytology and human papillomavirus self-sample collection for cervical screening among Hindu women in London, UK: a mixed methods study. *J Fam Plan Reprod Heal Care*. 2015;41(1):38–47. Available from:

<http://dx.doi.org/10.1136/jfprhc-2013-100705>.

138 Eastwood S V., Rait G, Bhattacharyya M, Nair DR, Walters K. Cardiovascular risk assessment of South Asian populations in religious and community settings: a qualitative study. *Fam Pract*. 2013;30(4):466–72. Available from:

<https://doi.org/10.1093/fampra/cmt017>

139 Eastwood S V., Rait G, Bhattacharyya M, Nair DR, Walters K. Cardiovascular risk assessment of South Asian populations in religious and community settings: a qualitative study. *Fam Pract*. 2013;30(4):466–72. Available from:

<https://doi.org/10.1093/fampra/cmt017>

140 Eastwood S V., Rait G, Bhattacharyya M, Nair DR, Walters K. Cardiovascular risk assessment of South Asian populations in religious and community settings: a qualitative study. *Fam Pract*. 2013;30(4):466–72. Available from:

<https://doi.org/10.1093/fampra/cmt017>

HINDU MANDIRS FAITH SETTINGS

- 141 Eastwood S V., Rait G, Bhattacharyya M, Nair DR, Walters K. Cardiovascular risk assessment of South Asian populations in religious and community settings: a qualitative study. *Fam Pract.* 2013;30(4):466–72. Available from: <https://doi.org/10.1093/fampra/cmt017>
- 142 Neukam K, Bhagani S, Rodger A, Oben J, Nirmal D, Jain A, et al. High prevalence of non-alcoholic fatty liver disease (NAFLD) among Gujarati Indians in North London: a population-based study. *Clin Lipidol.* 2017;12(1):33–9. Available from: <https://doi.org/10.1080/17584299.2017.1326709>
- 143 Leung G, Stanner S. Diets of minority ethnic groups in the UK: influence on chronic disease risk and implications for prevention. *Nutr Bull.* 2011;36(2):161–98. Available from: <https://doi.org/10.1111/j.1467-3010.2011.01889.x>
- 144 Mukundcharandas S, Das J, Hindu rites & rituals: sentiments, sacraments & symbols. Swaminarayan Aksharpith, Ahmedabad. 2007;512
- 145 Office for National Statistics. Religion and health in England and Wales. 2020. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religionandhealthinenglandandwales/february2020> [Accessed 8 Nov 2021]
- 146 Neukam K, Bhagani S, Rodger A, Oben J, Nirmal D, Jain A, et al. High prevalence of non-alcoholic fatty liver disease (NAFLD) among Gujarati Indians in North London: a population-based study. *Clin Lipidol.* 2017;12(1):33–9. Available from: <https://doi.org/10.1080/17584299.2017.1326709>.
- 147 Leung G, Stanner S. Diets of minority ethnic groups in the UK: influence on chronic disease risk and implications for prevention. *Nutr Bull.* 2011;36(2):161–98. Available from: <https://doi.org/10.1111/j.1467-3010.2011.01889.x>
- 148 Public Health England. The Public Health Burden of Alcohol and the Effectiveness and Cost-Effectiveness of Alcohol Control Policies: An evidence review. 2016. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/733108/alcohol_public_health_burden_evidence_review_update_2018.pdf [Accessed 11 Nov 2021].
- 149 Department of Health and Social Care, NHS England, Office for Health Improvement and Disparities, and, NHS Improvement. Chapter 12: Alcohol: [Gov.UK](https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-12-alcohol); 2021 [Available from: <https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-12-alcohol>.
- 150 Office for National Statistics. Alcohol-Specific Deaths in the UK: Registered in 2020 2021 [Available from: <https://www.gov.uk/government/statistics/alcohol-specific-deaths-in-the-uk-registered-in-2020>
- 151 Phillips AN, Wannamethee SG, Walker M, Thomson A, Smith GD. Life expectancy in men who have never smoked and those who have smoked continuously: 15 year follow up of large cohort of middle aged British men. *Bmj.* 1996;313(7062):907-8
- 152 NHS. Paan, bidi and shisha. 2019. Available from: <https://www.nhs.uk/live-well/quit-smoking/paan-bidi-and-shisha-risks/> [Accessed 11 Nov 2021].
- 153 The Guardian. Gambling addiction could be nine times higher than industry claims 2022 [Available from: <https://www.theguardian.com/society/2022/mar/23/gambling-addiction-could-be-nine-times-higher-than-industry-claims#:~:text=Gambling%20addiction%20could%20be%20nine%20times%20higher%20than%20industry%20claims,-This%20article%20is&text=Gambling%20addiction%20rates%20may%20be,1.5%20million%20are%20at%20risk>
- 154 Megnin-Viggars O, Brown M, Marcus E, Stockton S, and, Pilling S. Review 1: The Epidemiology, and Current Configuration of Health and Social Care Community Services, for People in the UK with a Severe Mental Illness Who Also Misuse Substances: NICE; 2016 [Available from: <https://www.nice.org.uk/guidance/ng58/evidence/evidence-review-1-the-epidemiology-and-current-configuration-of-health-and-social-care-community-services-for-people-in-the-uk-with-a-severe-mental-illness-who-also-misuse-substances-pdf-2727941293>
- 155 Office for Health Improvement & Disparities. Adult substance misuse treatment statistics 2020 to 2021: report 2021 [Available from: <https://www.gov.uk/government/statistics/substance-misuse-treatment-for-adults-statistics-2020-to-2021/adult-substance-misuse-treatment-statistics-2020-to-2021-report>
- 156 Levine DA. “Pharming”: the abuse of prescription and over-the-counter drugs in teens. *Curr Opin Pediatr.* 2007;19(3):270-4.
- 157 Coombes H, Cooper RJ. Staff perceptions of prescription and over-the-counter drug dependence services in England: a qualitative study. *Addiction Science & Clinical Practice.* 2019;14(1):41.
- 158 National Institute on Drug Abuse. Principles of Drug Addiction Treatment: A Research-Based Guide (Third Edition). Principles of Effective Treatment 2018 [Available from: <https://nida.nih.gov/publications/principles-drug-addiction-treatment-research-based-guide-third-edition/principles-effective-treatment>
- 159 NHS. Paan, bidi and shisha. 2019. Available from: <https://www.nhs.uk/live-well/quit-smoking/paan-bidi-and-shisha-risks/> [Accessed 11 Nov 2021].
- 160 Public Health England (PHE). Public Health Outcomes Framework - Birmingham. Public Health Outcomes Framework. 2021. Available from: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data> [Accessed 1 Nov 2021].
- 161 Office for National Statistics (ONS). Percentage of adults aged 16 to 74 years who were victims of domestic abuse in the last year, by ethnic group: year ending March 2018 to year ending March 2020. CSEW. 2020. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/adhocs/12677percentageofadultsaged16to74yearswhowerevictimsofdomesticabuseinthelastyearbyethnicgroupyearendingmarch2018toyearendingmarch2020csew> [Accessed 31 Oct 2021].

HINDU MANDIRS FAITH SETTINGS

162 Office for National Statistics. Religion and crime in England and Wales. 2020. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religionandcrimeinenglandandwales/february2020> [Accessed 8 Nov 2021].

163 GOV.UK. Indian ethnic group. Ethnicity facts and figures. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/summaries/indian-ethnic-group> [Accessed 31 Oct 2021].

164 Office for National Statistics (ONS). Women in the labour market: 2013. Employment and employee types. 2013. Available from: <https://www.ons.gov.uk/employmentandlabourmarket/peopleinwork/employmentandemployeetypes/articles/womeninthelabourmarket/2013-09-25> [Accessed 14 Nov 2021].

165 Office for National Statistics (ONS). Annual Population Survey estimates of female South Asian nationals, aged 18 to 35, resident in the UK, England and London, July 2016 to June 2017. International migration. 2018. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/internationalmigration/adhocs/007938annualpopulationsurveyestimatesoffemalesouthasiannationalsaged18to35residentintheukenglandandlondonjuly2016tojune2017> [Accessed 14 Nov 2021].

166 GOV.UK. Employment. Ethnicity facts and figures. 2021. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/employment/employment/latest#by-ethnicity-and-gender> [Accessed 14 Nov 2021].

167 GOV.UK. Employment. Ethnicity facts and figures. 2021. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/employment/employment/latest#by-ethnicity-and-gender> [Accessed 14 Nov 2021].

168 GOV.UK. Entry rates into higher education. Ethnicity facts and figures. 2021. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/education-skills-and-training/higher-education/entry-rates-into-higher-education/latest#by-ethnicity-over-time> [Accessed 14 Nov 2021].

169 Cotton DRE, Joyner M, George R, Cotton PA. Understanding the gender and ethnicity attainment gap in UK higher education. *Innov Educ Teach Int.* 2015;53(5):475–86. Available from: <https://doi.org/10.1080/14703297.2015.1013145>

170 Public Health England (PHE). Public Health Outcomes Framework - Birmingham. Public Health Outcomes Framework. 2021. Available from: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data> [Accessed 1 Nov 2021].

171 Office for National Statistics. Religion, education and work in England and Wales. 2020. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/datasets/religioneducationandworkinenglandandwales> [Accessed 8 Nov 2021].

172 GOV.UK. Indian ethnic group. Ethnicity facts and figures. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/summaries/indian-ethnic-group> [Accessed 31 Oct 2021].

173 GOV.UK. Indian ethnic group. Ethnicity facts and figures. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/summaries/indian-ethnic-group> [Accessed 31 Oct 2021].

174 GOV.UK. Overcrowded households. Ethnicity facts and figures. Available from: <https://www.ethnicity-facts-figures.service.gov.uk/housing/housing-conditions/overcrowded-households/latest#by-ethnicity> [Accessed 31 Oct 2021].

175 SAGE. Housing, household transmission and ethnicity: For SAGE meeting 26th November 2020 - Consensus statement. 2020. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/943178/S0923_housing_household_transmission_and_ethnicity.pdf [Accessed 27 Nov 2021]

176 GOV.UK. Health matters: air pollution. Chemical and environmental hazards. 2018. Available from: <https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution> [Accessed 27 Nov 2021]

177 González N, Marquès M, Nadal M, Domingo JL. Meat consumption: Which are the current global risks? A review of recent (2010–2020) evidences. *Food Res Int.* 2020;137:109341. Available from: <https://dx.doi.org/10.1016%2Fj.foodres.2020.109341>

178 BBC News. Climate change: Top 10 tips to reduce carbon footprint revealed. 2020. Available from: <https://www.bbc.co.uk/news/science-environment-52719662> [Accessed 27 Nov 2021]

179 NHS Blood and Transplant. Organ Donation and Transplantation data for Black, Asian, Mixed Race and Minority Ethnic (BAME) communities. 2021. Available from: https://nhsbt.dbe.blob.core.windows.net/umbraco-assets-corp/24470/bame-transplant-activity-report-2020_2021.pdf [Accessed 28 Oct 2021].

180 BAPS Swaminarayan Sanstha. The Gift of Life - Leave them Certain: Organ Donation Survey. 2021

181 BAPS Swaminarayan Sanstha. The Gift of Life - Leave them Certain: Organ Donation Survey. 2021

182 NHS Blood and Transplant. Organ Donation and Transplantation data for Black, Asian, Mixed Race and Minority Ethnic (BAME) communities. 2021. Available from: https://nhsbt.dbe.blob.core.windows.net/umbraco-assets-corp/24470/bame-transplant-activity-report-2020_2021.pdf [Accessed 28 Oct 2021].

183 Jain and Hindu Organ Donation Steering Group. The Gift of Life, Pass it On - Organ Donation after death for Hindu Communities in England. 2021. Available from: <https://nhsbt.dbe.blob.core.windows.net/umbraco-assets-corp/16471/hindu-communities-organ-donation-after-death.pdf> [Accessed 28 Oct 2021].

184 Resuscitation Council UK. Restart A Heart Day. 2021. Available from: <https://www.resus.org.uk/get-involved/restart-heart-day> [Accessed 27 Nov 2021].

HINDU MANDIRS FAITH SETTINGS

- 185 Resuscitation Council UK. Restart A Heart Day. 2021. Available from: <https://www.resus.org.uk/get-involved/restart-heart-day> [Accessed 27 Nov 2021].
- 186 Misra A, Khurana L. Obesity-related non-communicable diseases: South Asians vs White Caucasians. *Int J Obes.* 2010;35(2):167–87. Available from: <https://doi.org/10.1038/ijo.2010.135>
- 187 Shah AS, Bhopal R, Gadd S, Donohoe R. Out-of-hospital cardiac arrest in South Asian and white populations in London: database evaluation of characteristics and outcome. *Heart.* 2010;96(1):27–9. Available from: <http://dx.doi.org/10.1136/hrt.2009.170183>
- 188 Resuscitation Council UK. Over a third of UK adults still haven't learned CPR, warn leading health organisations. 2021. Available from: https://www.resus.org.uk/about-us/news-and-events/over-third-uk-adults-still-havent-learned-cpr-warn-leading-health?utm_source=rctk_medium=social_date=161021 [Accessed 27 Nov 2021].
- 189 Resuscitation Council UK. Restart A Heart Day. 2021. Available from: <https://www.resus.org.uk/get-involved/restart-heart-day> [Accessed 27 Nov 2021].
- 190 Resuscitation Council UK. Quality Standards: CPR and AED training in the community. 2020. Available from: <https://www.resus.org.uk/library/quality-standards-cpr/quality-standards-cpr-and-aed-training-community> [Accessed 27 Nov 2021].
- 191 Laerdal Medical. 3 Tips to Improve Your Community CPR Training Program. Available from: <https://laerdal.com/information/3-tips-to-improve-your-community-cpr-training-program/> [Accessed 27 Nov 2021].
- 192 Shah AS, Bhopal R, Gadd S, Donohoe R. Out-of-hospital cardiac arrest in South Asian and white populations in London: database evaluation of characteristics and outcome. *Heart.* 2010;96(1):27–9. Available from: <http://dx.doi.org/10.1136/hrt.2009.170183>
- 193 Resuscitation Council UK. Quality Standards: CPR and AED training in the community. 2020. Available from: <https://www.resus.org.uk/library/quality-standards-cpr/quality-standards-cpr-and-aed-training-community> [Accessed 27 Nov 2021].
- 194 BAPS Swaminarayan Sanstha. Service - Seva. Available from: <https://www.baps.org/Spiritual-Living/Hindu-Beliefs/Service---Seva.aspx> [Accessed 2 Nov 2021].
- 195 Office for National Statistics. Religion and participation in England and Wales. 2020. Available from: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/religionandparticipationinenglandandwales/february2020> [Accessed 8 Nov 2021].
- 196 Yeung JWK, Zhang Z, Kim TY. Volunteering and health benefits in general adults: cumulative effects and forms. *BMC Public Heal.* 2017;18(1):1–8. Available from: <https://doi.org/10.1186/s12889-017-4561-8>
- 197 Anderson ND, Damianakis T, Kröger E, Wagner LM, Dawson DR, Binns MA, et al. The benefits associated with volunteering among seniors: A critical review and recommendations for future research. *Psychol Bull.* 2014;140(6):1505–33. Available from: <https://doi.org/10.1037/a0037610>
- 198 NCVO. Why volunteer?. Available from: <https://www.ncvo.org.uk/ncvo-volunteering/why-volunteer> [Accessed 27 Nov 2021].
- 199 DKMS. UK Stem Cell Register Increases to 1.6 million. 2020. Available from: <https://www.dkms.org.uk/get-involved/stories/uk-stem-cell-register-increases-to-1-6-million> [Accessed 28 Nov 2021].

