



INDIAN

COMMUNITY HEALTH PROFILE

2022



A BOLDER HEALTHIER BIRMINGHAM

Foreword

The Indian Community Health Profile was commissioned by Birmingham City Council to review the evidence on the Indian community in Birmingham and nationally. The report synthesises evidence on the experiences, needs and outcomes of the Indian community across a range of health and well-being indicators, including education, employment, housing, mental health, disabilities, substance (mis)use and physical activity. It illustrates the multi-layered barriers and inequalities faced by Indian people in relation to their health and everyday lives and highlights gaps in the existing evidence base. The report demonstrates the public health need for comprehensive monitoring, research, and engagement with Indian communities at a local and national level.

The Indian Community Health Profile is part of a wider series of evidence summaries produced by Birmingham City Council which focus on specific communities of interest.

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Hawkmoth is a strategic advisory firm for global businesses and government.



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Community Evidence Summaries

As part of the Public Health Divisions work to improve the understanding of the diverse communities of Birmingham, we have developed a series of short evidence summaries to improve awareness of these communities and their unique health needs.

There are common objectives for each of the evidence summaries, which are:

- To identify and summarise the physical health, mental health, lifestyle behavioural, and wider determinants of health-related issues that are affecting the specific community both nationally and locally;
- To identify and summarise gaps in knowledge regarding the physical health, mental health, lifestyle behaviours and wider determinants of health-related issues that may be affecting the specific community, both nationally and locally;
- To collate and present this information under the 10 key priority areas identified in the Health and Wellbeing Strategy for Birmingham 2021;
- To engage with the local communities on the evidence found and any gaps;
- To promote the use of these summaries for Local Authority and wider system use for community and service development.



Executive Summary

The Indian Community Health Profile identifies and summarises the national and local evidence concerning the health, lifestyle behaviours and wider determinants of health that affect Indian communities, both in Birmingham and across the UK. It covers health topics from maternity to ageing and dying well; includes health status risk factors such as diabetes, CVD (cardiovascular disease); protect and detect topics such as screening and vaccinations; and other themes such as knowledge and understanding around health issues affecting the Indian community.

There has been evidence of health inequalities between ethnic minority and white groups, and between different ethnic minority groups across the UK for some time. This community profile aims to unpack some of these issues, with a focus on the Indian community in Birmingham.

India and Britain have shared a long-running connection which takes root in history. India during British Raj (1858-1947), a period of direct British rule over the Indian subcontinent, had a viceroy, a separate secretary of state in London, its own army, and its own foreign policy to a degree. India gained independence from the UK in 1947 and became a member of the Commonwealth in the same year.

The UK's open-door immigration policy, which was in place until 1962, allowed members of the Commonwealth to apply for work before arriving in the UK; permission to immigrate was granted based on the applicants' employment prospects. This enabled families to be reunified - after this point the community saw a steady increase in numbers in the UK. The vast majority (38%) of the Indian population arrived before 1981. There have been a series of waves of migration, including in the 1960s and 70s arriving from some of the newly independent African countries like Uganda, Kenya and Tanzania, having been expelled or encouraged to leave.

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As of the 2011 Census, there were 64,621 Indians living in Birmingham. 54% of Indians in Birmingham were born in the UK, which indicates the early migration that occurred in the 1950's and 1960's. The 2011 Census also revealed that there were 13,710 children of Indian ethnicity living in Birmingham, comprising 5% of the childhood population of Birmingham.

While the majority of British Indians are Hindu (817,000 people; 1.5% of the total UK population), the UK is home to the second largest Sikh community outside India (423,000 people; 0.8 per cent). Most of the British Sikhs immigrated from Punjab, India, to the UK in the 1950s and 1960s.

The Indian community accounts for 7% of the working age population in Birmingham, compared to 3% in England. The community is concentrated in certain wards in the city, making up 38% of the working age population in Handsworth Wood and 18% in Soho.

A range of sources have been used to create this profile. The key health and wellbeing and health inequalities points to note are:

- Rates of diabetes are around 3 to 4 times higher in Indian men
- Indian men and women have significantly higher rates of heart-related mortality, compared to White counterparts
- Indian women have high non-attendance at cervical cancer screening (66%).
- Research has found Indian female respondents were less likely to report using emergency contraception (11%) compared to White British females (23%)
- Rates of dementia-related mortality are on the rise in the Indian community increasing. Rates in men from 2012-14 to 2017-19 increased from 59.8 deaths per 100,000 to 76.9, while rates in women increased from 67.8 per 100,000 to 84.3 in the same years.
- There is a low uptake of palliative and end of life care service

Methodology

An exploratory search was undertaken by the Public Health Communities Team using a range of databases such as National Data Sources, NOMIS (Office for National Statistics), and PubMed to identify information on the Indian community for this profile. Keyword search terms and subject headings relevant to the themes were identified. All references used within this profile are outlined in the endnotes. As an initial exploratory search, the following avenues were examined:

a. National data sources

NOMIS data:

Data has been extracted by ethnicity from the 2011 Census, available at <https://www.nomisweb.co.uk/>. It should be noted that the most recent ethnicity data available is from the 2001 and 2011 census, and any conclusions from using this data and information should be made with caution. The next census data will be released in Summer 2022.

National Public Health (PHE fingertips) and government data sources (ons.gov.uk and gov.uk):

Data has been extracted where relevant Indian community-level information was available.

National voluntary and community sector reports:

These have been identified through Google Scholar and national websites, specifically where relevant Indian community-level data and information were available, such as:

- Diabetes UK (<https://www.diabetes.org.uk/>)
- Public Health England (now replaced by UK Health Security Agency and Office for Health Improvement and Disparities (<https://www.gov.uk/government/organisations/public-health-england>))

b. PubMed search

In addition, a PubMed search conducted on <https://pubmed.ncbi.nlm.nih.gov/> was performed. All searches contained the keyword “Indian” or “India” as well as words that were specific to each topic theme. Examples of this are included in the Search Strategy (Appendix 1). We also used terms such as “South Asian” to refer to the Indian community and other related terms.

c. Grey Literature

Where information sources had not been identified through a or b, further searching through Google, Google Scholar, and PubMed using topic specific search terms were carried out. Papers that were relevant to the UK were included i.e., data and information stemming from local or national-level reports and/ or surveys.

Findings from international and national systematic reviews and large-scale epidemiological and qualitative research studies were also considered for inclusion. International research findings were included if they were deemed to be comparable or relevant to the national population.

In addition, “snowballing” - a technique where additional relevant research is identified from the reference list and citations of the initial search or published article - was also applied. Additional papers were identified from reference lists using this approach, where these additional resources enhanced the knowledge base. Generally, searches were limited to the year 2000 onwards, however older information was occasionally considered where information was scarce.

d. Data consolidation and analysis

Results retrieved from the initial searches were reviewed by the Public Health Communities Team against the search strategy (Appendix 1). The articles utilised in this document were then analysed, identified, and cross referenced with other themes throughout the report.



1,412,958 **2.5%**
 PEOPLE OF INDIAN ETHNICITY IN ENGLAND AND WALES of the total UK population

Leicester is home to the largest Indian population, with 6.6% of all Indian people living there followed by Birmingham (64,621) citizens: (4.6%) and Harrow (4.5%)

64,621
 CITIZENS IN BIRMINGHAM

54% of Indians in Birmingham were born in the UK, considerably higher proportion than those born in the Middle East and Asia (37%) and Africa (7%)

60% of Indians in Birmingham identify as "British only"



15% IDENTIFY AS "ENGLISH ONLY"
 Both categories together being significantly higher than those identifying as other identities (20%)

THE INDIAN COMMUNITY ACCOUNTS FOR

6.9% of the working age in Birmingham



3% COMPARED TO IN ENGLAND
 It makes up 38% of the working age population in Handsworth Wood and 18% in Soho.

INTERNATIONAL PRESENCE

India is the second most populous country with 1.38 billion people. Following India, the United States has the 2nd largest Indian population, followed by the United Arab Emirates, Malaysia, Saudi Arabia, Myanmar and the U.K.



1.0 Introduction

1.1 Overview of the Indian community

British Indians account for 2.5% of the population - the second largest ethnic minority population in the UK after the 'Other White' ethnic group.

British Indians are a long-established group, with around 43% of the Indian population in the country born in the UK¹. The community has a sizeable presence - in 2011, there were 1,412,958 people from the Indian ethnic group in England and Wales, making up 2.5% of the total population². In addition, 2.7% of Scotland's population identified as Asian, Asian Scottish or Asian British, with 33,000³ people identifying specifically as 'Indian'. According to the 2011 Census there were 6,198 people in Northern Ireland who identified as Indian, making up 0.35% of the population there⁴.

Members of the Indian community have presence in several sectors in the UK.

The Indian community has presence in the British health sector, the NHS (table 1 below⁵). The Indian nationality is the most common non-British nationality among NHS staff.

Table 1: Most common nationalities of NHS staff

Nationalities	Number of staff
UK - British	1,118,116
Indian	32,117
Pakistani	4,902

Source: House of Commons Library – NHS staff from overseas⁶

There are notable Indian figures in the British political sphere (e.g., Chancellor of the Exchequer Rishi Sunak and Home Secretary Priti Patel), in mainstream media including British television and the film industry (e.g., actor Sanjeev Bhaskar, director Gurinder Chadha, actor Dev Patel, and TV presenter Naga Munchetty), literature (e.g., Sir V.S. Naipaul and Sir Salman Rushdie), food (e.g., chefs Atul Kochhar, Cyrus Todiwala, and Vivek Singh) and business (e.g., Gopichand Hinduja and Lakshmi Mittal).

1.2 International context

1.2.1. Brief history of India

The British Indian community's ancestral roots are from India - one of the most ethnically and religiously diverse countries in the world, housing almost 18% of the total world population.

The diversity of the Indian diaspora in the UK mirrors the presence of multiple ethnic identities in India, which are divided into various linguistic, ethnic, religious, caste and regional groups. The majority of British Indians are of Punjabi and Gujarati descent, with smaller proportions of Tamilian, Bengali, Malayali, Konkani, Marathi and Telugu communities⁷.

India and Britain have shared a long-running connection which takes root in history. India during British Raj (1858-1947), a period of direct British rule over the Indian subcontinent, had a viceroy, a separate secretary of state in London, its own army, and even, its own foreign policy to a degree⁸. India gained independence from the UK in 1947 and became a member of the Commonwealth in the same year.

The UK's open-door immigration policy, which was in place until 1962, allowed members of the commonwealth to apply for work before arriving in the UK; permission to immigrate was granted based on the applicants' employment prospects⁹. This enabled families to be reunified - after this

point the community saw a steady increase in numbers in the UK (for statistics see sections 1.3.1 and 1.4.1. on migration).

1.2.2 Languages

More than 19,500 languages and dialects are spoken in India, reflecting the multiculturalism within the country.

Indian society's multiculturalism is most evident with the use of more than 19,500 languages or dialects across the country¹⁰. Hindi is the primary language, spoken by 615 million people in India, Bengali is the next most popular, followed by Urdu¹¹.

The spoken languages by British Indians have been outlined in section 1.3.2. below.

1.2.3 Religion

Majority of British Indians are Hindu (44%), followed by Sikh (22%), Muslim (14%), and Christian (10%)¹².

While the majority of British Indians are Hindu (817,000 people; 1.5% of the total UK population), the UK is home to the second largest Sikh community outside India (423,000 people; 0.8 per cent¹³). Most of the British Sikhs immigrated from Punjab, India, to the UK in the 1950s and 1960s.

According to the 2011 Census, overall, the three main religions of British Indians are Hinduism, Sikhism and Islam, with each having sizable representations in their communities.

- i. Hinduism: Hinduism is over 4,000 years old, making it one of the world's oldest religions¹⁴. It is made up of a variety of different religious beliefs and practices, and a central belief is in a supreme God Brahman. Hindus worship in a temple called a Mandir and Hinduism has many ancient texts and scriptures. Within Hinduism a socio-religious stratification is applied. This is a caste system which divides all Hindus into four hierarchical categories based on their work and duty.

The five main categories are:

1. Brahmins - mainly teachers and intellectuals
 2. Kshatriyas - the warriors and rulers
 3. Vaishyas - traders
 4. Shudras - unskilled workers
 5. Achools / Dalits / 'untouchables' - while outside of this caste system, they are often found in jobs such as street sweepers.
- ii. Sikhism: Detailed information on the Sikh Community in Birmingham can be found within Birmingham City Council's Sikh Community Health Profile, here: https://www.birmingham.gov.uk/downloads/file/20547/sikh_community_health_profile_report
- iii. Islam: The Muslim Community Health Profile is currently within the final draft stages and will be held on Birmingham City Council's Public Health webpage: https://www.birmingham.gov.uk/info/50265/supporting_healthier_communities/2463/community_health_profiles

1.2.4 Sport

Of all sports, cricket is the most popular game in India and one which continues to have prominence among British Indians too.

Cricket was introduced to India while it was part of the British Empire. Over the years, cricket has been the most popular sport unifying people of all races, religions, castes, creeds, colours, and genders.

A Sports India: Popularity and Participation of Sports in India 2012¹⁵ report from SMG Insight and YouGov found that while cricket remains the favourite sport in India, other sports, namely football and tennis are gaining popularity. Tennis is also participated by nearly a quarter of the population (23%), making it the sixth most participated sport in India. Other popular sports include badminton, swimming and table tennis.

Similarly, there is an increasing presence of British Indians in different sports, including in cricket (e.g., former England captain Nasser Hussain, Mark Ramprakash, Monty Panesar), football (e.g., Jazz Juttla and Yan Dhanda) and tennis (e.g., Naiktha Bains).

1.2.5 Other cultural aspects

Belonging within a group and connectivity is a prominent aspect of Indian culture, building a sense of responsibility from each citizen towards the community.

There is great emphasis on family and clan within the community which often align with socio-economic, religious or political affiliations. Due to the deep-rooted importance of family in Indian culture, many are conscious of how their behaviour will reflect on their family and community and therefore place a high value on unity with others¹⁶. Relationships and familial bonds are maintained with extended family overseas through regular communication, including sending remittances to provide financial support.

According to The Migration Observatory at the University of Oxford in 2018, of all countries India received the largest value of remittances from the UK, valued at almost £3 billion¹⁷.

1.3 National context

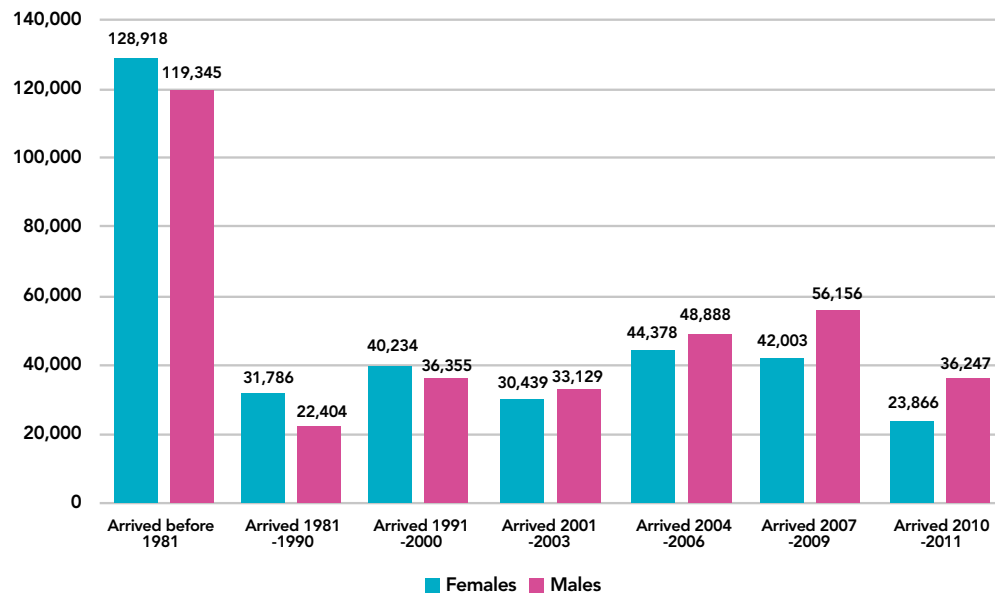
1.3.1 Migration patterns

Mass migration of the Indian diaspora settling in the UK started just after the Second World War, making it one of the long-established minority communities.

The vast majority (38%) of the Indian population arrived before 1981¹⁸ (figure 1, below). There have been a series of waves of migration, including in the 1960s and 70s arriving from some of the newly independent African

countries like Uganda, Kenya and Tanzania, having been expelled or encouraged to leave¹⁹. The Indians part of this wave are also referred to as 'twice migrants'²⁰, having migrated to another country before migrating to the UK.

Figure 1: Year of arrival to England and Wales of Indian ethnic group, by gender



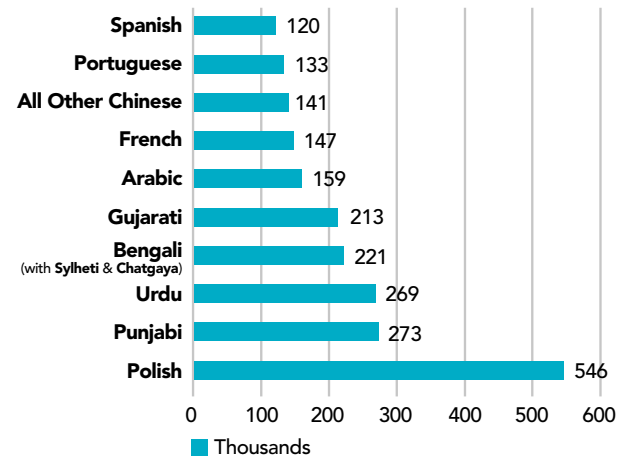
Source: Census 2011 Table CT0562

1.3.2 Languages

The main languages spoken by the Indian community in the UK are Gujarati, Punjabi and Urdu.

Among those of the Hindu faith within the British Indian community, 141,901²¹ speak Gujarati as well as majority of Muslim Indians (45,519²²); some of the latter also speak Urdu (13,277²³). Around 92,919²⁴ Indians in the UK of the Sikh faith speak Punjabi. Overall, according to the 2011 Census (figure 2, below), while Hindi did not appear in the top ten main 'other' languages in the UK, Punjabi (273,000 people), Urdu (269,000), Bengali (221,000) and Gujarati (213,000) appeared as the second, third, fourth and fifth most commonly spoken 'other' languages, respectively. To note, a sizeable proportion of those who speak Punjabi, Urdu and Bengali are also likely to be from other South Asian countries, such as Pakistan and Bangladesh.

Figure 2: Top ten main 'Other' languages in England and Wales, 2011



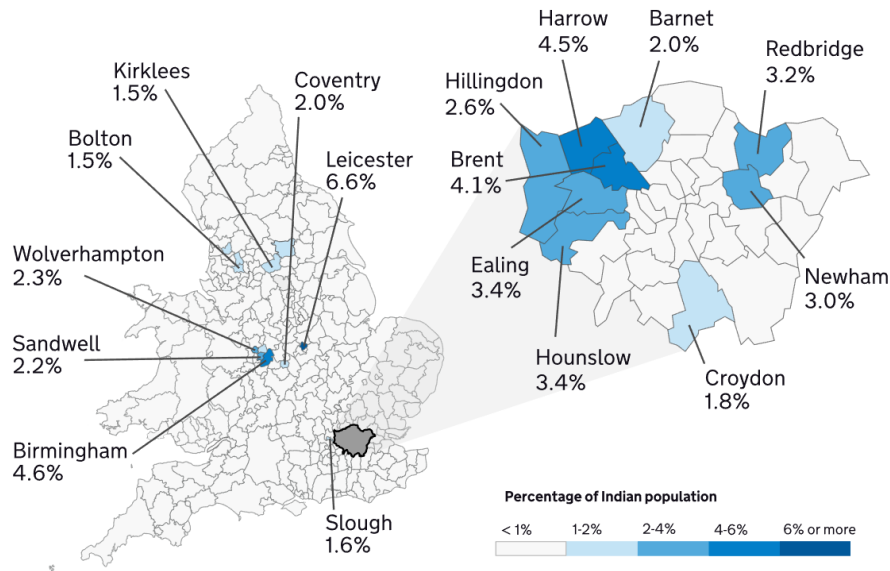
Source: Census - Office for National Statistics²⁵

1.3.3 Prominent areas for the community

Of the 348 local authorities in England and Wales, 17 are home to around half (50.2%) of the Indian population, with Leicester housing the largest Indian community.

According to the 2011 Census, 6.6% of all Indian people live in Leicester, followed by Birmingham (4.6%) and Harrow (4.5%)²⁶. According to Census data, Leicester is set to soon become the UK's first ethnic minority-majority city with the Indian community making up by far the largest ethnic group at 28% of the local population²⁷. The British Indian population totals over half a million in London and is one of the capital's largest non-White ethnic groups (figure 3).

Figure 3: Percentage of the Indian population of England and Wales living in each local authority area (top 17 areas labelled)



Source: Map image from GOV.UK: Ethnicity Facts and Figures²⁸

1.3.4 Country of birth

Almost 43% of British Indians are born in the UK, an indication of the community's main wave of migration before the 1980s.

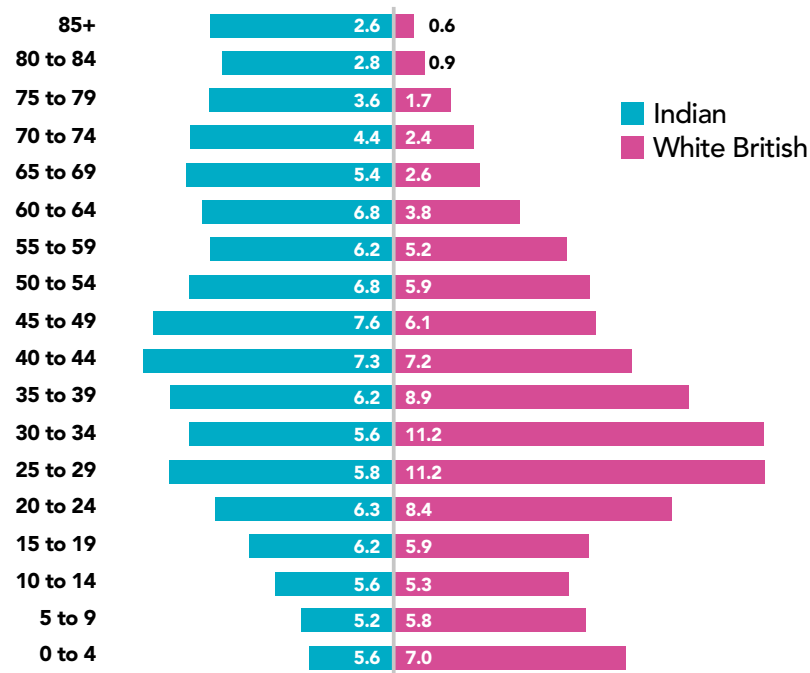
The 2011 Census shows of UK's Indian ethnic group, 42.9% are born in the UK, 41.9% are born in Southern Asia and 11.1% are born in South and Eastern Africa (e.g., Uganda, Kenya and Tanzania)²⁹. Indian people born in South and Eastern Africa have been more clustered than those born in the UK or Southern Asia, with 11.0% living in Harrow and 10.6% in Leicester³⁰.

1.3.5 Age profile

As is the case with most minority groups in the UK, the British Indian population is relatively young. 55% of the British Indian population is under the age of 35, a younger age profile compared with the White British group (40% under the age of 35). Though the community also holds the highest percentage of people aged 65 and over among all minority groups.

As shown in figure 4, the younger age profile of the British Indian community partly reflects increases in immigration from India since the 1950s. The age group of 18 to 34-year-olds within the Indian community makes up 33.4% of Indian people, compared with 20.3% of White British people³¹. However, of all minority groups the Indian community holds the highest percentage of people aged 65 and over (8%). The sizeable proportion of the Indian community being over the age of 65 will make age-related ailments (i.e. dementia) more significant for the community compared to other minority groups in the UK.

Figure 4: Age profile of Indian and White British people, England & Wales



Source: Census of England and Wales 2011 and GOV.UK: Ethnicity Facts and Figures³²

1.3.6 Festivals

British Indians celebrate several festivals, with Diwali and Navratri being two of the most prominent celebrations within the community.

Many different festivals are celebrated by the Indian community in the UK, with the most prominent event being Diwali - a five-day festival of lights celebrated by all Hindus, Sikhs and Jains. Diwali is a festival that marks

new beginnings, specifically the triumph of good over evil, and light over darkness. It is usually celebrated by lighting up oil lamps and usually takes place in October or November.

Firework displays are often a prominent part of Diwali celebrations; with its sizeable Indian community, Leicester has some of the biggest displays outside of India. In Birmingham, Diwali celebrations usually take place in Victoria Square in the city centre, called "Diwali on the Square".

Another event celebrated by the community in the UK is Navratri (the festival of nine nights) mainly due to the sizeable presence of the Gujarati community. The festival of Navratri is one of the most important events of the Hindu calendar, it takes place over nine days every autumn and marks the victory of good over evil – the word Navratri translates as 'nine nights'. During this festival a Gujarati dance of dandiya is performed. The dandiya dance involves the use of sticks (dandiya) covered with different colourful cloths, around twelve to eighteen inches long in length. The dance is carried out in pairs, generally by participants forming two lines with partners facing each other. The arrangements of this practice are said to symbolise the Hindu mythological fight between the deities Durga and Mahisasura, with the sticks symbolising swords³³.

1.3.7 Attire

There are several traditional clothing worn by the community, with the most common garment being the sari.

A sari is an unstitched colourful cloth usually around four to nine metres in length which is draped in a few ways by women and is worn with a blouse.

Another traditional outfit worn by Indian women is the lehenga, which is a long, flared skirt paired with a fitted blouse. This outfit is usually worn by the Gujarati community.

Finally, the shalwar kameez is a pair of light trousers paired with a long tunic, which is more commonly worn by the Punjabi community³⁴. While these traditional outfits are worn at festivals and weddings, generally the community in the UK wears Western clothing.

1.3.8 Food and diet

The diet of the Indian community is based on a healthy variety. It comprises staples such as chapattis and rice eaten with pulses and vegetables. Some of the food items involve deep-frying and use of clarified butter (ghee) which can make Indian food less healthy.

A study has found that the diet of the Indian community has had an increased incorporation of 'special menu' items such as ghee and traditional sweets³⁵. The study found the pre-migration diet which comprised little meat and dairy products and large amounts of staples (i.e., chapattis, rice), pulses, fruit and vegetables has evolved into one with a higher fat, sugar and calorific content.

This dietary evolution, coupled with the continued use of cooking methods such as frying and deep fat frying has been used to account for the community having a higher percentage of food energy derived from fat and saturated fat than the White population in Britain³⁶. Appetisers such as "pakora," "samosa" and "bhaji" all involve deep-frying and are commonly consumed by the community.

As discussed later in this report, this has also increased the community's predisposition to cardiac diseases, with the Indian ethnic group seeing the onset of heart disease, high blood pressure and diabetes at a younger age than the White population in the UK^{37,38}.

Due to Britain's historical ties with India and the sizeable presence of the diaspora in the UK, Indian cuisine has gained popularity and is a core part of the British cultural fabric.

Indian cuisine first appeared in England in around the 1800s when Hindostanee Coffee House was established, the country's first dedicated Indian restaurant³⁹. Indian restaurants began to boom in the 1970s following the influx of Bangladeshi migrants who even today own and run many of the Indian restaurants⁴⁰.

1.4 Birmingham context

1.4.1 Demographics

The Indian community makes up 6% of the population in Birmingham and is mainly concentrated in the North-western part of the city.

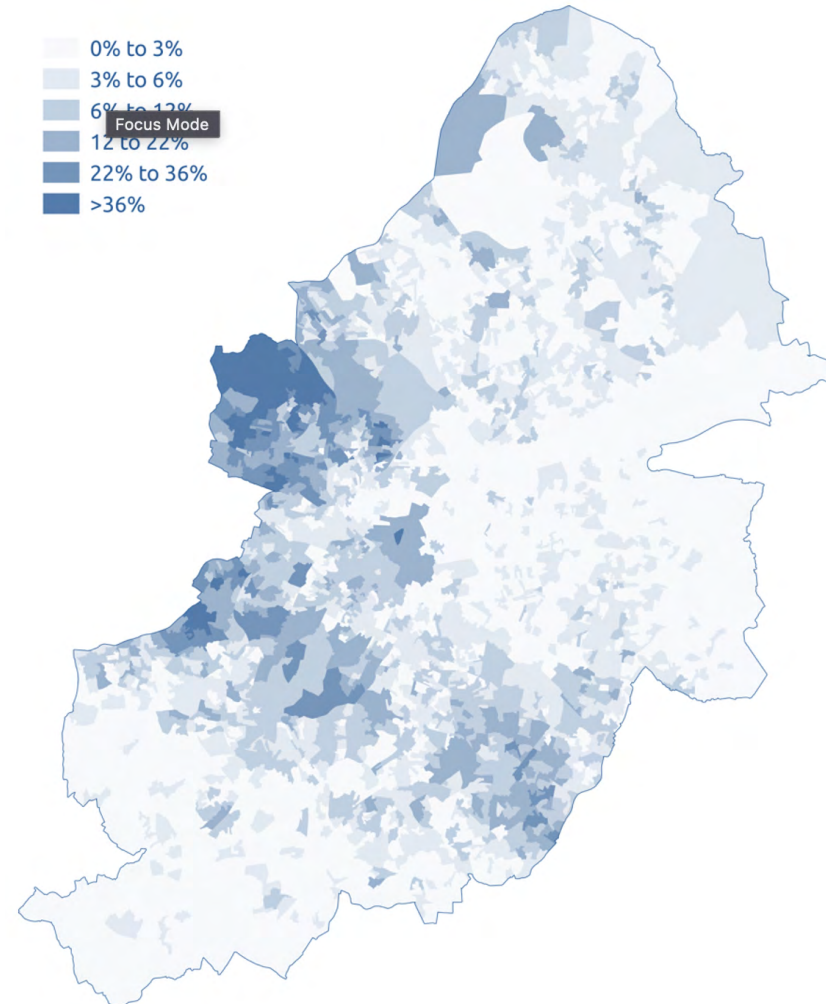
According to ward-level data based on the population census, the top 10 wards with the highest proportions of Indian community are shown in table 2 and figure 5 map below. The Indian community is concentrated in wards to the west and north of the city centre.

Table 2: Top 10 wards with highest proportions of Indian ethnic group

Ward	Total ward population	Indian population
Handsworth Wood	19,731	6,680
Soho & Jewellery Quarter	22,606	3,336
Holyhead	11,133	2,985
North Edgbaston	21,934	2,970
Aston	22,636	2,886
Handsworth	11,733	2,873
Hall Green North	21,509	2,652
Perry Barr	20,566	2,415
Edgbaston	18,260	2,355
Ladywood	22,250	1,801

Source: Census 2011 KS201

Figure 5: Map of Birmingham and concentrations of the Indian community



Source: 2011 Census ward-level data⁴¹

The Indian community make up 6.9% of the working age group in Birmingham, while in England the community accounts for 3% of the working age group⁴². The community accounts for 38% of the working age population in Handsworth Wood and 18% in Soho; it comprises less than 10% of the working age population in 32 wards.

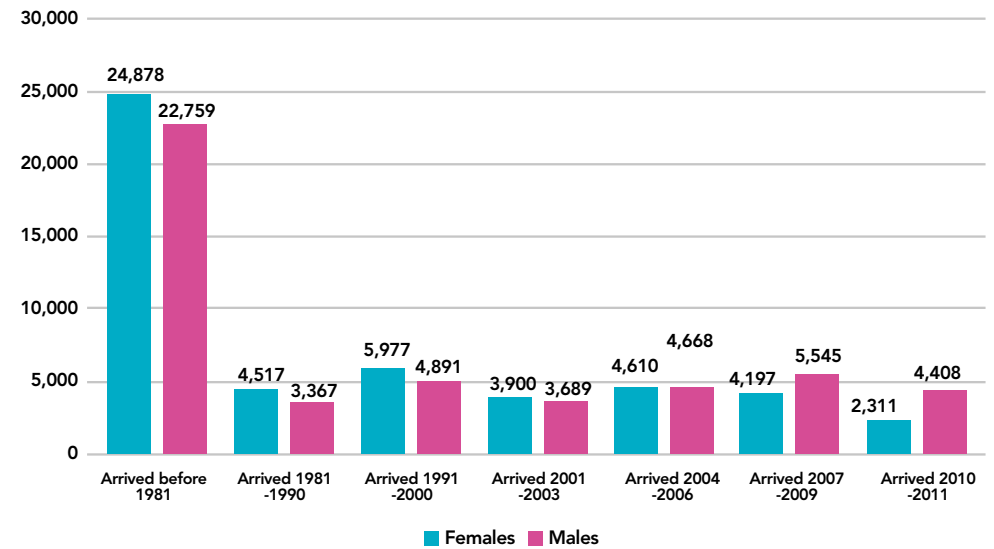
As a comparison, the Black Caribbean working age population is mainly found to the west and north of the city centre where it comprises between 10% and 15% of the population in 4 wards. But it comprises less than 5% of the working age population in 32 wards⁴³.

1.4.2 Migration to West Midlands

Majority of the Indian community in the West Midlands migrated to the area before 1981.

The main wave of migration pre-1981 to the West Midlands mirrors the migration patterns to England and Wales. Migration to the West Midlands have remained a consistent level since 1981 with no significant peaks (figure 6), which can be compared to more prominent waves of migration from 2004 until 2009 to England and Wales.

Figure 6: Patterns of arrival of Indian ethnic group (West Midlands), by gender



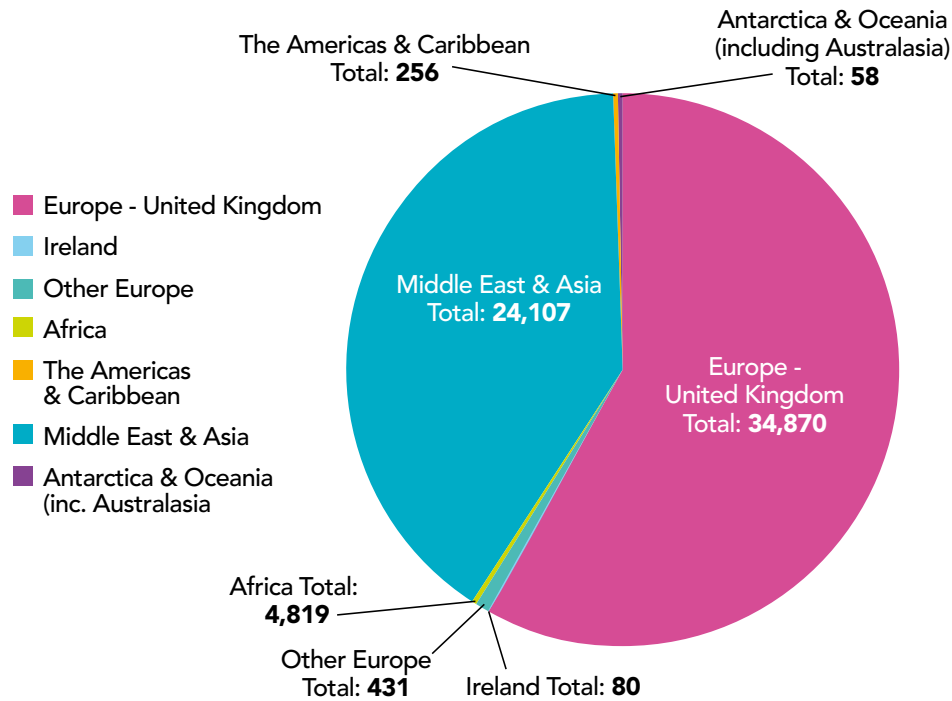
Source: Census 2011 Table CT0562

1.4.3 Country of birth and national identity

For more than half the Indian community based in Birmingham, the UK is noted as the country of birth (34,870; 54%).

After the UK, the Middle East and Asian regions are noted as the next most common "country of birth" by Indian residents in Birmingham. Majority of this figure is likely made up of India (24,107; 37%), and finally Africa (4,819; 7%). The fact that more than half of the Indian population in Birmingham are born in the UK likely reflects the earlier migration waves from India and the birth of second and third generation Indians in the UK.

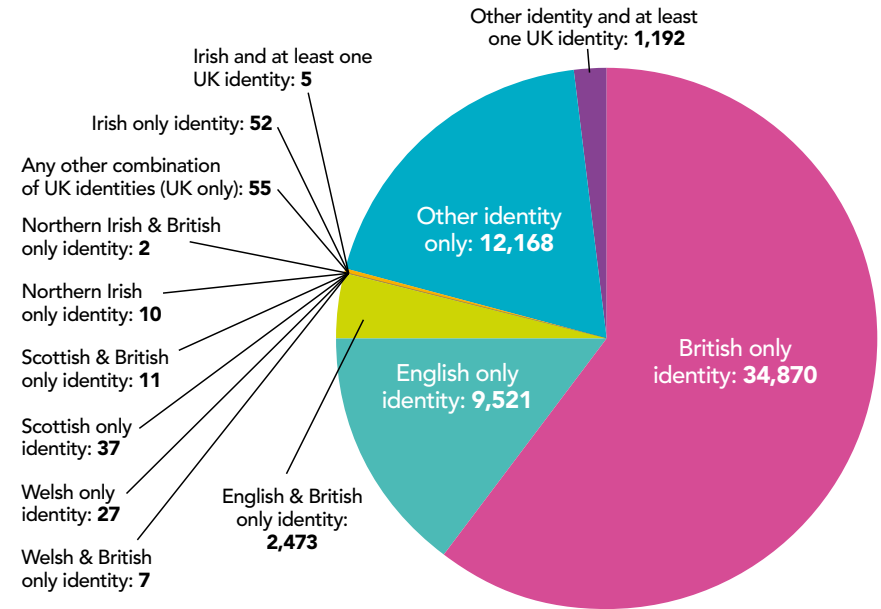
Figure 7: Country of birth for Indians in Birmingham (n= 64,621)



Source: Census 2011 ONS DC2205EW

As shown in figure 8 below, in terms of the national identity for Indian residents based in Birmingham, around 60% note a “British only” identity, followed by an “other identity only” noted by around 19%, and lastly “English only” by around 15%.

Figure 8: National identity by ethnic group for Indians in Birmingham (n= 64,621)



Source: Census 2011 DC2202EW

1.4.4 Language

According to the 2011 Census, specifically in Birmingham, around 87,106 residents (8.5%) spoke South Asian languages. In the UK, 45% of British Indians identify Punjabi and it is also the third most popular language in the UK after English and Polish⁴⁴.

The likely South Asian languages spoken by Indian residents in Birmingham are Punjabi (2.1%), Gujarati (0.5%), Hindi (0.2%), Tamil (0.1%), Malayalam (0.1%), Marathi (0.01%), and Telugu (0.04%)⁴⁵. To note, Urdu was

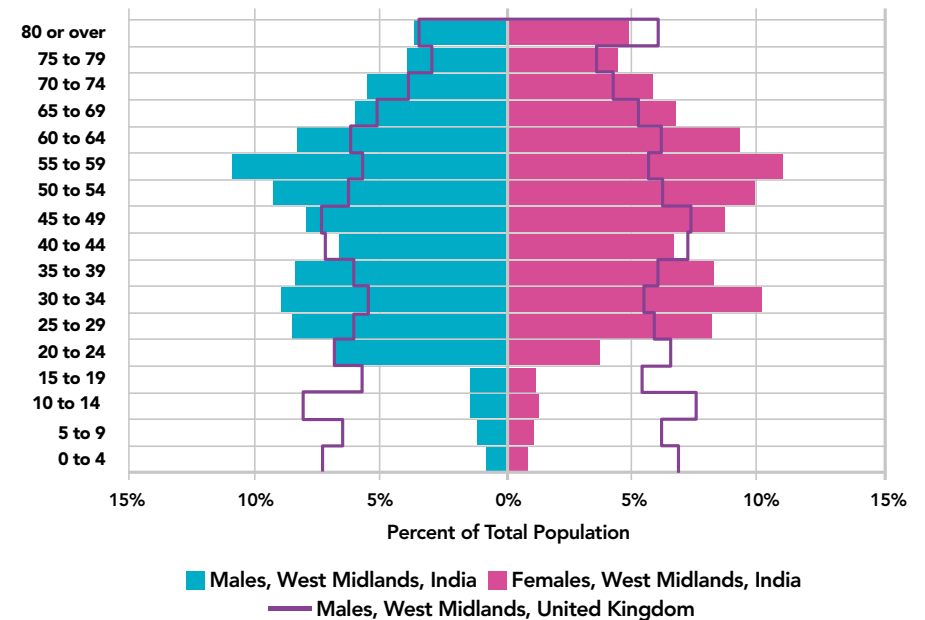
highlighted as the main language spoken by 2.9% Birmingham residents, and while some of these will be people of Indian ethnicity, the majority are likely to be of Pakistani heritage⁴⁶. Overall, in England and Wales, while English was the main language for around 64% of the Indian community (858,548), other main languages spoken by the community were Gujarati (202,334; 15%), Punjabi (117,803; 9%), Hindi (42,053; 3%) and Urdu (14,636; 1%)⁴⁷.

1.4.5 Age profile

West Midlands' citizens born in India have an older age profile when compared to the general population in the region.

As shown in figure 9 around 27.5% of West Midlands residents born in India are under the age of 35, compared to 44% of the general population in that age group across the region. 49% of West Midlands residents born in India are over the age of 50, compared to 35% among the general population of that age group.

Figure 9: Age profile of population born in India, by gender within West Midlands; with age profile of West Midlands as comparator



Source: Census 2011 Table CT0561

The Indian community make up 6.9% of the working age group in Birmingham, while in England the community accounts for 3% of the working age group.

It is worth noting that the ethnic composition of the working age population of Birmingham is different to England as a whole, with the proportion of Indian community being significantly above the core city average⁴⁸. As shown in table 3, Birmingham has a higher proportion of all groups than England. The 3 largest minority groups in Birmingham are Pakistani (12.5%), Indian (6.9%) and Black Caribbean (4.6%). In contrast the 3 largest minority groups in England are Other White (5.6%), Indian (3.0%) and Pakistani (2.0%)⁴⁹.


Table 3: The ethnic composition of the working age population in Birmingham compared to the UK, sorted by number of Birmingham residents 2011

Ethnic Group	Birmingham no.	Birmingham %	England %	Difference
White British	373,231	54.10%	78.50%	-24.40%
Pakistani	86,260	12.50%	2.00%	10.50%
Indian	47,484	6.90%	3.00%	3.90%
Bangladeshi	18,932	2.70%	0.80%	2.00%

Source: From Ethnic Groups in the Labour Market: a statistical analysis for Birmingham, based on 2011 Census⁵⁰



CHILDHOOD POVERTY INDIAN CHILDREN ARE THE LEAST LIKELY TO LIVE IN LOW INCOME HOUSEHOLDS

17%  of children in Indian households live in low-income families, the lowest proportion of all minority groups. The group has had the largest decrease in the percentage of children living in low-income households, 23% to 17%

13,710
CHILDREN REGISTERED AS INDIAN IN BIRMINGHAM

5% of the overall population aged under the age of 18

OBESITY White British

7% Indian Obese 4-5 year old children **10%**

22% Indian Obese 10-11 year olds **19%** White British

92%
VACCINE TAKE-UP

The Indian community have the highest vaccine take up rates or completed primaries and preschool booster vaccinations (completed course at one year of age for babies: 92%)



7.42 PER 100,000 maternal mortalities among mothers born in India in 2017/19; this is **0.86** times the risk compared to UK born women. 27.1% of all stillbirths in the West Midlands are to mothers born outside the UK - 2012 to 2014, mothers born in India accounted for **3.21%** of stillbirths in the West Midlands

2.0 Community Profile

Significant health differences exist between minority ethnic groups and White populations, a pattern which is reflected in the Indian community. The following sections present and highlight key health statistics and data from a collection of sources. Each section features key findings in bullet point format, before presenting detailed evidenced information. All findings are essential for informing policy, which can be used to address health concerns for Indians within the UK and specifically in Birmingham.

2.1 Getting the best start in life

Getting the best start in life key findings:

Maternal health

- From 2016 to 2018, mothers born in India were at 2.16 times the risk of maternal mortality compared to women born in the UK, with this figure seeing a drop to 0.86 times the risk from 2017 to 2019.

Stillbirths and low birth weight

- From 2012 to 2014, mothers born in India accounted for 3.21% of stillbirths in the West Midlands.
- Indian infants are 280–350g lighter and 2.5 times more likely to be low birthweight compared with White infants.

Breastfeeding and childhood vaccination

- Indian mothers are more likely to initiate breastfeeding and to continue breastfeeding at 3 months compared with White mothers.

- The Indian community have some of the highest vaccine take-up rates, specifically vaccine coverage of the completed course at one year of age for babies (92%).

Childhood obesity

- Indian children of the ages 10 and 11 have similar prevalence of obesity (21.6%) compared to White British (19%) and White other groups (22.5%).
- Indian children of four and five years of age have much lower prevalence (7.2%), compared to children of White British (9.7%) and White other (9.1%) communities.

Childhood poverty

- Indian and White British children were the least likely to live in low-income households, with 17% of children in Indian and White British households living in low-income families.

Social care

- According to statistics from 2018 to 2020, Indian children only account for a small proportion (roughly 0.4%) of looked after children in England, including adoptions.

School readiness and education attainment

- The second highest Progress 8 score was achieved by Indian pupils (0.71).
- From 2018 to 2019, the Indian ethnic group had the lowest percentage of students who were eligible for FSM (7%).

2.1.1 Maternal health

There has been a positive trend in terms of relative risk of maternal mortality to mothers born in India. From 2016 to 2018 mothers born in India were at a 2.16 times the risk compared to women born in the UK, with this figure seeing a drop to 0.86 times the risk from 2017 to 2019.

Overall, there is limited data and information about maternal health of the British Indian community, particularly for women who would identify themselves as Indian and were born in the UK.

However, the MBRRACE UK Maternal report 2021⁵¹ sheds some light on this topic. The report found when analysing the maternal mortality rates according to mother's country of birth, from 2017 to 2019 there were 7.42 per 100,000 maternal mortalities in the UK among mothers born in India, compared to 8.66 deaths per 100,000 of women born in the UK. This suggests mothers born in India are at somewhat reduced risk of maternal mortalities when compared against those born in the UK and other minority communities (for example, as shown in Table 5, there were 18.75 per 100,000 maternal mortalities in the UK among mothers born in Bangladesh, a 2.16 times the risk compared to women born in the UK). The MBRRACE found no statistically significant difference in maternal death rate between women born in the UK and those born outside the UK in 2017-19⁵².

In addition, when studying the maternal mortality data for 2016 to 2018 (as shown in Table 4), mortalities among mothers from India have seen a decline. From 2017 to 2019 (Table 5) there were 7.42 per 100,000 maternal mortalities in the UK among mothers born in India, a drop from the 9.69 per 100,000 maternal mortalities 2016 to 2018.

Table 4: Maternal mortality rates according to mother's country of birth (selected countries) 2016-18

Woman's country of birth	Maternities 2016-18	Total Deaths	Rate per 100,000 maternities	95% CI	Relative risk (RR)	95% CI
UK	1,630,796*	144	8.83	7.45 to 10.40	1 (Ref)	-
Outside UK	604,363*	50	8.27	6.14 to 10.91	0.94	0.67 to 1.30
Bangladesh	22,662‡	3	13.24	2.73 to 38.68	1.5	0.31 to 4.47
India	41,262‡	4	9.69	2.64 to 24.82	1.1	0.30 to 2.87

Table 5: Maternal mortality rates according to mother's country of birth (selected countries) 2017-19

Woman's country of birth	Maternities 2017-19	Total Deaths	Rate per 100,000 maternities	95% CI	Relative risk (RR)	95% CI
UK	1,582,356*	137	8.66	7.27 to 10.24	1 (Ref)	-
Outside UK	591,454*	41	6.93	4.97 to 9.40	0.8	0.55 to 1.14
Bangladesh	21,349‡	4	18.74	5.11 to 47.97	2.16	0.58 to 5.67
India	40,430‡	3	7.42	1.53 to 21.68	0.86	0.17 to 2.56

*Estimates based on proportions of births to UK and non-UK born mothers applied to number of maternities

‡Estimates based on ratio of maternities to births applied to number of births recorded to mothers born in stated country **Country of birth not recorded for 13 women who died

Source: Data from MBRRACE report⁵³

In addition, it is worth noting just under a quarter of women who died in 2017 to 2019 (23%) whose place of birth was known were born outside the UK; 22% of these women were known not to be UK citizens and citizenship was not recorded for a further 20%. Women who died who were born abroad and who were not UK citizens had arrived in the UK a median of 4 years before they died (range 0 to 15 years). Women who died who were born abroad were from Asia (39%; mainly India, China and Bangladesh)⁵⁴.

India remained the third most common country of birth for mothers not born in the UK; Romania jumped from 15th to third place in 2019 moving India to the fourth most common country of birth for non-UK-born mothers.

Analysis from ONS found in 2019, 34.3% of all children born in England and Wales had either one or both parents born outside of the UK; up from 33.8% in 2018⁵⁵. The percentage of live births to women born outside the UK has generally been increasing⁵⁶.

2.1.2 Stillbirths and low birth weight

27.1% of all stillbirths in the West Midlands are to mothers born outside the UK – 2012 to 2014, mothers born in India accounted for 3.21% of stillbirths in the West Midlands⁵⁷.

According to the Infant and Perinatal Mortality in the West Midlands report⁵⁸, mothers born outside the UK are disproportionately at a higher risk of stillbirth. A stillbirth is defined as when a baby is delivered at or after 24 weeks of gestational age showing no signs of life, irrespective of when the death occurred; the stillbirth rate is calculated per 1,000 total births (both live and stillbirths). Only mothers from Pakistan had a noticeably higher proportion of stillbirths (table 6) compared to mothers born in the UK⁵⁹, though mothers born in India also had a relatively high proportion of stillbirths.

Table 6: Selection of the most common countries of birth of mothers born outside the UK (West Midlands; 2012 to 2014)

Country of birth of mother	No. of births in West Midlands	% of live births in West Midlands	% of stillbirths in West Midlands	p value
Pakistan	10,666	4.92	7.29	0
India	5,202	2.4	3.21	0.06
Bangladesh	2,744	1.27	1.36	0.66
Total mothers born outside the UK	50,509	23.34	27.11	-
Total mothers born in UK	165,770	76.66	72.89	base

Source: ONS - analysis LKIS (WM), from the Infant and Perinatal Mortality in the West Midlands report⁶⁰

Indian, Pakistani and Bangladeshi infants were 280–350g lighter, and 2.5 times more likely to be low birthweight compared with White infants. Between 2012 and 2014 in the West Midlands, the highest proportion of low-birth-weight babies were born to mothers from the Caribbean (13.7%), India (12.0%) and Pakistan (12.0%), compared to a proportion of 8.4% low birth weights to mothers born in the UK.

The Infant and Perinatal Mortality in the West Midlands report found that birth weight varies considerably by the mother's country of birth. Low birth weight is defined as the number of live and stillbirths occurring in the respective calendar year at under 2500 grams for all maternal ages; the proportion is calculated as a percentage of all live and stillborn infants.

Statistical analysis conducted for a research⁶¹ published in 2009 found that maternal height, lone parenthood and education have different effects on birthweight across ethnic groups. Maternal height may be considered as a characteristic of the mother, a marker of socioeconomic status and

cultural location over multiple generations, as well as historical and relative economic development of the country of origin for migrants⁶². Mothers from Indian, Pakistani and Bangladeshi groups were on average up to 8cm shorter than White mothers⁶³. The report found tests for interactions showed there were statistically significant differences for maternal height on birthweight across ethnic groups⁶⁴.

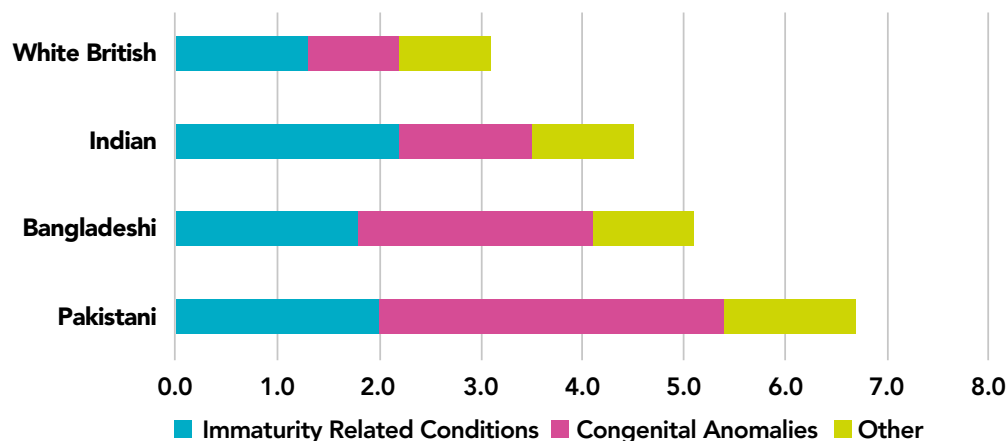
Indian, Pakistani and Bangladeshi infants were 280–350 g lighter, and 2.5 times more likely to be low birthweight compared with White infants. Specifically Indian infants had one of the lowest mean birth weights at 3.10kg, compared to 3.39 kg among infants of mothers born in the UK⁶⁵. Indian infants on average weigh more than those born to Bangladeshi mothers (3.08kg) but less than Pakistani infants (3.14kg)⁶⁶.

According to 2019 data shown in table 7, Indians have a percentage (3.2%) of live births considerably lower than White British (59.1%) and White Other (11.6%) groups. When compared to other ethnic minority communities, Indians had a higher percentage of live births than the Bangladeshi group (1.5%) but lower than the Pakistani community (4.3%).

Combined data for 2017, 2018 and 2019 on infant mortality by cause of death shows for babies of Indian ethnicity immaturity-related conditions are the most common cause of death.

Overall, the infant mortality rate was lower among the Indian community than other ethnic groups, though still more than the White British and White other groups, as shown in figure 10 below.

Figure 10: Infant mortality rate by ethnicity of the baby and cause of death, England and Wales, 2017, 2018 and 2019 combined; Infant mortality rate per 1,000 live births (rate)



Source: Data from ONS⁶⁷

ONS data indicates a general improvement in stillbirths and infant mortality rates in England and Wales. Of minority ethnic groups, rates are highest among babies from the Pakistani and Black communities, the Indian community has lower stillbirth rates (4.9 per 1000 total births from 2017 to 2019) and infant deaths (4.5 infant deaths per 1000 live births from 2017 to 2019), although these are still higher than the White British and White other populations. Research has also found that more advantaged socioeconomic profile of the Indian population compared to other ethnic minorities is a likely protective factor. Conversely, socioeconomic markers will indicate risk factors for Pakistani, Bangladeshi, Black Caribbean and Black African groups⁶⁸.

Table 7: Live births, stillbirths and infant mortality

by ethnic group, England and Wales

Ethnic group	Live births 2019	Per cent of live births 2019	Stillbirths per 1000 total births 2017-19	Infant deaths per 1000 live births 2017-19
White British	377,916	59.1	3.5	3.2
Bangladeshi	9,505	1.5	5.2	5.0
Indian	20,627	3.2	4.9	4.5
Pakistani	27,573	4.3	6.1	6.8
Total	639,987	100.0	4.0	3.8

Source: ONS 2021 displayed in The Kings Fund Report⁶⁹

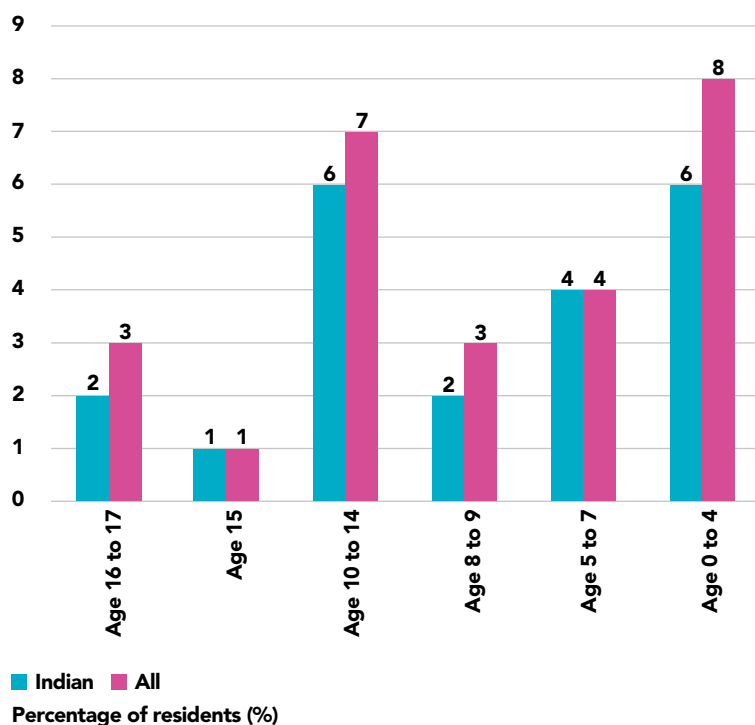
An additional factor worth noting is that national comparison of the percentage of low birth weight with a selection of cities across the West Midlands shows Birmingham fairing “significantly worse than England” (based on the 2012 to 2014 data. Deprivation is a significant risk factor: compared with White groups, higher proportions of mothers from ethnic minority groups, especially Black groups, live in deprived areas⁷⁰. Infant mortality rates are significantly higher in the 10% most deprived compared with the 10% least deprived in England, and this difference has remained relatively constant since 2010⁷¹.

2.1.3 Indian children within Birmingham

Age profile of the Indian community for children is either the same or a lower percentage of under 18s when compared to the city’s age profile, indicating the community has an older composition in contrast to Birmingham’s overall younger age profile.

In Birmingham, there are 13,710 children registered as Indian (2011 Census DC2101EW⁷²), representing 5% of the overall children’s population aged under the age of 18 (total under 18s in Birmingham: 274,135). Figures 11 and table 8 below illustrate the age profile of Indian children at different age groups, compared to the proportion of the general population of Birmingham under the age of 18.

Figure 11: Indian children’s age profile compared to the general population of Birmingham



Source: Census 2011 DC2101EW⁷³

Table 8: Indian children’s age profile compared to the general population of Birmingham (table format)

Age group	Birmingham population	Birmingham population (%)	Indian population in Birmingham	Indian population in Birmingham (%)
Age 0 to 4	81,901	8%	3,973	6%
Age 5 to 7	45,952	4%	2,287	4%
Age 8 to 9	28,408	3%	1,348	2%
Age 10 to 14	73,659	7%	3,698	6%
Age 15	14,762	1%	824	1%
Age 16 to 17	29,453	3%	1,580	2%
Total	1,073,045 (274,135)	26%	64,621 (13,710)	21%

Source: Census 2011 DC2101EW⁷⁴

2.1.4 Breastfeeding

Research examining patterns of breastfeeding initiation and continuation among ethnic minority mothers found that Indian mothers were more likely to initiate breastfeeding compared with White mothers.

After adjustment for demographic, economic, and psychosocial factors, Indian mothers were more likely to continue breastfeeding at 3 months compared with White mothers⁷⁵. It also found that across all racial/ ethnic groups breastfeeding initiation was more common among mothers who spoke a language other than English (82%) or in addition to English (82%) compared with English only (63%) at home.

2.1.5 Childhood vaccinations

The Indian community have some of the highest vaccine take up rates, specifically vaccine coverage of the completed course at one year of age (92%). This is like other South Asian communities (Pakistani: 89.8% and Bangladeshi: 91.4%). A greater proportion of Indian children completed primaries and preschool booster vaccinations than White British and other minority children⁷⁶.

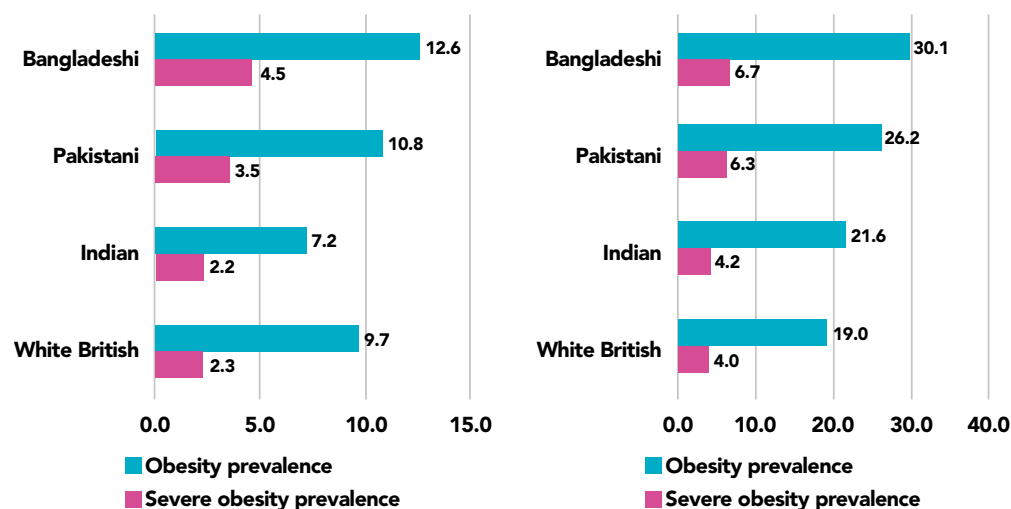
2.1.6 Childhood obesity

Indian children of the ages 10 and 11 have similar prevalence of obesity (21.6%) compared to White British (19%) and White other groups (22.5%). Indian children of four and five years of age have much lower prevalence (7.2%), compared to children of White British (9.7%) and White other (9.1%) communities, indicating an overall positive health trend during childhood within the community.

Health in the early years plays an important role on an individual's future health^{77,78} and these risks are disproportionately high in some racial and ethnic groups⁷⁹. Obesity specifically puts children at increased risk of a range of morbidities, including cardiovascular and respiratory disease, type II diabetes mellitus, hypertension and some cancers⁸⁰.

Childhood obesity rates are higher among Black and Asian children⁸¹, however this does not reflect within the Indian community which has a lower prevalence of obesity when compared to other minority communities (shown below figure 12). It is worth noting that according to the Health Survey England 1999⁸², Indian boys had the highest prevalence of overweight (30%) and obesity (7.9%) compared with boys in the general population (22% and 5.8%, overweight and obesity). It found that Indian boys had significantly higher odds for overweight, but not obesity. However, the fact that the latest statistics show comparatively lower prevalence of childhood obesity within the ethnic group indicates a positive trend.

Figure 12: Obesity and Severe obesity prevalence by ethnic group from the National Child Measurement Programme 2019/20; Children in reception (aged 4-5 years) – left & Children in Year 6 (aged 10-11 years) – right



ce: NHS Digital, 2020

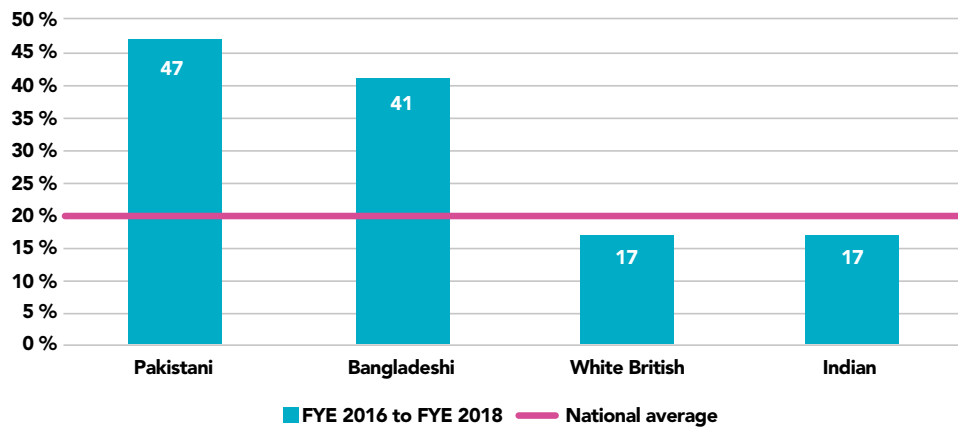
2.1.7 Childhood poverty

Indian and White British children were the least likely to live in low-income households, with only 17% of children in Indian and White British households living in low-income families.

Poverty affects more than one in four children in the UK⁸³ with around 4.3million children living in poverty in 2019 to 2020⁸⁴. Childhood poverty is specifically defined as living in households with income below 60% of the household median. This measure recognises that it is not enough that children's basic needs are met but they also have the resources necessary for them to participate in the same activities as their peers⁸⁵. ONS data

using three-year average statistics from 2016 to 2018 indicates (figure 13) that a greater proportion of children from ethnic minority communities live in low-income households. However, the Indian community is an exception to this, with the ethnic group three percentage points lower than the national average⁸⁶.

Figure 13: Percentage of children living in households in low income, by ethnicity, UK, three-year average, FYE 2016 to FYE 2018

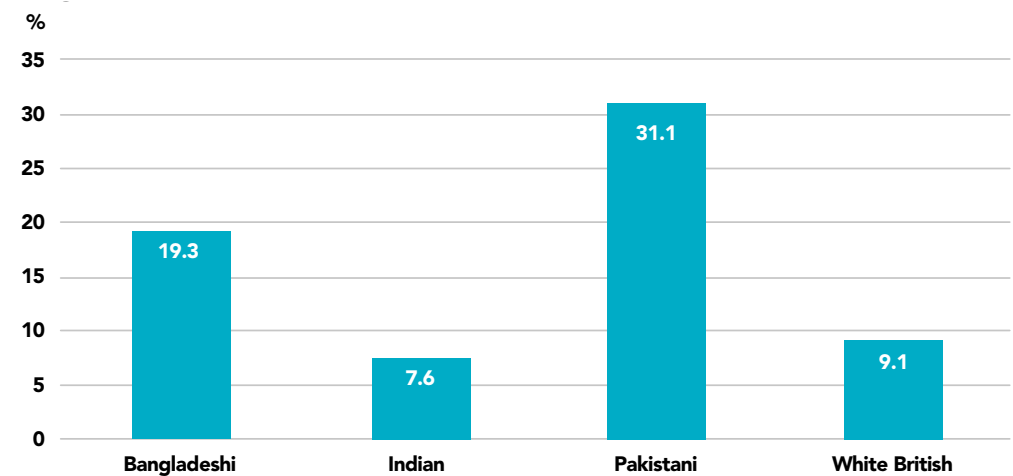


Source: ONS⁸⁷

Only 7.6% of the Indian community lived in the most deprived areas in the country – lowest of all minority groups.

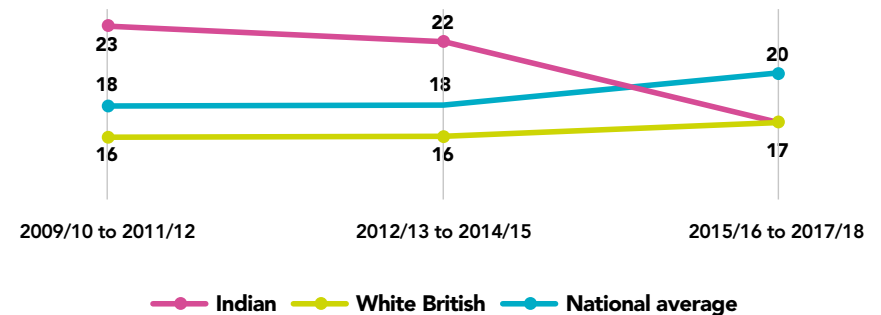
In 2019 (figure 14), except the Indian ethnic group all other ethnic minority groups were more likely than White British people to live in the most overall deprived 10% of neighbourhoods in England. Similarly, research from the Joseph Rowntree Foundation found the Indian community to have some of the lowest poverty rates⁸⁸.

Figure 14: Percent of ethnic group populations living in the 10% of most deprived neighbourhoods, England, 2019



Source: English indices of deprivation 2019⁸⁹

Figure 15: Percentage of children in low-income households, by ethnicity, UK, three-year average, FYE 2012 to FYE 2018



Source: ONS⁹⁰

The largest decrease in the percentage of children living in low-income households was among children living in Indian households (figure 15 above).

The proportion of children living in low-income Indian households has improved somewhat over the last decade. Of ethnic groups, Indian households had the largest decrease of six percentage points, from 23% to 17%⁹¹. ONS analysis notes a sizeable drop in the decrease in the proportion of Indian households having a weekly income of less than £400, from 33% to 25% for the same time period⁹².

2.1.8 Social care

According to statistics from 2018 to 2020, Indian children only account for a small proportion (roughly 0.4%) of looked after children in England, including adoptions (table 9).

A published research⁹³ on ethnic disparities in child maltreatment and out-of-home care has found that Asian children had lower child protection plan and looked after children rates than White children in high deprivation neighbourhoods. There were substantial differences between Indian, Pakistani and Bangladeshi children - Pakistani children were around four times more likely than Indian children to be on a child protection plan, and twice as likely as Bangladeshi children. But it was Bangladeshi children who were four times more likely than Indian children in high deprivation neighbourhoods to be in out-of-home care, around twice as likely as Pakistani children.

Similar proportions of Indian children were in out-of-home care and on child protection plans, but half as many Pakistani children were looked after as on plans, while twice as many Bangladeshi children were. The strong family networks within the Asian community are viewed as one reason for this finding.

Research has found Indian children had an economic profile similar to White British children but, overall, Pakistani and Bangladeshi children were much more likely to be living in disadvantaged circumstances⁹⁴.

Overall Asian children in England are much more likely than White British children to be living in deprived neighbourhoods, but much less likely to find themselves on child protection plans or being looked after⁹⁵. When controlled for a proxy measure of family socio-economic circumstances, Indian, Pakistani and Bangladeshi children are less likely to be the subjects of children’s services interventions across all socio-economic levels, not only amongst the most disadvantaged families⁹⁶.

Table 9: Number of children looked after in England including adoptions

Year	2018	2019	2020	2018 (%)	2019 (%)	2020 (%)
White British	52,830	54,130	55,570	70%	69%	69%
Pakistani	940	1,020	1,020	1%	1%	1%
Bangladeshi	410	410	420	1%	1%	1%
Indian	320	310	300	<1%	-	-

Source: GOV.UK⁹⁷

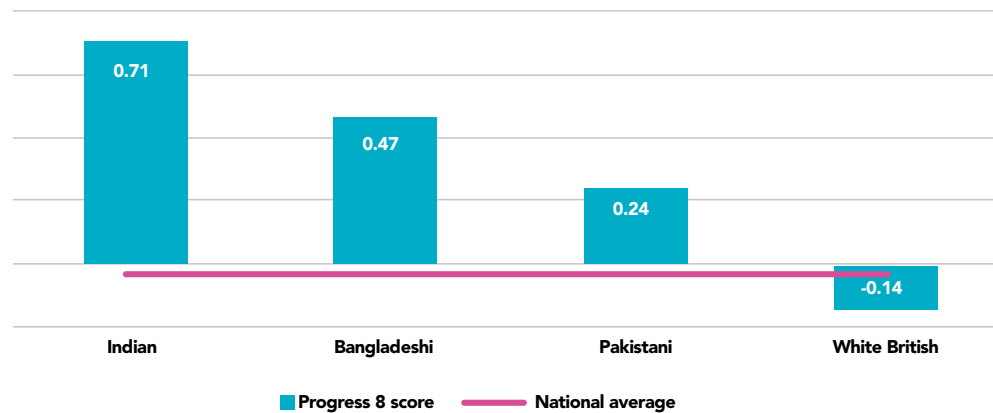
2.1.9. School readiness and education attainment

The second highest Progress 8 score was achieved by Indian pupils (0.71 – figure 16 below) - the ethnic group least likely to experience both low income alone, and low income and material deprivation combined. The community overall scored above the national average; Indian students made more progress than other students who started at a similar level to them.

Progress 8 scores are a useful measure of educational attainment as these measure how much progress students make between 11 and 16 years, compared with other students with similar starting points⁹⁸.

In the academic year 2018 to 2019, the Chinese and Indian ethnic groups had the lowest percentages of students who were eligible for free school meals (FSM), at 7%. The highest percentages of FSM eligibility were seen in White minority groups including Traveller of Irish Heritage and Gypsy/Roma pupils⁹⁹.

Figure 16: Progress 8 score, by ethnicity, England, academic year 2018 to 2019



Source: Department for Education – KS4 performance, from ONS analysis¹⁰⁰



71.9
DETENTIONS PER 100,000 PEOPLE



Indians had a detention rate of 71.9 detentions per 100,000 people under the Mental Health Act, one of the lowest rates of all minorities

Indians had a rate of 2,702 per 100,000 adults using mental health, learning disability and autism services, one of the lowest rates of all minorities

2,702
PER 100,000 ADULTS

ALCOHOL: NON-DRINKERS

Indian women (59%) and Indian men (33%) have one of the highest proportions of non-drinkers



DRUG USE

Adults from the Asian or Asian British group generally have the lowest levels of any drug use and levels are similar among those identifying as

2.9%
PAKISTANI

2.7%
INDIAN

2.6%
BANGLADESHI

ONS data shows those born in India have one of the lowest proportions of current smokers & one of the highest proportions of those who have 'never smoked'

SMOKING

4.3%
CURRENT SMOKERS

87.5%
NEVER SMOKED



2.2 Mental Wellness & Balance

Mental Wellness & Balance key findings:

Mental health

- Of all minority groups the Indian ethnic group had one of the lowest rate of detention under the Mental Health Act, at 71.9 detentions per 100,000 people.
- The Indian community had one of the lowest rate of people using mental health, learning disability and autism services (at 2,702 per 100,000 adults), the lowest rate of all South Asian groups.

Alcohol

- Both genders among all ethnic minority groups, except the Irish, were more likely than the general population to be non-drinkers, with some of the highest proportion of non-drinkers being Indian women (59%) and Indian men (33%).

Drug use

- Adults from the Asian or Asian British group generally had the lowest levels of any drug use and levels are similar among those identifying as Indian (2.7%), Pakistani (2.9%) or Bangladeshi (2.6%).

Smoking

- According to ONS data, those born in India had the lowest proportion of 'current smokers' (4.3%) as well as the highest proportion of those who have 'never smoked' (87.5%).

- Adults of Indian origin were the least likely to use smokeless tobacco (SLT), with evidence of gender differences of men reporting higher 'ever tried' and 'regular use' of SLT.

2.2.1 Mental health

Of all ethnic minority groups, people from the Indian community had one of the lowest rates of detention under the Mental Health Act, at 71.9 detentions per 100,000 people. The Indian community also had one of the lowest rates of people using mental health, learning disability and autism services (at 2,702 per 100,000 adults), the lowest rate of all South Asian groups.

The Transforming Children and Young People’s Mental Health Provision: A Green Paper¹⁰¹ found that some young people are far more likely than others to experience mental health problems¹⁰². The prevalence of mental health disorders varies by age, with nearly 8% of 5-10 year olds having a diagnosable mental health disorder, compared to nearly 12% of 11-15 year olds¹⁰³. It also varies by sex – mental health disorders are more common in boys (just over 11%) than girls (nearly 8%)¹⁰⁴.

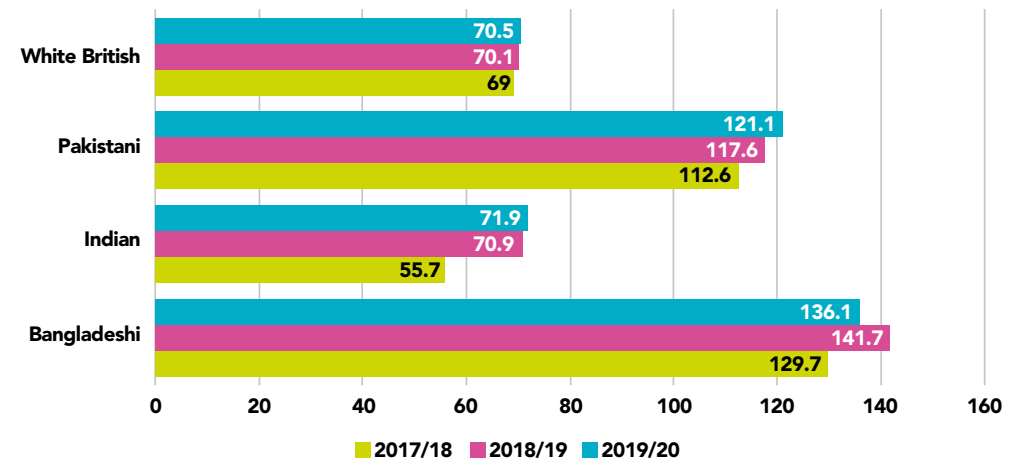
The ONS survey shows that the prevalence of mental health problems in children and young people varied with ethnicity. Around 1 in 10 White children had a mental health disorder, compared to just under 1 in 10 Black children, and 3 in 100 Indian children¹⁰⁵.

A published study¹⁰⁶ on migration, ethnicity and mental health used outcome data for over 10,000 women at 9-months and over 8,000 women at 5-years after migration. Compared with White British women, Indian and Pakistani women had a two-fold increase in odds of distress. At the 5-year-mark compared with White British women, odds of psychological distress remained statistically significantly increased for Indian women and Pakistani women.

Of all minority groups the Indian ethnic group had one of the lowest rate of detention under the Mental Health Act, at 71.9 detentions per 100,000 people (shown below in figure 17, below). This was similar to the rate for White British people, at 70.5 per 100,000 people¹⁰⁷. The Indian ethnic group had a consistently low detention rate in the preceding two years.

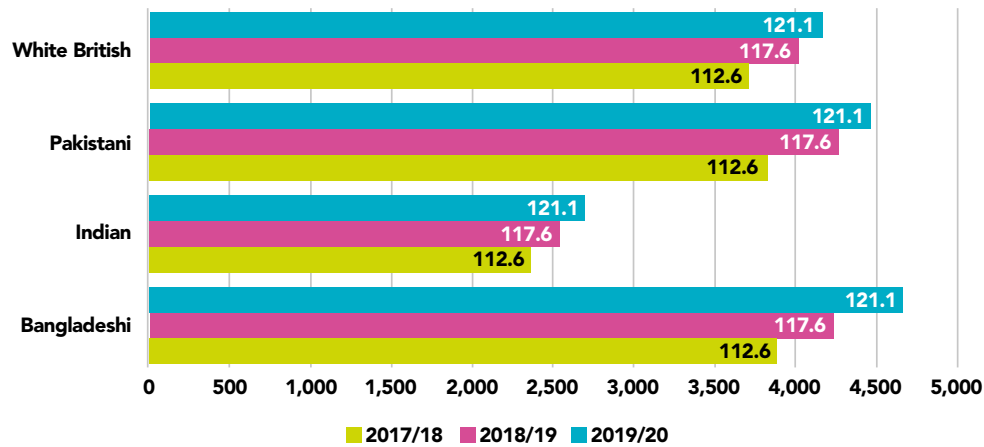
The Indian community also has one of the lowest rates of people using mental health, learning disability and autism services (at 2,702 per 100,000 adults, shown below in figure 18), compared with 4,166 per 100,000 White British adults and lowest rate of all South Asian groups¹⁰⁸.

Figure 17: Number of detentions under the Mental Health Act per 100,000 people, by specific ethnic group (standardised rates), England. 2017-20



Source: Mental Health Services Dataset Ethnicity Facts and Figures¹⁰⁹

Figure 18: Number of adults per 100,000 using NHS mental health, learning disability and autism services by ethnicity, England. 2019 to 2020



Source: Mental Health Services Data Set - Ethnicity Facts and Figures¹¹⁰

2.2.2 Alcohol

Excluding Irish populations, both genders among all ethnic minority groups, were more likely than the general population to be non-drinkers. Some of the highest proportion of non-drinkers were Indian women (59%) and Indian men (33%)¹¹¹.

The 2004 Health Survey for England reported South Asian ethnic groups had high proportions of non-drinkers, with majority of Bangladeshi and Pakistani adults being non-drinkers. The next highest proportion of non-drinkers were Indian women (59%); Indian men also had one of the highest proportion of non-drinkers (33%)¹¹².

Most minority ethnic groups were less likely than the general population to report drinking on 3 or more days a week and most were much less likely, especially women¹¹³. Only 5% to 6% of Indian women did so, compared to less than 0.5% of Pakistani and Bangladeshi women, and 18% of Indian men compared to only 1% to 2% of Bangladeshi and Pakistani men drank this often¹¹⁴.

The PHE Equity Report¹¹⁵ identifies alcohol-related hospital admissions as a measure of alcohol misuse, with a significant personal and societal costs¹¹⁶. For men, those of the Indian ethnic group made up one of the higher proportions of alcohol admissions compared to admissions from all causes. Among ethnic minority women those of Indian heritage had one of the lower proportions of alcohol-specific admissions than all causes¹¹⁷.

2.2.3 Drug use

Adults from the Asian or Asian British group generally had the lowest levels of any drug use and levels are similar among those identifying as Indian (2.7%), Pakistani (2.9%) or Bangladeshi (2.6%)¹¹⁸.

A number of reports cite peer pressure and influence as one of the primary reasons given by ethnic minority communities for drug use among young people. Published research¹¹⁹ on drug issues among young people from Indian, Pakistani and Chinese backgrounds (16-24 year olds) that a significant predictor of drug use was having drug-using friends from the same background¹²⁰.

In terms of service users, the proportion of females accessing is higher in the White (29%) and mixed-race population (32%) compared with Asian and Black. There is greater variation in the percentage of female to male service users across different Asian ethnic subgroups: Indian groups had around 15% female service users while 9% of females within the Bangladeshi community were service users¹²¹.

A series of academic literature on minority communities found presence of stigma attached to drug use, with it not only being directed at the drug users themselves but also at their families and extended families¹²². It found that fear and avoidance of this stigma had an impact on the way families reacted to drug use, with denial being the most common reaction. One study¹²³ found that Pakistani respondents to a survey on this topic were more likely (56%) to suggest that their community ignores or hides drug use than Indian (38%) respondents – the majority of Indian respondents felt their community would deal with a drug problem in the same way as the general population.

2.2.4 Smoking

According to ONS data, those born in India have the lowest proportion of ‘current smokers’ (4.3%) as well as the highest proportion of those who have ‘never smoked’ (87.5%). Adults of Indian origin were the least likely to use smokeless tobacco (SLT), with evidence of gender differences of men reporting higher ‘ever tried’ and ‘regular use’ of SLT.

ONS data shows that smoking prevalence is lower in most ethnic minority groups than in the White group, and highest in the Mixed group. The Annual Population Survey from 2019 found those born in India had the lowest proportion of current smokers (4.3%) as well as the highest proportion of those who have never smoked (87.5%), as shown in table 10¹²⁴. Note the ‘LCI’ and ‘UCI’ figures have been provided here in Q2-Q4 2020 edition (in table 11) - LCI and UCI refer to lower and upper 95% confidence intervals, respectively, and form a confidence interval - a measure of the statistical precision of an estimate and shows the range of uncertainty around the calculated estimate.

Table 10: Smoking prevalence by country of birth in England, April to December 2020, based on Annual Population Survey (Persons aged 18 years and above)

Data is only available for the countries listed below; these are the most frequently reported countries by survey respondents.

Country of birth	Current smokers (%)	Ex-smokers (%)	Never smoked (%)	Sample size
India	4.3	8.2	87.5	1,048
Pakistan	9.1	7.1	83.8	539
Poland	20.1	22.8	57.0	615
England	12.3	27.8	59.9	75,428
UK (but do not know the country)	3.4	30.3	66.3	46
Other	11.2	19.8	69.0	7,718

Source: Annual Population Survey, ONS Table 11¹²⁵

Research from Action on Smoking and Health (ASH), a campaigning public health charity to eliminate the harm caused by tobacco, has found that immigration has had an impact on the use tobacco in the UK. It found that when people immigrate to the UK many come from countries with higher smoking rates, and many migrants also come from countries with a different cultural approach to tobacco use and legal framework for tobacco control to the UK. However, data on smoking rates (table 11 below) indicates that while Eastern European countries have a higher smoking rate than the UK, South Asian countries have a lower smoking rate. Specifically, India has a far lower smoking rate (11.3%) compared to the UK (22.4%).

Table 11: Smoking rates (15+) by country of origin, top five immigrant communities to the UK by size, 2016

Country of birth	Smoking rate in country of origin
1. Poland	28.20%
2. India	11.30%
3. Pakistan	19.80%
4. Ireland	24.40%
5. Romania	30.00%
UK	22.40%

Source: ASH¹²⁶

When considering smoking within the South Asian communities, it is pertinent to assess the consumption of smokeless tobacco (SLT) which like smoked tobacco is addictive, a carcinogen and can increase risk of heart disease. SLT is consumed by around 350 million people globally, with more than two thirds of global consumption based in South and South East Asia¹²⁷. SLT comprises a range of products that contain tobacco; these are non-consumable but may be chewed, inhaled or placed in the mouth - only products designed to be chewed or inhaled are legal in the UK¹²⁸. As explained by a study by ASH¹²⁹, specific types of SLT include:

- Naswar: a smokeless tobacco usually containing powdered tobacco, slaked lime and indigo. It is used by sniffing (nasally) or 'dipping' (placing a pinch under the tongue or in the cheek where it is stored).

- Paan (also known as Betel quid): commonly used in many South Asian communities. It can be prepared in a variety of ways but usually contains sliced areca nut, slaked lime and catechu, wrapped in betel leaf. The quid is then placed in the mouth and sucked or chewed for its psychoactive effects.
- Gutkha: a mixture of tobacco and pan masala
- Khaini: a dried tobacco and slaked lime
- Zarda: a mixture of tobacco, lime, spices, areca nut and flavourings.

Published research by ASH¹³⁰ explains that South Asian SLT products are largely produced by a fermentation process and may contain *Nicotiana rustica*, a tobacco species containing higher levels of nicotine and carcinogenic tobacco specific nitrosamines (TSNAs). As a result, they often have varying pH levels and include heavy metals which contribute to poor health outcomes¹³¹.

Among British South Asian groups, adults of Bangladeshi origin are most likely to use smokeless tobacco, with adults of Indian origin least likely to do so (table 12), with evidence of gender differences of men reporting higher 'ever tried' and 'regular use' of SLT (table 13).

Table 12: Use of chewed or sucked tobacco products by South Asian ethnic group in the UK, 2019

Smokeless tobacco use	Indian	Bangladeshi	Pakistani
Ever tried	16%	29%	21%
Regular use (at least monthly)	5%	12%	0%
Never tried	80%	68%	69%

Source: ASH¹³²

Table 13: Use of chewed or sucked tobacco products by gender & ethnic group in the UK, 2019

Smokeless tobacco use	Male (All respondents)	Female (All respondents)	Male (South Asian subsample)	Female (South Asian subsample)
Ever tried	15%	11%	24%	18%
Regular use (at least monthly)	2%	1%	7%	6%
Never tried	82%	87%	73%	77%

Source: ASH¹³³



COOKING PREFERENCES

93%

of Indian men use salt in cooking, one of the highest proportion among men in minority ethnic groups.



OBESITY PREVALENCE

Indian

General population

14%
 20%
 23%
 23%

ACCORDING TO THE HSE, THE MEAN FAT SCORES ARE

24 GENERAL POPULATION
 19 INDIAN MEN
 17 INDIAN WOMEN

5-A-DAY

According to the HSE, over a third of Indian men & women meet the five-a-day recommendation

37%
 36%

2.3 Healthy and affordable food

Healthy Lifestyle Key Findings:

Diet

- According to the Health Survey for England (HSE), over a third of Indian men and women met the five-a-day recommendation (37% and 36%, respectively).
- The HSE found the mean fat score in the general population to be 24; the mean fat scored was lower among men in minority ethnic groups, with it being 19 and 17 among Indian men and women, respectively.
- Compared with the general population, use of salt in cooking was higher among ethnic minority groups; 93% and 92% of Indian men and women used salt in cooking, respectively - significantly higher than the general population where 56% and 53% of men and women use salt in cooking, respectively.

Obesity

- At 14%, Indian men had one of the lowest obesity rates, though this was higher than Bangladeshi and Chinese men who had the lowest obesity rates (6%).
- Indian women had a lower obesity prevalence (20%) than Black Caribbean (32%), Black African (38%) and Pakistani (28%), but higher than the Chinese group (8%).

- For Indian men the waist to hip ratio (WHR) was 0.92, which was the same as Pakistani men and slightly more than Bangladeshi men (0.91). For Indian women the WHR was 0.82, slightly less than Pakistani and Bangladeshi women (0.84 and 0.85, respectively). The WHR for the Indian community was exactly the same as the WHR in the general population for both genders.
- For Indian men the mean waist circumference was 93.0, less than Pakistani men (95.0) but more than Bangladeshi men (88.7). At 83.9 Indian women had one of the lowest mean waist circumference, compared to Pakistani (87.7) and Bangladeshi (85.7) women.

2.3.1 Diet

According to the Health Survey for England, over a third of Indian men and women met the five-a-day recommendation (37% and 36%, respectively).

In terms of fruit and vegetable consumption (table 14), the Health Survey for England¹³⁴ found the proportion of men meeting the guidelines was significantly higher among all minority ethnic groups. Over a third of Indian men met the five-a-day recommendation (37%).

In addition, when looking at the general population, the HSE found that a higher proportion of women than men met the five-a-day recommendation (27% and 23% respectively). Though among minority communities the proportion is similar, with 36% of Indian women eating five or more portions, higher than women in the general population¹³⁵.

Mean daily fruit and vegetable consumption was also higher among Chinese and Indian women (4.9 and 4.4 portions per day respectively)¹³⁶. Bangladeshi women and women in the general population had lower levels of daily consumption (3.6 portions per day respectively). It has also been

found that in the general population, fruit and vegetable consumption among men increased with age. Age-related increase in consumption was most marked, including among Indian men¹³⁷. As with men, women aged 55 and over consumed more fruit and vegetables¹³⁸.

Table 14: Fruit and vegetable consumption within Indian community, by age and sex (aged 16 & over) (percentage %)

Number of Portions per day	16-34	35-54	55+	All men	16-34	35-54	55+	All women
None	5	4	5	4	4	2	2	3
Less than 1	2	2	2	2	1	1	4	1
1 or more but less than 2	15	12	12	13	12	7	6	9
2 or more but less than 3	16	17	8	15	20	19	15	19
3 or more but less than 4	15	14	15	15	17	21	9	17
4 or more but less than 5	17	12	13	14	17	13	14	15
5 or more	30	39	45	37	28	37	50	36
Mean	3.8	4.4	4.7	4.2	4	4.6	4.7	4.4
Median	3.7	4	4.4	4	3.5	3.8	4.9	4

Source: Health Survey for England 2004¹³⁹

The Health Survey for England found the mean fat score in the general population to be 24; the mean fat scored was lower among men in minority ethnic groups, with it being 19 and 17 among Indian men and women, respectively.

The mean fat score (Table 15 below) was lower among men in minority ethnic groups, ranging from 19 among Indian men to 23 among Irish and Bangladeshi men. Among women in minority ethnic groups, mean fat score ranged from 17 among Indian informants to 20 among Black African, Irish and Pakistani women, lower than women in the general population (21)¹⁴⁰.

72% of men in the general population have a low-fat score. The proportion of men with a low-fat score was significantly higher for men in minority ethnic groups than those in the general population (ranging from 80% among Pakistani men to 89% among Indian men), with the exception of Irish men (77%) where there was no significant difference from the general population¹⁴¹.

Table 15A: Fat intake, by minority ethnic group and sex (Male)

Fat score	Indian	Bangladeshi	Pakistani
Low fat	89	80	83
Medium fat	10	16	12
High fat	1	4	5
Mean fat	19	21	23

Table 15B: Fat intake, by minority ethnic group and sex (Female)

Fat score	Indian	Bangladeshi	Pakistani
Low fat	94	87	88
Medium fat	5	11	10
High fat	1	2	3
Mean fat	17	20	19

Source: Health Survey for England 2004¹⁴²

Compared with the general population, use of salt in cooking was higher among ethnic minority groups; 93% and 92% of Indian men and women used salt in cooking, respectively. This is significantly higher than the general population where 56% and 53% of men and women in the general population use salt in cooking, respectively.

A study revealed that the use of salt in cooking (Table 16) was higher among men in minority ethnic groups (from 74% among Black African men to 95% among Bangladeshi men) with the exception was Irish men (45%)¹⁴³. A similar pattern of salt use in cooking was observed for women with the prevalence of salt use in cooking higher for women in minority ethnic groups (ranging from 69% among Black Caribbean women to 92% among Indian women¹⁴⁴). This was higher than those in the general population (53%), except for Irish women where use of salt in cooking was lower than in the general population (46%).

Table 16A: Use of salt, by minority ethnic group and sex (Male)

*Adds salt during cooking, or adds salt to food at table; excludes salt alternative

Adds salt to food*	Indian	Bangladeshi	Pakistani
Adds salt during cooking	93	93	95
Adds salt at table, without tasting generally	6	15	17
Tastes, generally adds salt at table	14	13	16
Tastes, occasionally adds salt at table	32	25	28
Tastes, occasionally adds salt at table	47	47	39

Table 16B: Use of salt, by minority ethnic group and sex (Female)

Adds salt to food*	Indian	Bangladeshi	Pakistani
Adds salt during cooking	92	88	91
Adds salt at table, without tasting generally	9	12	11
Tastes, generally adds salt at table	14	21	21
Tastes, occasionally adds salt at table	28	22	30
Tastes, occasionally adds salt at table	50	46	38

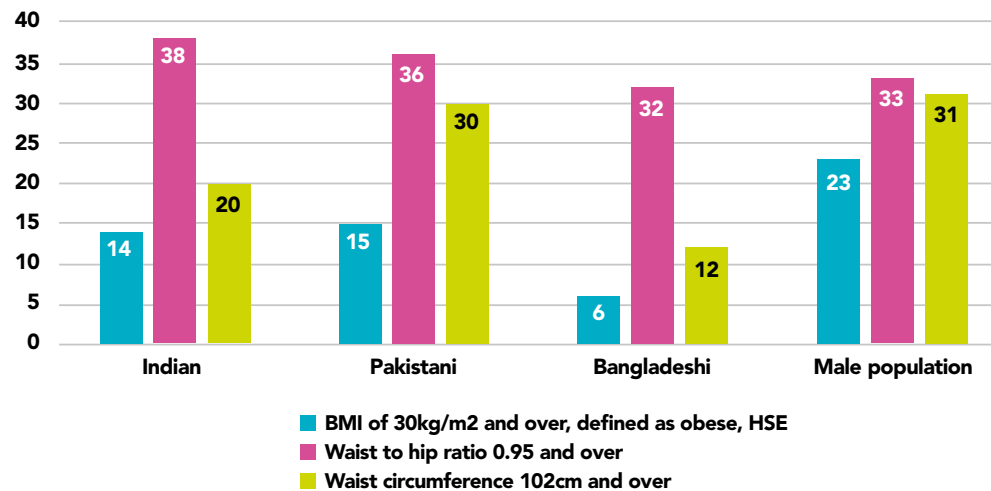
Source: Health Survey for England 2004¹⁴⁵

2.3.2 Obesity

According to the HSE, at 14% Indian men had one of the lowest obesity rates, though this was higher than Bangladeshi and Chinese men who had the lowest obesity rates (6%). Indian women had a lower obesity prevalence (20%) than Black Caribbean (32%), Black African (38%) and Pakistani (28%), but higher than the Chinese group (8%).

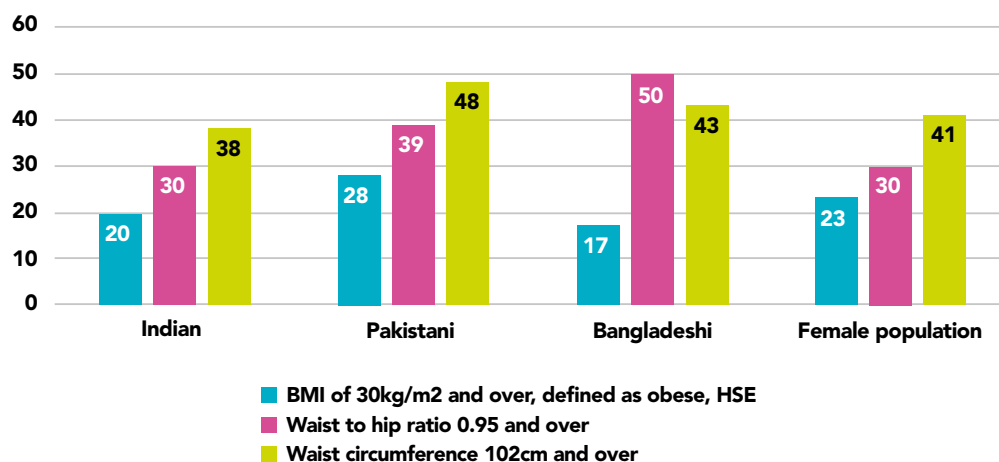
Body mass index (BMI) is a measure that uses weight (kg) divided by squared height (m²) to estimate the weight status of an individual. 22.7% of men and 23.2% of women in the general population are obese (a BMI over 30 kg/m²). At 14%, Indian men had one of the lowest obesity rates, though this was higher than Bangladeshi and Chinese men who had the lowest obesity rates (6% and 6% respectively). Indian women have one of the lowest obesity prevalence (20%). Obesity prevalence is highest in the Black Caribbean (32%), Black African (38%) and Pakistani (28%) groups, and lowest (8%) among the Chinese group (figures 19 and 20)¹⁴⁶.

Figure 19: Body mass index, waist-to-hip ratio and waist circumference by ethnic group, men, 2004, England



Source: Joint Health Surveys Unit (2005) Health Survey for England 2004. The Health of Minority Ethnic Groups. Department of Health: London¹⁴⁷.

Figure 20: Body mass index, waist-to-hip ratio and waist circumference by ethnic group, women, 2004, England



Source: Joint Health Surveys Unit (2005) Health Survey for England 2004. The Health of Minority Ethnic Groups. Department of Health: London¹⁴⁸.

For Indian men the WHR was 0.92, which was the same as Pakistani men and slightly more than Bangladeshi men (0.91). For Indian women the WHR was 0.82, slightly less than Pakistani and Bangladeshi women (0.84 and 0.85, respectively). The WHR for the Indian community was exactly the same as the WHR in the general population for both genders.

Waist-hip ratio (WHR) is defined as waist circumference divided by hip circumference, i.e. waist girth (m)/ hip girth (m). WHR is another measure to assess body composition, giving indication of how much visceral (abdominal) fat an individual has. Visceral fat is more closely linked to

chronic diseases such as coronary heart disease, hypertension and diabetes, so WHR can be a good indicator of an individual's weight status.

Among the general population, the mean waist to hip ratio (WHR) was 0.92 in men and 0.82 in women. For Indian men the WHR was 0.92, which was the same as Pakistani men and slightly more than Bangladeshi men (0.91). For Indian women the WHR was 0.82, slightly less than Pakistani and Bangladeshi women (0.84 and 0.85, respectively). Mean WHR increased with age in all minority groups and in the general population for both men and women¹⁴⁹.

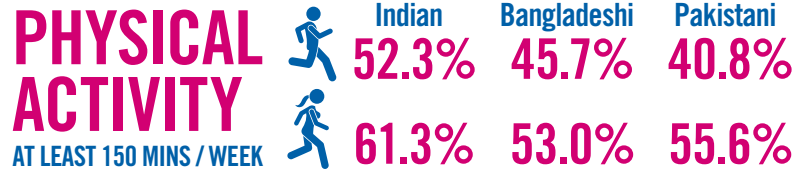
The mean waist circumference was 96.5 cm for men and 86.4 cm for women in the general population. For Indian men the mean waist circumference was 93.0, less than Pakistani men (95.0) but more than Bangladeshi men (88.7). At 83.9 Indian women had one of the lowest mean waist circumference, compared to Pakistani (87.7) and Bangladeshi (85.7) women¹⁵⁰.

33% of men and 30% of women in the general population had raised waist to hip ratio (WHR) (defined as 0.95 or more for men and 0.85 or more in women). Indian men had a higher prevalence of WHR than the general population (38%), similar to other South Asian groups (Pakistani: 36%; Bangladeshi: 32%). The lowest rate in men was found among Black Africans (16%). Women in the Indian ethnic groups had a higher prevalence of raised WHR than the general population (30%), lower than Pakistani (39%) and Bangladeshi (50%) women. The prevalence of raised WHR increased sharply with age in all ethnic groups and in the general population for both genders¹⁵¹.

The prevalence of raised waist circumference (102 cm or more in men, and 88 cm or more in women) was 31% in men and 41% in women in the general population. It was recorded as 20% among Indian men, which was less than Pakistani men (30%) but higher than Bangladeshi men (12%). Similarly, it was recorded at 38% among Indian women, compared to Pakistani women (48%) and Bangladeshi women (43%). The prevalence of raised waist circumference increased with age in all groups and for both genders in the general population¹⁵².

A study with a large sample of 400,000 individuals with ethnic minorities accounting for over 75%¹⁵³ examined the prevalence of obesity for each group and assessed the association between ethnic density and obesity prevalence. It found higher levels of own-group ethnic density may encourage individuals to follow traditional eating habits; they are likely to have greater social support which helps protect against stress – stress was found to have a strong association with weight gain¹⁵⁴. The study found among Indian females, a 10% increase in Indian ethnic density was associated with a 7% decrease in odds of obesity, but this association was not present at different cut-offs for obesity or for Indian men¹⁵⁵.





2.4 Active at Every Age and Ability

Active at every age key findings:

Physical activity

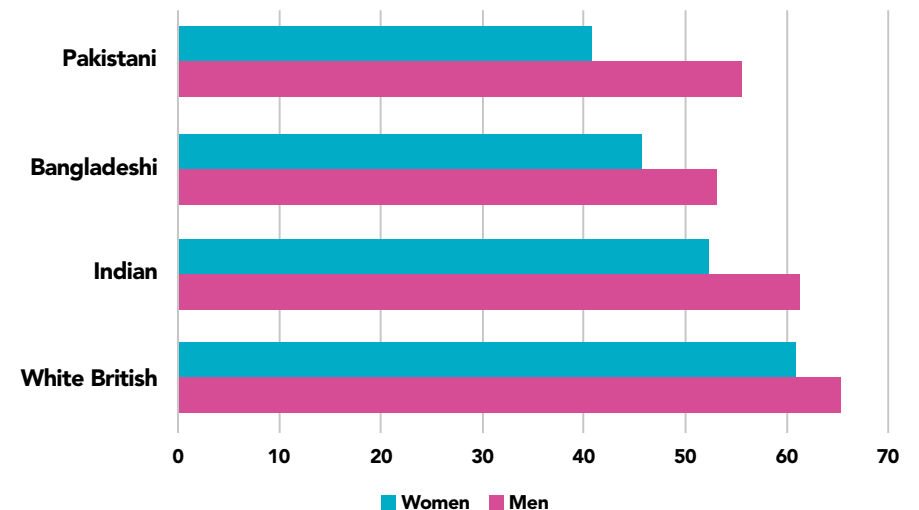
- Both Indian men and women are more active than other South Asian communities, with 61% men and 52% of women being active for at least 150 minutes per week. However, this is less active than the White British population for both genders (men: 65%, women: 61%).
- Overall, activity levels are the lowest among Indian, Bangladeshi and Pakistani women, with 52%, 46% and 41% being active for the recommended minimum 150 minutes per week
- A Sports India: Popularity and Participation of Sports in India 2012 report from SMG Insight and YouGov found that while cricket remains the favourite sport in India, other sports, namely football and tennis are gaining popularity

2.4.1 Physical activity

Both Indian men and women are more active than other South Asian communities, with 61% men and 52% of women being active for at least 150 minutes per week. However, this is less than the White British population for both genders (men: 65%, women: 61%).

According to survey data from Sports England (figure 21) both Indian men and women are more active than other South Asian communities, but less active than the White British population. Overall, activity levels are the lowest among Indian, Bangladeshi and Pakistani women, with 52%, 46% and 41% being active for the recommended minimum 150 minutes per week.

Figure 21: Adults 16+: Active (at least 150 mins per week); percentage



Source: Sports England¹⁵⁶ - Active Lives Survey Nov 2016-2018 (two years combined)¹⁵⁷

Findings from data and insights from quantitative and qualitative papers¹⁵⁸ indicate South Asian communities tend to have some of the lowest activity levels in the UK. A study¹⁵⁹ on the variations in attitudes, motivations and barriers to physical activity among South Asians found second-generation South Asians were more active than the first-generation but were still less active than the White British population. It also found second-generation might have a more favourable attitude towards physical activity than the first-generation, suggesting different strategies may be required to increase physical activity for different generations of British South Asians¹⁶⁰.

Another study¹⁶¹ used an accelerometer to measure physical activity in South Asian children and White European children, and also examined differences between genders. It found South Asians were less physically active than White European children for all measures, but there were large differences between girls and boys for both ethnic groups. South Asian girls were the least active, spending the largest number of minutes being sedentary and the smallest number of minutes being moderately or vigorously active.

Another piece of research conducted in 2008¹⁶² combined the Pakistani and Bangladeshi group and found that Pakistani/Bangladeshi girls were the least active compared to the White British and Indian groups. It found almost a third of Pakistani/Bangladeshi boys were in the most active quartile, compared to around a quarter of Indian and White British boys¹⁶³.

Only one study has examined Indian, Pakistani and Bangladeshi groups separately¹⁶⁴, using accelerometers. Here, it was found that the Bangladeshi group was the least active and the Indian group the most active (33% versus 40%, respectively, meeting recommended physical activity levels).

A Sports India: Popularity and Participation of Sports in India 2012¹⁶⁵ report from SMG Insight and YouGov found that while cricket remains the favourite sport in India, other sports, namely football and tennis are gaining popularity. Tennis is also participated by nearly a quarter of the population (23%), making it the sixth most participated sport in India. Other popular sports include badminton, swimming and table tennis.



AT ALL KEY STAGES INDIAN PUPILS' ATTAINMENT WAS ABOVE THE NATIONAL AVERAGE

PRIMARY EDUCATION **76%** met the expected standard in key stage 2 reading, writing and maths
The second highest percentage of all ethnic groups

SECONDARY EDUCATION **62%** of Indian pupils secured a 'strong pass' in English and maths GCSE.

At all key stages Indian pupils attainment is above the national average with



96% **PROGRESSING INTO HIGHER EDUCATION**

4%



UNEMPLOYED

At 4%, Indian ethnic groups have the second lowest unemployment rate compared to other minority groups

ECONOMIC ACTIVITY

79% **67%** 79% of Indian males and 67% of females are economically active

OVERCROWDING

7% OF INDIAN HOUSEHOLDS WERE OVERCROWDED



compared to the highest rates of overcrowding: Bangladeshi (24%), Pakistani (18%), Black African (16%), Arab (15%) and Mixed White and Black African (14%) ethnic groups

2.5 Working & Learning Well

Education

- Indian pupils have a high level of academic attainment, with 96% progressing into higher education.
- At all key stages Indian pupils' attainment was above the national average - in primary education, 76% met the expected standard in key stage 2 reading, writing and maths, the second highest percentage of all ethnic groups.
- Similarly, in secondary education 62% of Indian pupils secured a 'strong pass' in English and maths GCSE.

Economic activity

- At 4% the Indian ethnic group has the second lowest unemployment rates, compared to other minority groups.
- In Birmingham, 79% of Indian males and 67% of females are economically active.
- In the West Midlands 28.6% of women from India are in full-time employment, compared to 44.6% of men. 19.2% of women from India are in part-time employment compared to 8.3% of men.

Housing

- According to the 2011 Census, majority of those from India in the West Midlands own a property (75.3%), either the property is owned outright or with a mortgage/ loan or shared ownership.

- Only 7% of Indian households were overcrowded, the lowest of all South Asian groups.
- Families from the Indian ethnic group were one of the least likely to receive an income-related benefit (9%).

General Health

- In terms of general health, 82.8% of residents from India surveyed in the West Midlands felt they have very good or good health, slightly lower than the 85% response from Indians in England and Wales.
- In the West Midlands 5.4% felt they have bad or very bad health, more than those living across England and Wales (4.4%).
- The Indian community were the least likely to receive non-income related benefits. In the 3 years to March 2020, an average of 12% of Indian families received the State Pension, 20% received Child Benefit, 3% received the care component of Disability Living Allowance, and 2% the mobility component.

2.5.1 Education

The Indian community have a high level of academic attainment with 96% of Indian pupils progressing into higher education. At all key stages, Indian pupils' attainment was above the national average - in primary education, 76% met the expected standard in key stage 2 reading, writing and maths, the second highest percentage of all ethnic groups. Similarly, in secondary education 62% of Indian pupils secured a 'strong pass' in English and maths GCSE.

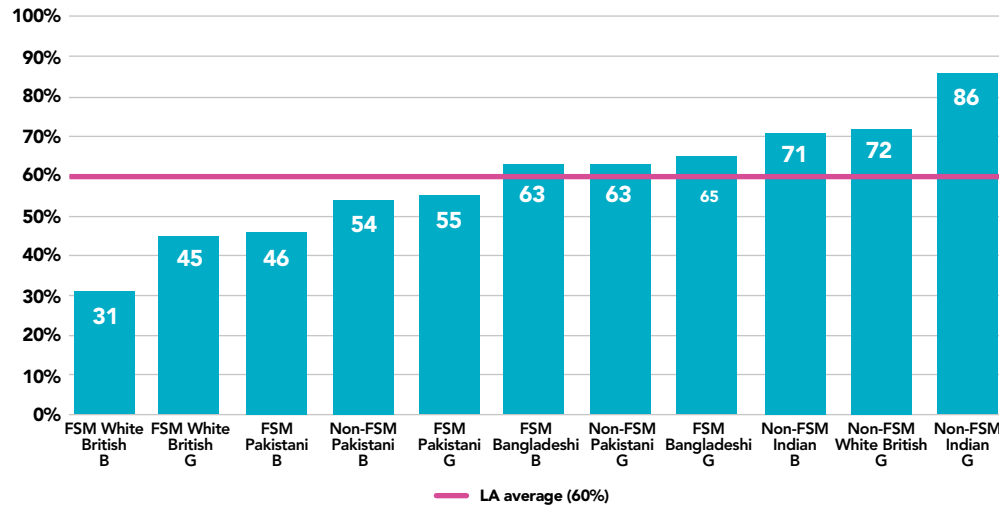
A strong emphasis is placed on the importance of education in Indian households, which is likely the contributing factor to high levels of educational attainment within the community. The Indian community have a high level of academic attainment with 96% of Indian pupils progressing into higher education.

At all key stages, Indian pupils' attainment was above the national average. Indian pupils had a higher attainment than White British pupils. Specifically, in primary education, 76% of Indian pupils met the expected standard in key stage 2 reading, writing and maths, compared with 65% of White British pupils. This was the second highest percentage of all ethnic groups, after Chinese pupils (81%). Similarly, in secondary education 62% of Indian pupils secured a 'strong pass' in English and maths GCSE, compared with 42.7% of White British pupils¹⁶⁶.

Department of Education statistics¹⁶⁷ show a significant gap in performance at GCSE level according to the ethnic group of pupils, their gender and whether or not they are eligible for free school meals. As shown in the figure 22 below from Birmingham City Council's Ethnic Groups in the Labour Market report, overall the city's performance (60%) is only slightly below the national average (61%), and it outperforms other core cities and statistical neighbours.

Black Caribbean (53%) and Pakistani pupils (55%) have the lowest rates and Indian pupils the highest (76%)¹⁶⁸. Girls out-perform boys for all groups, but FSM eligibility also has an influence on attainment, with White Boys FSM having the lowest achievement (31%) and Indian Girls not eligible for free school meals the highest (86%). The majority of the groups below the city average are FSM, the exceptions being non-FSM Pakistani boys¹⁶⁹.

Figure 22: 5+ GCSEs A*-C including English and Maths by ethnicity, gender and free-school



Source: Chart image from Ethnic Groups in the Labour Market: a statistical analysis for Birmingham, based on 2011 Census¹⁷⁰

The Ethnic Groups in the Labour Market: a statistical analysis for Birmingham has found the White Irish (46%), Pakistani (35%) and Bangladeshi (35%) groups have the highest proportions with no qualifications and the White Other (15%), Black African (17%) and Indian (18%) the lowest¹⁷¹. The White Irish (40%), Pakistani (39%) and Bangladeshi (37%) groups have the lowest proportion educated to NVQ Level 2, and the Chinese (63%), Indian (60%) and Black African (58%) the highest¹⁷².

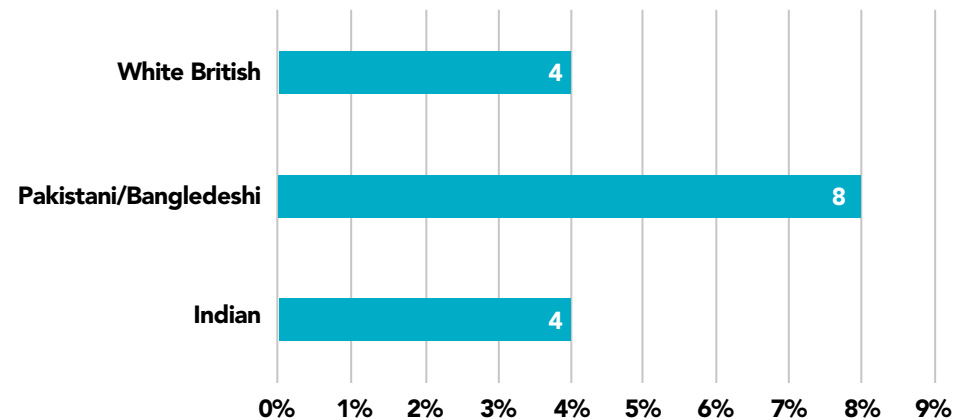
2.5.2 Economic activity

At 4% the Indian ethnic group has the second lowest unemployment rates, compared to other minority groups. In Birmingham, 79% of Indian males and 67% of females are economically active¹⁷³.

Data from the Annual Population Survey shows that in 2019, 4% of the economically active population (these are all people aged 16 and over who were employed or unemployed) were unemployed – just under 1.3 million people¹⁷⁴.

As shown in figure 23, the Indian ethnic group specifically has one of the lowest unemployment rates (4%), compared to other minority groups, such as 8% of Black, and Bangladeshi / Pakistani people were unemployed, the highest rate of all ethnic groups. The Indian ethnicity unemployment rate is the same as the White British ethnic group.

Figure 23: Percentage of the economically active population who were unemployed, by ethnicity, 2019

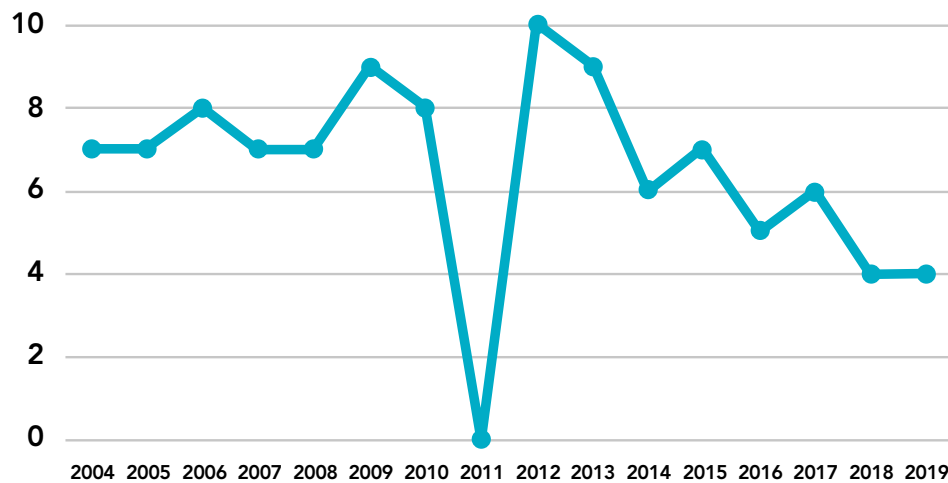


Source: Annual Population Survey¹⁷⁵

In addition, the data in figure 24 below shows that unemployment rate within the Indian community has been reducing, with a steady drop in unemployment rate from 2004.

Figure 24: Percentage of the economically active population who were unemployed, by ethnicity, 2019

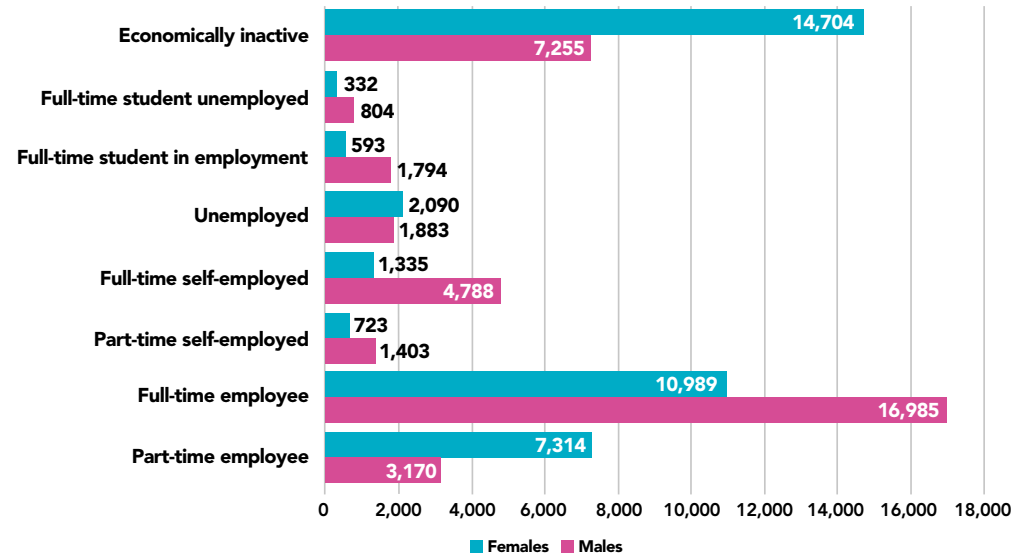
(Note: Data not collected for 2011)



Source: Annual Population Survey¹⁷⁶

2011 Census data shows in the West Midlands, 5.2% of those born in India of a working age were unemployed¹⁷⁷. This can be compared to England and Wales where 4.4% of those born in India of a working age were unemployed¹⁷⁸. In the West Midlands 28.6% of women from India are in full-time employment, compared to 44.6% of men. 19.2% of women from India are in part-time employment compared to only 8.3% of men.

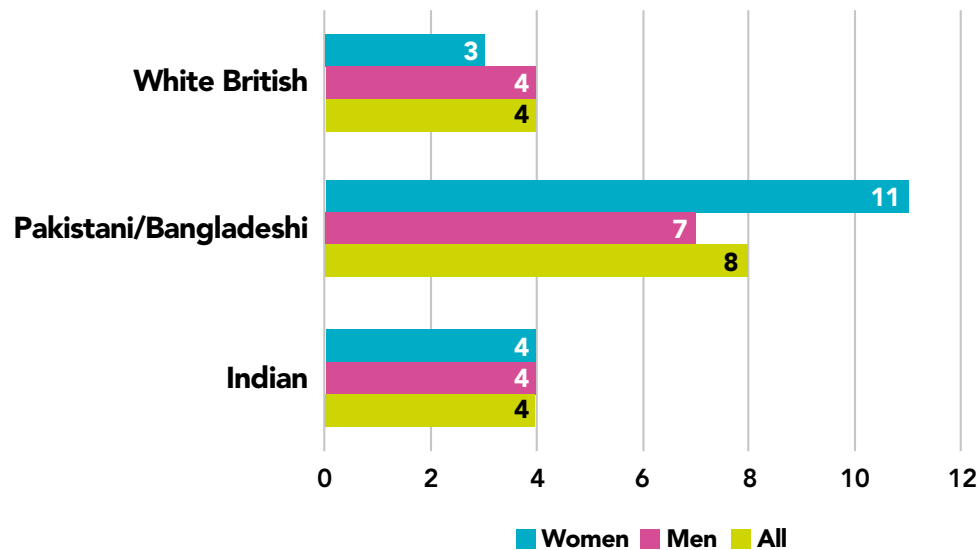
Figure 25: Economic activity by gender (16-64 year olds), as recorded in 2011 Census for those born in India; data for West Midlands



Source: Census 2011 Table CT0566

Within England, Wales and Scotland, figure 26 below shows that in 2019, the Indian group had one of the lowest unemployment rates (4%), far lower than other Asian communities i.e. Pakistani, Bangladeshi combined (8%)¹⁷⁹. Compared to the 11% unemployment rate among women in the Pakistani and Bangladeshi combined ethnic groups (compared to 7% for men), women in the Indian group had the same unemployment rate as Indian men (4%).

Figure 26: Percentage of the economically active population who were unemployed, by ethnicity & gender



Source: Annual Population Survey¹⁸⁰

In addition, in 2018, 76% (856,200) of Indian 16- to 64-year-olds were in employment¹⁸¹ - the highest employment rate of all ethnic minorities - the same employment rate as for White British people and the joint second highest rate of all ethnic groups. A report from the Joseph Rowntree Foundation forecasts that by 2022 the Indian ethnic group will come to be concentrated in the UK's most highly paid occupations¹⁸².

Skill levels have an impact on the occupational employment of residents, and those with higher level qualifications are more likely to be employed in the higher occupations. Overall, 38% of employed residents are employed in higher occupations¹⁸³. However, 51% of Chinese and 45% of Indians in employment are employed in those occupations, in contrast the figures

for some groups are much lower - for example Bangladeshi (25%) and Pakistani (29%)¹⁸⁴.

A high percentage of the Indian community in Birmingham are concentrated in one occupation - 25% of Indians are in professional occupations, which is less than the Chinese ethnic group (28%) but more than all other groups within this occupation¹⁸⁵.

There are differences between groups in terms of employment by industry. 20% of Indians in Birmingham are in wholesale and retail trade, and repair of motor. 17% are in human health and social work activities, followed by 10% in education¹⁸⁶.

Data in The Ethnic Groups in the Labour Market¹⁸⁷ shows a higher percentage of males are economically active (either employed or unemployed but actively seeking employment) than females within all occupations, but the difference is higher within some groups. While the difference between male and female economic activity is not as pronounced for the Indian ethnic group, the gap is larger for those of Pakistani and Bangladeshi heritage.

Employment rates broadly follow the same pattern as economic activity rates. Employment rates for both Indian men and women are higher than for their Pakistani and Bangladeshi counterparts who have the lowest rates¹⁸⁸. The overall rate is 62%. Gender differences are greatest for the Pakistani and Bangladeshi groups, where the male rates are around 60% and the female rates only around 25%¹⁸⁹.

2.5.3 Housing

According to the 2011 Census, majority of those from India (75.3%) in the West Midlands own a property, either the property is owned outright or with a mortgage/ loan or shared ownership.

The 2011 Census shows in the West Midlands 35.6% of residents from India own their property outright, and 39.8% own their property with a mortgage, loan or shared ownership¹⁹⁰. West Midlands data can be compared to data from England and Wales where 27.1% residents from India own their property outright and 36.7% own their property with a mortgage/ loan or shared ownership¹⁹¹. In the West Midlands around 17% lived in properties owned by a private landlord or letting agency, 27% from India lived in such properties in England and Wales.

Data on households that rented social housing below shows that in 2016 to 2018, 17% of households (3.9 million) in England lived in social housing (they rented their home from a local authority or housing association); 16% of White British households rented social housing; at 7%, Indian households were less likely to rent social housing compared to the Black African (44%) ethnic group.

7% of Indian households were overcrowded, the lowest of all South Asian groups.

The English Housing Survey shows that in the 3 years to March 2019, 3% of the 23 million households in England were overcrowded¹⁹². While only 7% of Indian households were overcrowded, the households with the highest rates of overcrowding were in the Bangladeshi (24%) and Pakistani (18%)¹⁹³.

Families from the Indian ethnic group were one of the least likely to receive an income-related benefit (9%) - less than the Bangladeshi (26%) and Pakistani (18%) ethnic group who were the most likely to receive an income-related benefit.

Table 17: Percentage of families receiving state support, by ethnicity and type of support

Ethnicity	Any state support (%)	Any tax credits (%)	Any income-related benefit (%)	Any non-income-related benefit (%)
Bangladeshi	49	23	26	45
Indian	39	6	9	37
Pakistani	51	22	18	47
White British	54	6	16	51

Source: Family Resources Survey: financial year 2019 to 2020¹⁹⁴

2.5.4 General health

In terms of general health, 82.8% of residents from India surveyed in the West Midlands felt they have very good or good health, slightly lower than 85% in England and Wales. In the West Midlands 5.4% felt they have bad or very bad health, more than those living across England and Wales (4.4%)¹⁹⁵.

Census data shows 82.8% of residents from India surveyed in the West Midlands felt they have very good or good health, slightly lower than 85% in England and Wales¹⁹⁶. Of those of Indian ethnicity in the West Midlands, 16.9% of 55 - 64 year olds felt they have bad or very bad health, compared to 12.9% across England and Wales in that age group. 26% of those over the age of 65 felt they have bad or very bad health, compared to 20.9% across England and Wales^{197 198}.

2.5.5 Long-standing health impairment, illness or disability

According to the Long-term Health Problem or Disability survey, 73.2% of those from India living with a long-term health problem or disability in the West Midlands felt it did not impact their day-to-day activities, compared to 26.8% who felt it did.

In England and Wales, 79.9% of those from India living with a long-term health problem or disability felt it did not impact their day-to-day activities, higher than in the West Midlands; 20.1% felt it did impact their day-to-day activities, less than in the West Midlands¹⁹⁹.

The Indian community were the least likely to receive non-income related benefits. In the 3 years to March 2020, an average of 12% of Indian families received the State Pension, 20% received Child Benefit, 3% received the care component of Disability Living Allowance, and 2% the mobility component.

The Disability Living Allowance (DLA) figures include the Personal Independence Payment (PIP), which was introduced in 2013. Due to rounding, the figures shown the table below may not match the sum of published DLA and PIP figures. In comparison to the Indian community, families from the Bangladeshi and Pakistani ethnic groups (both 34%) were the most likely to receive Child Benefit – families from the Chinese (13%) and White British (17%) ethnic groups were the least likely to²⁰⁰.

Table 18: Percentage of families receiving non-income related benefits by ethnicity and type of benefit

Ethnicity	Child Benefit	State Pension	Disability Living Allowance (care component)	Disability Living Allowance (mobility component)
White British	17%	28%	8%	6%
Indian	20%	12%	3%	2%
Pakistani	34%	7%	6%	5%
Bangladeshi	34%	6%	8%	4%

Source: Census 2011 Table CT0563



CANCER SCREENING

(% of early, late and unknown stage diagnosis)

Type	EARLY	LATE	UNKNOWN
Breast	69%	69%	69%
Colorectal	69%	69%	69%
Prostate	69%	69%	69%
Lung	69%	69%	69%

66%

of Indian participants were non-attenders at cervical screening



SEXUAL HEALTH **22 YEARS OLD** MEDIAN AGE FOR BOTH INDIAN MEN & WOMEN AT FIRST HETEROSEXUAL INTERCOURSE

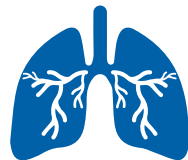
Research has found Indian female respondents were less likely to report using emergency contraception (11%) compared to white British women (22%)

TUBERCULOSIS (TB)

THE HIGHEST RATES OF TB IN THE UK ARE FOUND AMONG PEOPLE OF INDIAN ETHNICITY

19.7%

of the TB cases in the UK were people from India, with a median time of 8 years since arrival to the UK



2.6 Protect and Detect

Screening

- Breast cancer: For breast screening, a published research has found 69% of Indian respondents were 'most aware' of the breast screening programme. Indian women were more likely to attend their first call (61%) or routine recall (74%) appointments, which was more than Pakistani (52% and 67%, respectively) or Bangladeshi women (43% and 61%, respectively).
- Cervical cancer: According to a qualitative study, 66% of Indian participants were non-attenders at cervical screening. 22% of Indian respondents agreed with the statement that they were not at risk of cervical cancer and therefore do not need a smear test. A large proportion of South Asian respondents agreed with the statement that smear tests were embarrassing: Indian (71%), Pakistani (75.6%) and Bangladeshi (90.8%).
- Colorectal cancer: Research on attitudes to and interest in Flexible Sigmoidoscopy (FS) screening has found embarrassment or shame as one of the key barriers to screening uptake, with 97% of Indian respondents expressing this as a barrier. NCIN data shows, 40% of Indian patients had their diagnosis of colorectal cancer at an early stage, 48% were late stage and for 11% the stage was unknown, similar to other South Asian communities.
- Prostate cancer: 30% of Indian patients had their diagnosis of prostate cancer at a late stage, which was similar to Pakistani (32%) and Bangladeshi (30%) patients. A published research has found higher prostate cancer rates among British Indians than Indians in

India and concludes this may be due to the increased surveillance in the UK compared with India as well as the effects of changes in lifestyle.

Vaccination programmes

- While lower than that of the White British group (93.7%), the COVID-19 vaccination rates among people identifying as Indian (90.9%) have been high - the highest vaccination rates of all ethnic minority groups.

Sexual health

- A published research has found the median age for Indian men and women at first heterosexual intercourse to be 22.
- 7.9% of Indian male respondents reported to be under 16 at first heterosexual intercourse, while 0.1% of Indian female respondents were under the age of 16 at their first heterosexual intercourse.
- Indian female respondents were less likely to report having used emergency contraception (11%) compared to White British women (23%).

Tuberculosis

- The highest rates of tuberculosis in the UK are found among people of Indian ethnicity, particularly those born outside the UK. People born in India account for 19.7% of the tuberculosis cases in the UK, with a median time of 8 years since arrival to the UK.

Domestic violence

- The data shows that more Indian men reported being victims of domestic violence (5.2%) than women (4.6%). No other ethnic group mirrored this.
- The Indian community reported domestic violence more (at 4.9%) than either Bangladeshi (1.4%) and Pakistani (3.5%) groups.

2.6.1 Screening

Cancer is one of the major cause of death in the UK, with more than 1 in 3 people likely to develop it at some point in their life²⁰¹. A recent published study²⁰² from Cancer Research UK has found in all broad minority ethnic groups, lung, bowel, breast and prostate cancers were the four most common cancer types²⁰³. Diagnosis at an early stage of the cancer's development can improve survival chances and health interventions, such as screening programmes, are an important part of efforts to reduce cancer mortality.

Breast cancer screening

For breast screening, a published research has found 69% of Indian respondents were most aware of the breast screening programme. Indian women were more likely to attend their first call (61%) or routine recall (74%) appointments, which was more than Pakistani (52% and 67%, respectively) or Bangladeshi women (43% and 61%, respectively).

Breast cancer screening prevents 1,300 women dying of breast cancer every year²⁰⁴. Uptake of breast cancer screening is defined as the proportion of women invited who attend for screening within 6 months of their invitation.

A published study that examined the awareness of cancer screening programmes by ethnic group using the Ethnibus™ survey found for breast screening, 69% of Indian respondents were most likely to know about the programme. This was less than the Caribbean participants (85%) and Bangladeshis (75%), but more than Africans (62%), Pakistanis (63%), and Chinese (57%)²⁰⁵.

Another published study²⁰⁶, which uses self-assigned ethnicity information to study variation in breast cancer screening uptake for women from different ethnic groups, found Indian women were more likely to attend their first call (61%) or routine recall (74%) appointments. This was more than Pakistani (52% and 67%, respectively) or Bangladeshi women (43% and 61%, respectively)²⁰⁷. It found there was less variation between ethnic groups in some screening areas.

In addition, a study²⁰⁸ from the National Cancer Intelligence Network (NCIN) studied the proportions of patients in each stage group of cancer and its associations between stage and ethnicity. It found²⁰⁹ after adjustment for age, sex and deprivation status, among patients with known stage 69% were diagnosed with breast cancer at an early stage, 15% were late stage, and 17% were stage unknown²¹⁰. This is similar to Pakistanis and Bangladeshis – combined data: 70% were diagnosed with breast cancer at an early stage, 15% were late stage, and 15% were stage unknown. The study states that the stage at diagnosis may be related to a patient's route to diagnosis, including whether the cancer was detected by screening²¹¹. There appears to be a lack of available data for the general population of the UK and or White British counterparts.

Cervical cancer screening

According to a qualitative study, 66% of Indian participants were non-attenders at cervical screening. 22% of Indian respondents agreed with statement that they were not at risk of cervical cancer and therefore do not need a smear test. A large proportion of South Asian respondents agreed with the statement that smear tests were embarrassing: Indian (71%), Pakistani (75.6%) and Bangladeshi (90.8%).

Cervical screening helps identify pre-cancerous cell changes in the cervix. These changes can be treated, preventing cancer from developing. Cervical screening is believed to have saved up to 5000 lives a year²¹².

Research²¹³ has found that women from ethnic minority groups are less likely to attend cervical screening compared to White British. A qualitative research to study attitudes towards cervical screening interviewed 120 female participants from each Indian, Pakistani, Bangladeshi, Caribbean, African and White British ethnic groups. It found 66% of Indian participants were non-attenders at cervical screening, meaning the ethnic group had more non-attenders than the Pakistani group (61.7%) but fewer than Bangladeshi (70.6%)²¹⁴.

22% of Indian respondents felt they were not at risk of cervical cancer and therefore do not need a smear test. This was lower than both Pakistani and Bangladeshi respondents (30% for each group)²¹⁵. 26% of women from the Indian ethnic group were worried about seeing a male doctor/nurse, more than the Pakistani (20%) and Bangladeshi (18.8%) respondents²¹⁶. A large proportion of South Asian respondents agreed with the statement that smear tests were embarrassing: Indian (71%), Pakistani (75.6%) and Bangladeshi (90.8%)²¹⁷.

Colorectal cancer screening

Research on attitudes to and interest in Flexible Sigmoidoscopy (FS) screening has found embarrassment or shame as one of the key barriers to screening uptake, with 97% of Indian respondents expressing this as a barrier. NCIN data shows, 40% of Indian patients had their diagnosis of colorectal cancer at an early stage, 48% were late stage and for 11% the stage was unknown, similar to other South Asian communities.

Published research on the awareness among British ethnic minority men and women of the causes of colorectal or bowel cancer, and attitudes to and interest in Flexible Sigmoidoscopy (FS) screening²¹⁸ found embarrassment or shame as one of the key barriers to screening uptake. 97% of Indian respondents expressed “embarrassment or shame” as a barrier to screening uptake among the community, compared to 96% in the Pakistani and 98% in Bangladeshi responses²¹⁹.

More than half (65%) of Bangladeshi, and 50% of Pakistani respondents, could not suggest a single cause of bowel cancer, compared with 38% among Indian respondents and only 11% among White British respondents²²⁰. The study suggests that it is possible that because White British people have higher objective risk of cancer that they knew more people with the disease and were therefore more able to suggest causes²²¹.

According to another study²²², Bangladeshi respondents (53%) reported the greatest awareness of the bowel screening programme and Chinese respondents (0%) the least, with Caribbean (51%), Indian (46%), African (31%) and Pakistani (18%) falling between²²³.

Data from the National Cancer Intelligence Network (NCIN)²²⁴ shows, after adjustment for age, sex and deprivation status, 40% of Indian patients had their diagnosis of colorectal cancer at an early stage, 48% were late stage and for 11% the stage was unknown²²⁵. This is similar to other South Asian

communities: 38% of Pakistani patients had their diagnosis of colorectal cancer at an early stage, 52% were late stage and for 10% the stage was unknown; 32% of Bangladeshi patients had their diagnosis of colorectal cancer at an early stage, 57% were late stage and for 11% the stage was unknown²²⁶.

Prostate cancer

A published research has found higher prostate cancer rates among British Indians than Indians in India and concludes this may be due to the increased surveillance in the UK compared with India as well as the effects of changes in lifestyle. 30% of Indian patients had their diagnosis of prostate cancer at a late stage, which was similar to Pakistani (32%) and Bangladeshi (30%) patients.

A research on cancer incidence among the Indian community in Leicester found incidence rates for nearly all cancers in British Indians are closer to the rates in British Whites than to Indians in India with breast, prostate, lung and colorectal cancer now also the most common cancers in British Indians²²⁷. The research found higher prostate cancer rates among British Indians than Indians in India, which may reflect increased surveillance in the UK compared with India as well as the effects of changes in lifestyle²²⁸.

Data from the National Cancer Intelligence Network (NCIN)²²⁹ shows, after adjustment for age, sex and deprivation status, 52% of Indian patients had their diagnosis of prostate cancer at an early stage, 30% were late stage and for 18% the stage was unknown²³⁰.

This can be compared to other South Asian communities: 48% of Pakistani patients had their diagnosis of prostate cancer at an early stage, 32% were late stage and for 21% the stage was unknown; 55% of Bangladeshi patients had their diagnosis of prostate cancer at an early stage, 30% were late stage and for 15% the stage was unknown²³¹.

Men living in England and Wales who were born in the Indian subcontinent, including those from Pakistan, have 30% to 80% lower rates of prostate cancer deaths than the overall population in England and Wales, and even lower for those from India²³².

2.6.2 Vaccination programmes

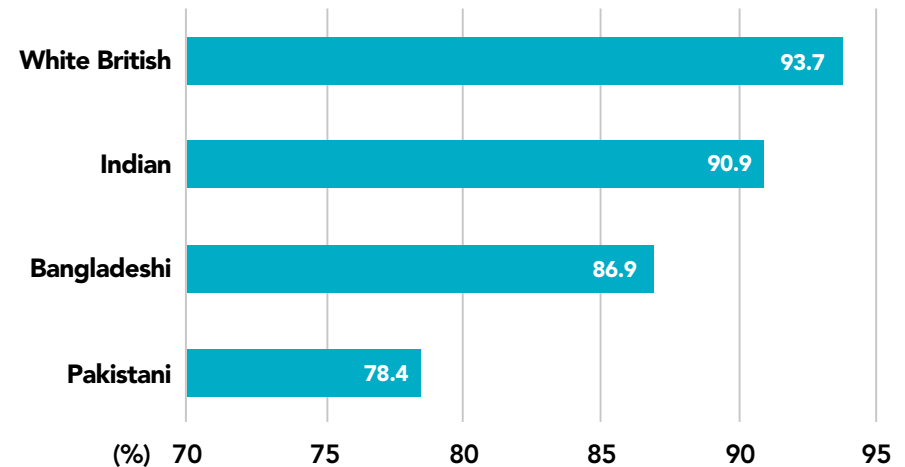
While lower than that of the White British group (93.7%), the COVID-19 vaccination rates among people identifying as Indian (90.9%) are high - the highest vaccination rates of all ethnic minority groups.

According to ONS data (figure 27), while lower than that of the White British group (93.7%), the vaccination rates among people identifying as Indian (90.9%) have been high²³³. In comparison, vaccination rates were lowest for those identifying as Black Caribbean (66.8%), Black African (71.2%) and Pakistani (78.4%).

1. Figures based on first dose of a vaccine administered between 8 December 2020 and 12 April 2021 for residents in England who could be linked to the 2011 Census and General Practice Extraction Service Data for Pandemic Planning and Research.

2. Self-reported ethnic group is derived from the 2011 Census. Other ethnic group encompasses Asian other, Black other, Arab and Other ethnic group categories in the classification.

Figure 27: COVID-19 vaccination rates of adults aged 50 years and over, by self-reported ethnic group, 8 December 2020 to 12 April 2021, England (percentage %)



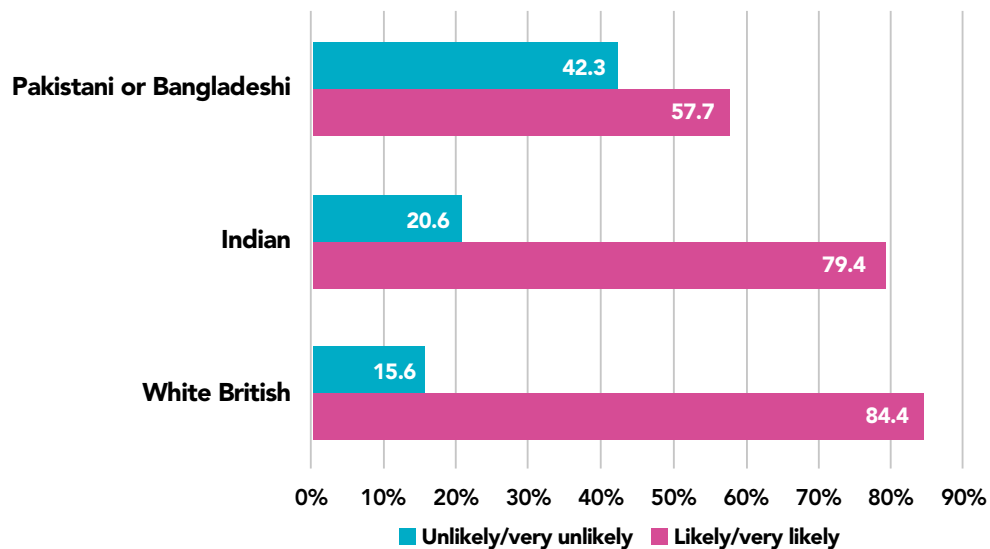
Source: ONS, National Immunisation Management Service²³⁴

The UK Household Longitudinal Study (figure 28) is a nationally representative longitudinal household panel study, which interviews participants annually. During the COVID-19 pandemic, the survey included questions to understand the impact of the pandemic on UK individuals, families and wider communities. Data from 11,708 participants aged 16 years+ included ethnic minority groups.

In assessing willingness to be vaccinated, Indian respondents had one of the lowest vaccine hesitancy with 79.4% likely or very likely to be vaccinated and 20.6% expressing unlikely or very unlikely to be vaccinated. This suggests that people of Indian ethnicity are more likely to have taken the COVID-19 vaccine than other minority ethnic groups. The survey found vaccine hesitancy highest in Black or Black British groups, with 72% stating

they were unlikely/very unlikely to be vaccinated. Pakistani/Bangladeshi groups were the next most hesitant ethnic group with 42% unlikely/very unlikely to be vaccinated.

Figure 28: Willingness to be vaccinated in the UK Household Longitudinal Study by ethnic group



Source: UK Household Longitudinal Study

2.6.3 Sexual health

The median age for Indian men and women at first heterosexual intercourse to be 22 years old. 7.9% of Indian male reported to be under 16 at first heterosexual intercourse. Indian females are less likely to report having used emergency contraception (11%) compared to White British women (23%).

Sexual health is the ability to lead a pleasurable and safe sex life²³⁵.

Published research²³⁶ on ethnic variations in sexual behaviours and sexual health markers, used findings from the third British National Survey of Sexual Attitudes and Lifestyles (Natsal-3). It found age and sexual competence at sexual debut varied significantly by ethnicity and sex and that both Indian men and women to be more likely to have been sexually competent at sexual debut than their White British counterparts.

The age for Indian men at first heterosexual intercourse was 22, older than Pakistani men (20). 7.9% of Indian male respondents were under 16 at first heterosexual intercourse, compared to 7.7% of Pakistani male respondents. 4.7% of the Indian male. 4.7% of Indian male respondents said they had sex without a condom with more than one partner, compared to 3.9% Pakistani male respondents. 9.5% of both Indian and Pakistani respondents paid for sex in the past five years²³⁷.

Among Indian female respondents it has been found that the median age at first heterosexual intercourse to be 22, the same as for Pakistani female respondents. 0.1% of Indian female respondents were under the age of 16 at their first heterosexual intercourse, similar to Pakistani females (1.1%). None of the Indian female respondents reported paying for sex in the past five years; the same was reported for Pakistani females. 1.6% of female Indian respondents reported having sex without a condom with more than one partner, which was more than Pakistani female respondents (0.5%)²³⁸. The research also found the proportion of women having had a same-sex experience was significantly lower in Indian (3.5%) and Pakistani (2.2%) women, than in White British women (12.2%). Indian (11%) and Pakistani (2.1%) women were less likely to report having used emergency contraception than White British women (23%)²³⁹.

2.6.4 Tuberculosis

The highest rates of tuberculosis in the UK are found among people of Indian, ethnicity, particularly those born outside the UK. People born in India account for 19.7% of the tuberculosis cases in the UK, with a median time of 8 years since arrival to the UK.

Tuberculosis (TB) is a serious infectious disease characterized by the growth of nodules (tubercles) in the tissues, especially the lungs, and currently one of the key priorities of Public Health England. While there are signs of a decreasing trend in new TB cases, the UK still has high rates compared to most other European countries. The highest rates of disease are found among people of South Asian ethnicity, particularly those born outside the UK²⁴⁰.

Research has found that reactivation of latent infections acquired outside the UK accounts for much of the disease burden, though there is also evidence that transmission within communities in the UK may be an increasing challenge, particularly among the South Asian communities²⁴¹.

For those born outside the UK who were notified with TB in 2020, the most frequent countries of birth were India, Pakistan, Romania, Somalia and Eritrea²⁴². Between 2018 and 2020, the number of notifications declined among people born outside the UK in the 5 most frequent countries of birth; India by 1.1%, Pakistan by 6.3%, Romania by 11.8%, Somalia by 13.3% and Eritrea by 3.1%)²⁴³.

For people born in Pakistan or Somalia the median time from UK entry to notification was over 10 years, if born in India, it was 8 years (a reduction from 2019 when it was 10 years), and for people born in Romania and Eritrea, the median time was 4 years and 2 years respectively²⁴⁴.

It is worth noting that the incidence of TB is growing faster in Birmingham than the rest of the UK²⁴⁵. Cases grew by 107% between 1999 and 2009 in Birmingham. In England as a whole, it grew by 57% between 1987 and 2008²⁴⁶. TB admissions in Birmingham have been concentrated in wards with a higher proportion of ethnic minority groups, particularly South Asian communities²⁴⁷.

In 2013, there were 8,751 cases of TB reported in the UK with the highest rates of disease found in UK residents from South Asian countries²⁴⁸. Incidence rates were 10-fold greater in Indian (132/100,000) and Pakistani (114/100,000) ethnic groups compared with the UK average (12.3/100,000)²⁴⁹. The majority of cases of TB in these ethnic groups is thought to be largely due to reactivation of latent infection acquired in their country of origin. The proportion of UK-born cases of TB in South Asian ethnic groups increased from 18% in 2004 to 27% in 2012²⁵⁰.

In addition, a study²⁵¹ on influence of socio-economic deprivation on tuberculosis treatment also provides some useful insight. It found recent UK entrants, including Indians, may experience language barriers, have limited knowledge of health services including difficulties registering with a general practitioner, and / or face issues related to immigration status. There was an overall median interval to start of treatment for the group of around 67 days. It identified deprivation as a key factor in the epidemiology of TB in England and the overall median delay of 67 days.

2.6.5 Domestic violence

The data shows that more Indian men reported being victims of domestic violence (5.2%) than women (4.6%). No other ethnic group mirrored this (Table 19).

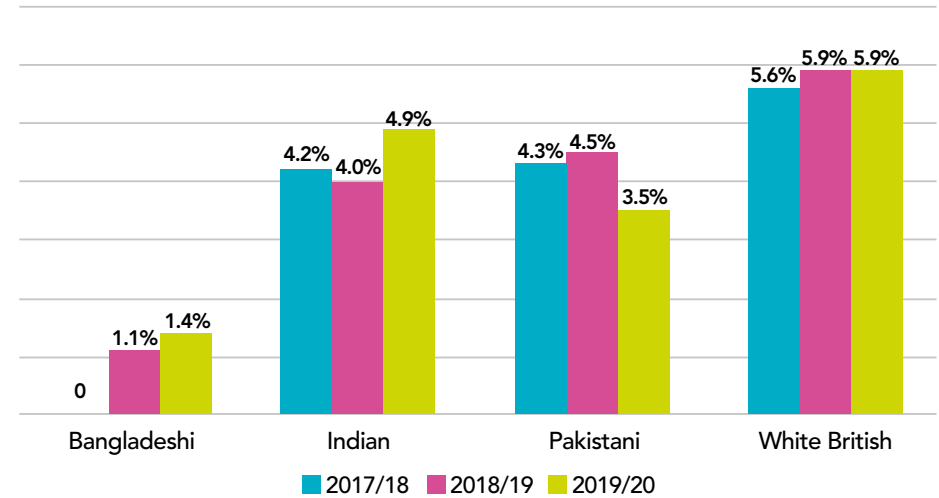
The Indian community overall reported domestic violence more (4.9%) than the Bangladeshi (1.4%) and Pakistani (3.5%) groups, but less than the White British (5.9%) (shown below).

Table 19: Percentage of 16 to 74 year olds who reported being victims of domestic abuse in the previous 12 months, and number of people surveyed, by ethnicity and sex. The data shows that, in the year ending March 2020


Ethnicity	Male (%)	Male Sample Size	Female (%)	Female Sample Size
White British	3.7	9,222	8.0	10,793
Indian	5.2	333	4.6	276
Bangladeshi	0.4	74	3.0	56
Pakistani	2.0	181	5.3	170

Source: Crime Survey for England and Wales: victims of domestic abuse, year ending March 2018 to year ending March 2020²⁵²

Figure 29: Percentage of 16 - 74 year olds who reported being victims of domestic abuse in the previous 12 months, by ethnicity




Source: Crime Survey for England and Wales: victims of domestic abuse, year ending March 2018 to year ending March 2020

DIABETES The HSE has found that type 2 diabetes is approximately three to four times more common in Indian men  **3-4x**

END OF LIFE **8.2%** OF THE UK INDIAN POPULATION ARE 65+  It is projected, by 2026, to be 10.6%

CARDIOVASCULAR DISEASE

For both Indian men and women the leading cause of death is ischaemic heart disease (IHD)

190.9  **157.9**
DEATHS PER 100,000 INDIAN MALES DEATHS PER 100,000 WHITE MALES

Indian women had 99.3 deaths per 100,000

CEREBROVASCULAR DISEASES

 2012-14 **36.4** ↓ **29.1** 2017-19
deaths per 100,000 males

 **14.4** ↓ **11.7**
deaths per 100,000 females

ACCESS TO PALLIATIVE & END OF LIFE CARE

There is a low uptake of palliative and end of life care service; common barriers identified include

-  Family values in conflict & social segregation
-  Lack of knowledge about services
-  Previous negative experience

DEMENTIA

 2012-14 **59.8** ↓ **76.9** 2017-19
deaths per 100,000 males

 **67.8** ↓ **84.3**
deaths per 100,000 females

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD) **LOW PERCENTAGE OF COPD DIAGNOSES**
0.8% **3.2%** **4.2%**

2.7 Ageing well and dying well

Ageing well & dying well key findings:

Diabetes

- Men from the Indian ethnic group are almost three times as likely as the general population to have type 2 diabetes

Cardiovascular disease

- Data from 2017 to 2019 shows for both Indian men and women the leading cause of death is ischaemic heart disease (IHD). IHD accounted for 10.5% (162,804 deaths in 2017 to 2019) of death registrations in the UK. The highest mortality rates in males have been in the South Asian ethnic group.
- In the latest period, the Indian ethnic group had a rate of 190.9 deaths per 100,000 males, which is statistically significantly higher than the rate in the White group (157.9 deaths per 100,000).

COPD

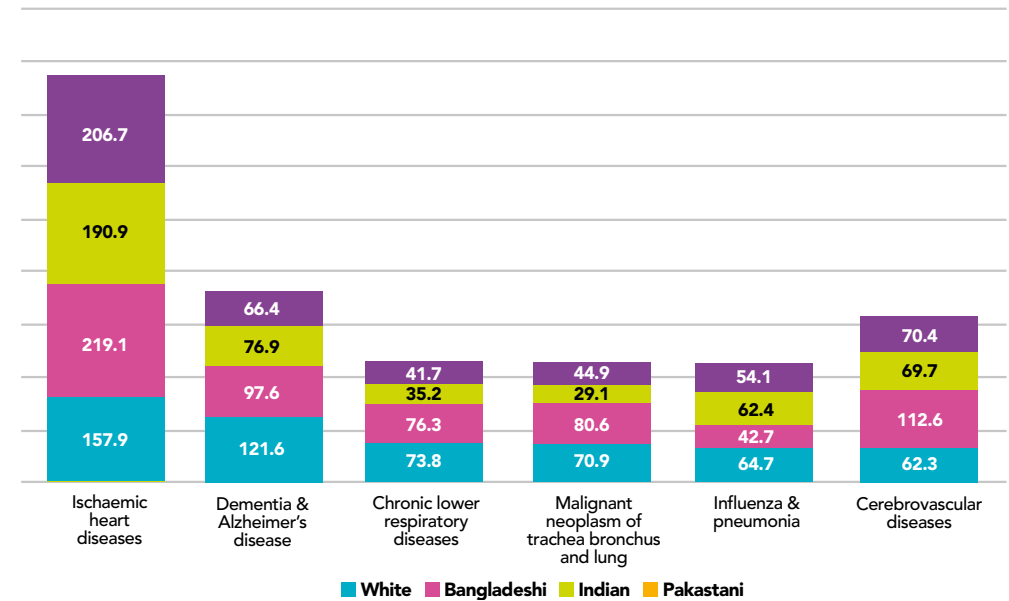
- A published research on the ethnic differences in smoking intensity and COPD risk found within the sample of the Indian ethnic group only a fifth had ever smoked and the group had a low percentage of COPD diagnoses (0.8% compared to 3.2% in White British group and 4.2% in the White Irish group, both of which had higher percentage of current smokers).
- Within the sample of the Indian community (sample size: 58,082) it found 78% had never smoked, 11% were current smokers, and 0.8% had recorded COPD diagnosis.

Dementia

- Among Indian males the rate of dementia and Alzheimer’s disease is 76.9 deaths per 100,000 in 2017-19, an increase from 59.8 deaths per 100,000 in 2012-14.
- The rates are higher among Indian females which have seen an increase from 67.8 deaths per 100,000 in 2012-14 to 84.3 deaths per 100,000 in 2017-19.

According to the ONS, from 2017 to 2019 the leading causes of death for each ethnic group have generally been consistent. Figures 30 and 31 below, summarises the leading causes for each ethnic group²⁵³. For males in all ethnic groups, except Black Caribbean, the leading cause of death was Ischaemic heart diseases²⁵⁴ - for both Indian men and women the leading cause of death was heart disease.

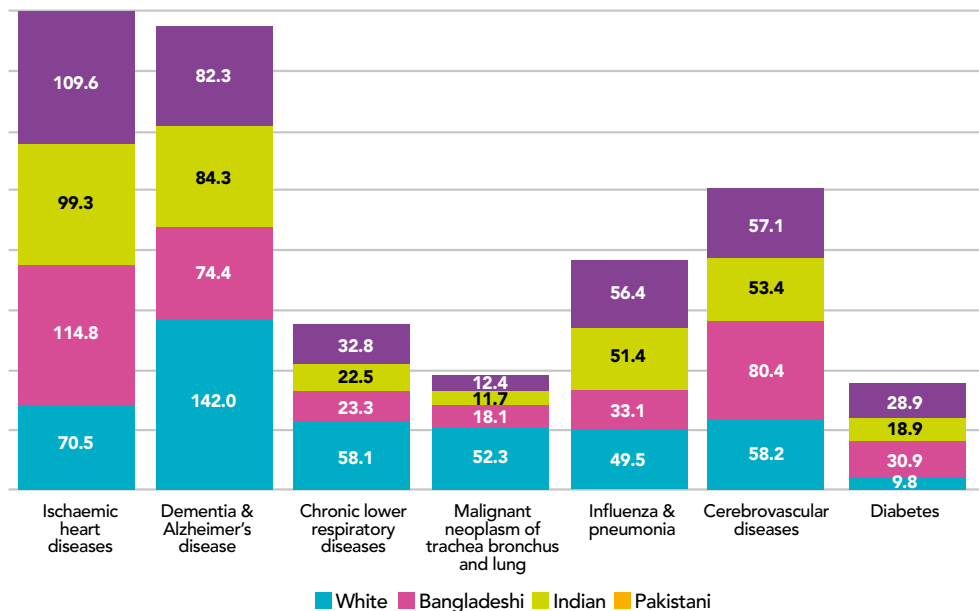
Figure 30: Deaths registered in England and Wales, 2017-19, age-standardised mortality rates per 100,000 for the most common leading causes of death for each ethnic group, males aged 10 years and above



Source: ONS - Mortality from leading causes of death by ethnic group²⁵⁵

As shown in figure 31, for Indian females the leading cause of death was heart disease, which was the same for both Bangladeshi and Pakistani females²⁵⁶. After heart disease, the leading cause of death among Indian women was dementia and Alzheimer’s disease.

Figure 31: Deaths registered in England and Wales, 2017-19, age-standardised mortality rates per 100,000 for the most common leading causes of death for each ethnic group, females aged 10 years and above



Source: ONS - Mortality from leading causes of death by ethnic group²⁵⁷

2.7.1 Diabetes

Men from the Indian ethnic group are almost three times as likely as the general population to have type 2 diabetes²⁵⁸.

The number of adults with diabetes in the UK has risen from 2.3 million (1980) to 4.7 million²⁵⁹ (2019), with an estimated 1 million people undiagnosed²⁶⁰, of which type 2 diabetes contributes to 90.4% (prevalence, 4.5%)²⁶¹.

A cohort study of 1.9 million individuals' extracted data from the CALIBER programme found people with type 2 diabetes were twice as likely to be of either Black or South Asian origin compared to those without diabetes²⁶².

The Health Survey for England (HSE) found the prevalence of doctor-diagnosed diabetes increased noticeably with age, in both men and women. It was more common in men than women for each minority ethnic group and age-group, except Pakistani women aged 55+, who had a significantly higher prevalence of diabetes than Pakistani men. Type 2 diabetes accounted for the majority of cases. Black African, Black Caribbean, Indian, Pakistani and Bangladeshi men had higher prevalence of type 2 diabetes aged 35-54 and (except Black African men) aged 55+ than the general population. Among women, type 2 diabetes was more common in participants from Indian, Pakistani and Bangladeshi groups (aged 35+) and Black Caribbean women (aged 55+). Doctor-diagnosed diabetes was rare among those aged 18-34 except in Indian men and Irish women²⁶³.

The UK-based NHS Health Check Programme revealed a higher prevalence of diabetes among South Asian men (9.0% vs. 3.9%), and women (7.4% vs. 3.3%) compared to their White European counterparts²⁶⁴. According to this research²⁶⁵, at present, there is insufficient evidence to suggest that there is an increased genetic susceptibility of South Asians to diabetes. Most studies demonstrate that the genetic factors conferring susceptibility to diabetes is not significantly different to other ethnic groups.

There are various risk factors for type 2 diabetes, which include family history, obesity, central fat deposition and ethnicity. The HSE has found that type 2 diabetes was approximately three to four times more common in Indian, Pakistani and Bangladeshi men. As found by Diabetes UK, the risk of developing type 2 diabetes for minority ethnic groups is higher at a younger age (from 25 onwards) compared with the White population (from 40 onwards)²⁶⁶.

The increased prevalence of type 2 diabetes among adult minority ethnic groups may be tracked from childhood. In a study of 129 14-to-17-year-olds in Birmingham, South Asian adolescents were observed to be less insulin-sensitive than White European adolescents and had a higher percentage of body fat²⁶⁷.

A published study²⁶⁸ which explores British Indian patients' perceptions and experiences of taking oral hypoglycaemic agents - OHAs (used to lower glucose levels in the blood and treat type 2 diabetes mellitus) found ambivalent views about the medication and Western drugs. It found respondents considered OHAs to be a crucial part of the diabetic regimen. They perceived British healthcare professionals to be trustworthy prescribers and considered the medicines available in Britain to be superior to those on the Indian subcontinent. However, some respondents reduced their tablet intake without medical advice, due to the perception that drugs worked by providing relief of symptoms and concerns that OHAs could be detrimental to health if taken for long periods or without traditional foods.

Another study²⁶⁹ on Indian patients' experiences and views about diabetes service found that most looked to services for swift detection and treatment of complications, rather than the provision of advice about managing their condition. It also found a dislike of relying on interpreters and identified a need for bilingual professionals with whom they could discuss their diabetes care directly.

2.7.2 Cardiovascular disease

Data from 2017 to 2019 shows for both Indian men and women the leading cause of death is ischaemic heart disease (IHD). IHD accounted for 10.5% (162,804 deaths in 2017 to 2019) of death registrations in the UK. The highest mortality rates in males have been in the South Asian ethnic group. In the latest period, the Indian ethnic group had a rate of 190.9 deaths per 100,000 males, which is statistically significantly higher than the rate in the White group (157.9 deaths per 100,000).

Cardiovascular disease (CVD) is a leading cause of death nationally and in ethnic minority groups, causing 24 per cent of all deaths in England and Wales in 2019. Cardiovascular disease (CVD) is the collective term for diseases affecting the circulatory system, i.e., heart, arteries, blood vessels. Diabetes increases the risk of CVD almost two-fold.

Between 1999 and 2004 prevalence of cardiovascular disease increased significantly for women of Indian ethnicity (from 2.3% to 4.2%)²⁷⁰. HSE found in the general population and in each minority ethnic group, women had lower prevalence of angina and heart attack than men. HSE data shows that the prevalence of CHD is 6% for Indian men²⁷¹.

Prevalence of these conditions was lowest among those aged 16-34 and increased with age in both sexes in the general population and in all minority ethnic groups. Among minority ethnic groups, the prevalence of angina and heart attack was highest in Pakistani men and Indian men and women, and lowest in Black African and Chinese informants. The highest prevalence of these conditions was observed in those aged 55 and over: the prevalence of angina was highest in Pakistani men (30.9%) and Indian women (14.7%), while the prevalence of heart attack was highest in the Pakistani group (19.0% men, 6.9% women)²⁷².

Ischaemic Heart Disease

The prevalence of ischaemic heart disease (IHD), which is heart problems caused by narrow heart arteries (angina or heart attack), was higher in men than in women. For women aged 55 and over, the prevalence was highest in the Indian group (14.7%) and lowest in the Black Caribbean (6.3%) and Irish (6.6%) groups²⁷³.

IHD accounted for 10.5% (162,804 deaths in 2017 to 2019) of death registrations in the UK. The highest mortality rates in males have been in the Bangladeshi, Pakistani, and Indian ethnic groups. In the latest period, these groups had rates of 219.1, 206.7, and 190.9 deaths per 100,000

males, respectively, all of which were statistically significantly higher than the rate in the White group (157.9 deaths per 100,000)²⁷⁴.

In females, the same ethnic groups tended to have the highest rates (Bangladeshi, Pakistani, Indian), and in the latest period the rates for these ethnic groups (114.8, 109.6, and 99.3 per 100,000 females, respectively) were statistically significantly higher than the rate in the White group (70.5 deaths per 100,000)²⁷⁵. For both genders there has been a decline in the rates of death from IHD within the Indian ethnic group²⁷⁶.

A published study²⁷⁷ provides some useful insight into attitudes to and knowledge of risk factors for coronary heart disease within the community. Using a sample of the community within Leicester the study identified barriers to improving lifestyle (i.e. diet and exercise) included language which creates a limitation in accessing health services; lack of information like how to cook traditional Indian food more healthily; and cultural barriers such as the lack of women-only exercise facilities.

2.7.3 Chronic Obstructive Pulmonary Disease (COPD)

A published research on the ethnic differences in smoking intensity and COPD risk found within the sample of the Indian ethnic group only a fifth had ever smoked and group had a low percentage of COPD diagnoses (0.8% compared to 3.2% in White British group and 4.2% in the White Irish group, both of which had higher percentage of current smokers). Within the sample of the Indian community (sample size: 58,082) it found 78% had never smoked, 11% were current smokers, and 0.8% had recorded COPD diagnosis.

Chronic Obstructive Pulmonary Disease (COPD) accounts for 30,000 deaths a year. COPD is the name for a group of lung conditions that cause breathing difficulties. It includes: emphysema (damage to the air sacs in the lungs); chronic bronchitis (long-term inflammation of the airways).

Published research²⁷⁸ on COPD shows there was significantly higher risk for the White Irish group and significantly lower for all other ethnic groups compared to the White British group. The study has found that smoking status and smoking intensity had almost identical influences on the COPD risk of individual ethnic groups. Within the study's sample only a fifth of the Indian ethnic group had ever smoked and they had a low percentage of COPD diagnoses (0.8% compared to 3.2% in White British group and 4.2% in the White Irish group, both of which had higher percentage of current smokers)²⁷⁹.

Within the sample of the Indian community (sample size: 58,082) it found 78% had never smoked, 11% were current smokers, and 0.8% had recorded COPD diagnosis. This was similar to the Pakistani community (sample size: 34,415): 74% had never smoked, 15% were current smokers and 0.8% had recorded a COPD diagnosis. In comparison, 65% of the Bangladeshi community (sample size: 95,356) had never smoked, 21% were current smokers and 0.9% had recorded COPD diagnosis²⁸⁰.

2.7.4 Dementia and Alzheimer's disease

Among Indian males the rate of dementia and Alzheimer's disease is 76.9 deaths per 100,000 in 2017-19, an increase from 59.8 deaths per 100,000 in 2012-14. The rates are higher among Indian females which have seen an increase from 67.8 deaths per 100,000 in 2012-14 to 84.3 deaths per 100,000 in 2017-19.

Dementia and Alzheimer's disease are leading causes of death in the general population and featured in the five most common causes for most ethnic groups and for both sexes since 2012 to 2014. The prevalence of dementia and Alzheimer's disease increases with age, with the conditions being most common in over 65 year olds. Dementia and Alzheimer's represents 12.9% (200,111 deaths in 2017 to 2019) of death registrations in the latest period within the UK.

Among Indian males the rates of mortality from dementia and Alzheimer's disease was 76.9 deaths per 100,000 in 2017-19, an increase from 59.8 deaths per 100,000 in 2012-14. The rates are higher among Indian females which have seen an increase from 67.8 deaths per 100,000 in 2012-14 to 84.3 deaths per 100,000 in 2017-19. This can be compared to 2017-19 statistics for the Pakistanis (male: 66.4 and females: 82.3 deaths per 100,000) and Bangladeshis (male: 97.6 and females: 74.4 deaths per 100,000)²⁸¹.

A published study²⁸² from the University of Bradford on perceptions of dementia and use of services in minority ethnic communities found Indian participants reported a lack of support and understanding from extended family members. The participants felt family stress and worry caused by family issues may be a contributory factor in dementia. It also found a significant barrier to service use was the lack of awareness of the existence of specialist dementia services. Indian participants associated aggressive behaviour and physical symptoms, such as loss of appetite and mobility problems, with dementia. In addition, people with dementia were perceived to be "unhygienic".

2.7.5 Cerebrovascular diseases

The Indian community had one of the lowest rate of death from cerebrovascular diseases with 29.1 deaths per 100,000 males from 2017 to 2019, a decline from 36.4 deaths per 100,000 males in 2012-14. Among Indian females the rate of death from the disease dropped from 14.4 deaths per 100,000 females to 11.7 deaths per 100,000 females in 2017 to 2019.

Cerebrovascular diseases are conditions that affect the blood supply to the brain such as stroke. In 2017 to 2019²⁸³, cerebrovascular diseases appeared in the five most common leading causes for all ethnic groups and for all sexes except the White male group. Cerebrovascular diseases represent 5.8% of deaths registered in 2017 to 2019 (90,106 deaths)²⁸⁴.

Among South Asian groups for both sexes, and since 2012 to 2014, the Bangladeshi group had the highest rate of death from this cause. In 2017 to 2019, the male and female rates for the Bangladeshi group were 112.6 deaths per 100,000 males and 80.4 deaths per 100,000 females²⁸⁵.

In comparison to Indian males, Pakistani male group saw a slight increase in the rate of death from cerebrovascular diseases (42.2 deaths per 100,000, 2012-14, to 44.9 deaths per 100,000 in 2017-19).

In addition, according to HSE, the prevalence of IHD or stroke increases with age in both sexes. Among those aged 55 and over, the prevalence was highest in Indian women (18.9%) and Pakistani men (41.1%) and lowest in the Chinese group (8.7% men, 9.0% women)²⁸⁶.

2.7.6 Cancer

Research²⁸⁷ on the British Indian community in Leicester found the five most common cancers in the community were breast, prostate, lung, non-Hodgkin's lymphoma and rectal. It found incidence rate ratios for British Indians compared with British White group were significantly lower and suggested a possible link to the Indian diet.

Figures from the study also reveal the cancer rates in British Indians are higher than rates in India, except for cancers of the head and neck. Differences in cancer rates are likely to reflect differences in lifestyles and services for cancer diagnosis.

National Cancer Intelligence Network (NCIN) data has found for both genders the Indian community has the lowest incidence of lung cancer compared to all major ethnic groups. Indian patients also have significantly lower proportions of late stage lung cancer diagnoses compared with the White British group.

In addition, using data from the NCIN covering South East England on patterns of lung cancer incidence for major ethnic groups found

Bangladeshi men have a similar rate of lung cancer to White men, while rates for Indian and Pakistani men are much lower²⁸⁸. For both genders the Indian community have the lowest incidence of lung cancer compared to all major ethnic groups.

NCIN data has also found, after adjustment for age, sex and deprivation status, among patients with known stage, Indian patients had significantly lower proportions of late stage lung cancer diagnoses compared with the White British group²⁸⁹. In contrast, Pakistani and Black Caribbean patients had higher proportions diagnosed at late stage, compared with the White British group.

According to the NCIN²⁹⁰, 24% of Indian patients had their diagnosis of lung cancer at an early stage, 61% were late stage and for 15% the stage was unknown. This can be compared to Pakistani patients: 14% early stage, 75% late stage, and 11% stage unknown; Bangladeshi patients: 26% early stage, 61% late stage and 12% stage unknown.

A published study²⁹¹ also provides some useful insight into perceptions of cancer among British Indian women. It found compared to White British women, Indian women were more fearful and held more fatalistic beliefs about cancer. The study also identified that less than half of Indian participants found it easy to understand letters and leaflets about health.

2.7.7 End of life

Of all South Asian communities, the Indian ethnic group had the highest percentage of people aged 65 years and over (8.2%). The Indian ethnic group will have a larger proportion of people aged 65+, with 10.6% of its population expected to be in this age group.

In contrast, both the Bangladeshi and Pakistani ethnic groups had lower percentage of people aged 65 years and over, at 3.7% and 4.4%, respectively, with the Bangladeshi group having the lowest (figure 32).

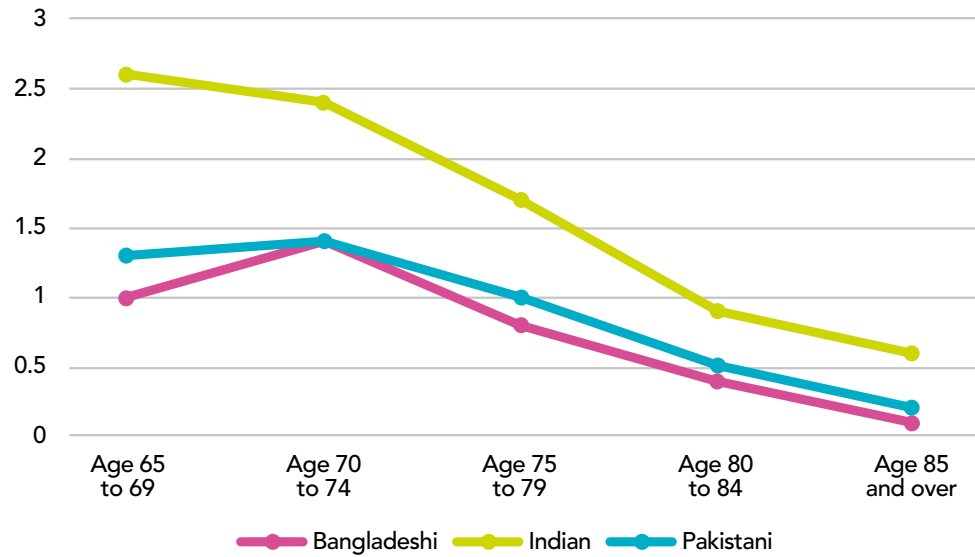
A study²⁹² applied the Alzheimer's Society's Expert Delphi Consensus findings on the prevalence of dementia in the UK to different ethnic groups. It found among ethnic minority groups, the Indian community are expected to have the highest expected numbers, which reflects the community's longer history of having been resident in the UK. The study states, the numbers of people likely to experience dementia across all groups will represent a larger proportion of older people.

A literature review²⁹³ on palliative care services found that low uptake of palliative and end of life care services was reported among minority ethnic groups. The review argues this to be due to lack of referrals, the lack of knowledge about services, religious traditions and family values in conflict with the idea of palliative/ hospice care. It also found other factors to be structural barriers such as geographical location of inpatient hospices, social segregation and previous negative experiences of care²⁹⁴.

A published research²⁹⁵ has found amongst non-White Black Asian and Minority Ethnic (BAME) groups, East Midlands, West Midlands and the South East together accounted for almost four out of ten older Indian, while the West Midlands, Yorkshire & the Humber and the North West together accounted for half of all older Pakistanis.

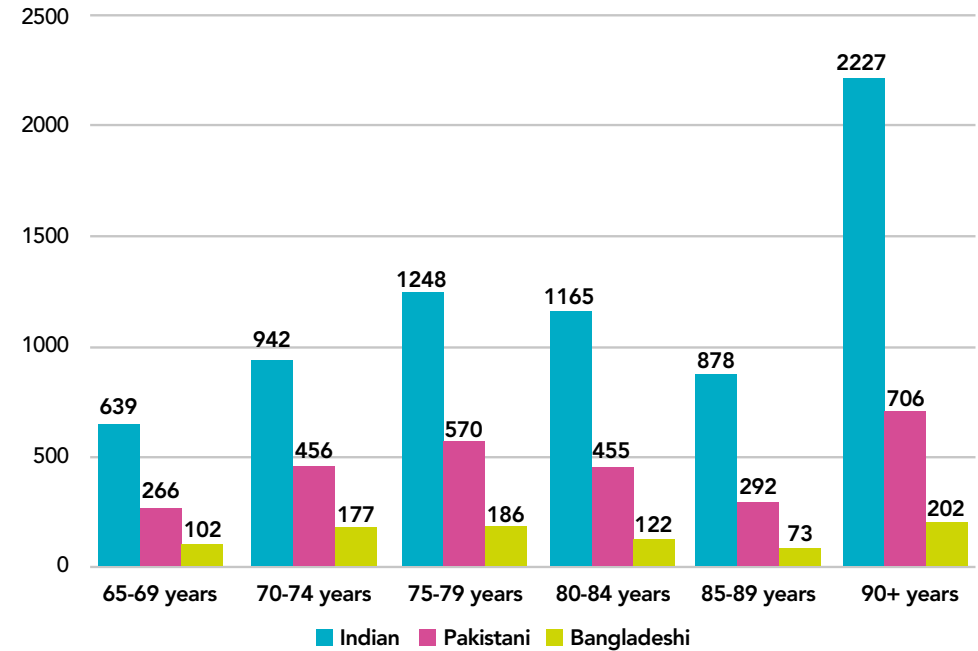
In England and Wales, it is predicted²⁹⁶ that by 2026 there will be over 1.3 million people from BAME groups aged 65+ (compared to over half a million in 2001); in 2026 almost half a million people from BAME groups will be aged 70+. Amongst BAME groups, the White Irish is expected to have the highest proportion of people aged 65+ (35.9% of its population expected to be in this age group), followed by the Black Caribbean (13.4%), White Other (10.7%), Indian (10.6%) and Other Asian (9.6%)²⁹⁷. The Indian group is estimated to have a lower growth rate, although the increase in numbers would be substantial due to the size of the population (table 20)²⁹⁸.

Figure 32: Percentage of people aged 65+ from Bangladeshi, Indian and Pakistani ethnic groups, in England and Wales



Source: England and Wales 2011 Census²⁹⁹

Figure 33: Number of cases of people with late-onset dementia by ethnic-group and age based on consensus estimates of population prevalence



Source: Based on data from the Race Equality Report Dementia and end of life care for Black, Asian and minority ethnic communities, original data source: Alzheimer's Society³⁰⁰

Table 20: Ageing of South Asian ethnic groups in England and Wales (2026 estimates)

Ethnic groups	Population (% of total)	% aged 65+
Indian	2,199,270 (3.6)	10.60%
Pakistani	1,701,099 (2.8)	5.80%
Bangladeshi	756,559 (1.2)	4.20%

Source: Adapted from Lievesley (2010). Table 14. Ethnic Minority population projections to 2051. Chart 34. Age structure of ethnic minority groups, England and Wales, 2016. Chart 36. Age structure of ethnic minority groups, England and Wales, 2026. In: The future ageing of the minority ethnic population of England and Wales. Older BME People and Financial Inclusion Report



LIFE EXPECTANCY  **82.3**  **85.4**

2.8 Closing the gaps

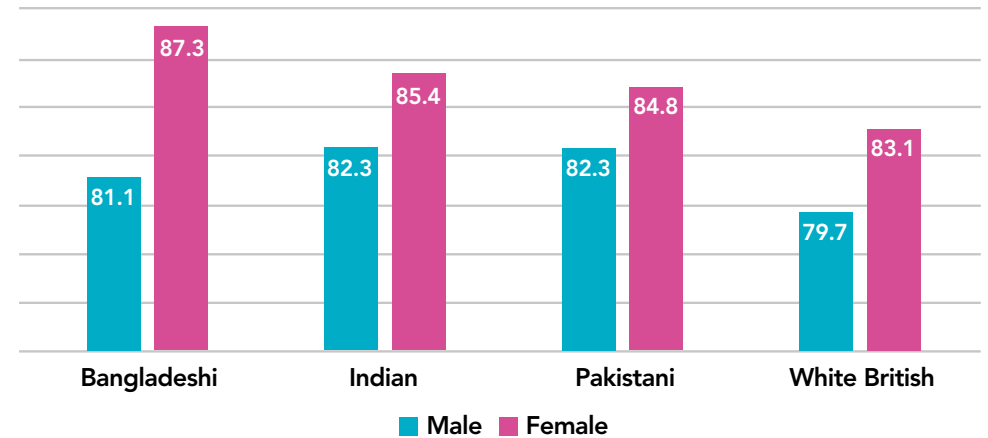
Closing the gaps key findings:

- The life expectancy of Indian women is 85.4 which is slightly higher than the Pakistani women (84.8), but less than Bangladeshi women (87.3).
- Life expectancy of Indian men is 82.3 which is the same as Pakistani men, but slightly more than Bangladeshi men (81.1).

2.8.1 Life expectancy

Life expectancy of Indian women is 85.4 which is slightly more than the Pakistani women (84.8), but less than Bangladeshi women (87.3). Life expectancy of Indian men is 82.3 which is same as Pakistani men, but slightly more than Bangladeshi men (81.1).

Figure 34: Percentage of people aged 65+ from Bangladeshi, Indian and Pakistani ethnic groups, in England and Wales



Source: ONS³⁰¹

2.9 Contributing to a Green & Sustainable Future

Contributing to a Green & Sustainable Future key finding:

- Many of the wards with the largest populations of Indians in Birmingham have some of the highest mean value on the environmental justice map, including Holyhead, Soho and Jewellery Quarter, Holyhead and Aston.

The Environmental Justice map³⁰² combines 5 indicators, namely, the index of Years of Life Lost (YLL), Urban Heat Island effect (UHI), the Indices of Multiple Deprivation (IMD), Public green spaces access and Flood Risk. The indicators are combined and scaled in a range of 0-1, with 0 being the most preferred and 1 being the least.

Many of the wards with the largest populations of Indians in Birmingham have some of the highest mean value on the environmental justice map, including Holyhead, Soho and Jewellery Quarter, Holyhead and Aston (listed below).

Table 21: Wards with greatest proportion of Indians and mean index value according to Birmingham City Council's Environmental Justice Map

Ward	Index – mean value
Handsworth Wood	0.26
Soho & Jewellery Quarter	0.36
Holyhead	0.34
North Edgbaston	0.32
Aston	0.42
Handsworth	0.38
Hall Green North	0.30
Perry Barr	0.36
Edgbaston	0.21
Ladywood	0.33

Source: Birmingham City Council³⁰³

2.10 Mitigating the legacy of COVID-19

Mitigating the legacy of COVID-19 key findings:

- ONS has found individuals of Indian ethnicity were more likely to have increased or persistent lost sleep from worry between April 2020 and 2019, compared to those of White British ethnicity.
- Research findings suggest that the disproportionate impact of COVID-19 on Black and Asian communities is mainly attributable to increased risk of infection in these communities
- Multigenerational households are more common among South Asian groups, including people of Indian ethnicity, and older people living in larger households may have found it difficult to shield

ONS has found individuals of Indian ethnicity were more likely to have increased or persistent lost sleep from worry between April 2020 and 2019, compared to those of White British ethnicity (36% compared to 23%)³⁰⁴.

While researchers have found that deprivation played a bigger role in COVID-19 incidence in the first wave of the pandemic, until October 2020, ethnicity played a larger part in the second wave from December 2020 until January 2021 and again from May until June 2021³⁰⁵.

A disproportionate number of BAME healthcare staff passed away to COVID-19. According to the British Medical Association (BMA)³⁰⁶, 21% of all healthcare staff are BAME (Black and Minority Ethnic) but as of August 2021, 63% of healthcare workers who died from COVID-19 were from BAME backgrounds.

Research findings suggest that the disproportionate impact of COVID-19 on Black and Asian communities is mainly attributable to increased risk of infection in these communities. Some of the explanations for the increased risk include being employed in frontline roles including in the healthcare sector³⁰⁷ - there are a higher proportion of women in nursing from the Indian ethnic background³⁰⁸. Multigenerational households are more common among South Asian groups, including people of Indian ethnicity, and older people living in larger households may have found it difficult to shield³⁰⁹.

In addition, the ONS has found in April 2020 in the UK, 8% of Indians reported finding it very or quite difficult to get by financially, though this was significantly lower than the Pakistani and Bangladeshi (13%) ethnic groups³¹⁰.

3.0 Conclusion

This report has highlighted the inequalities experienced by the Indian community within the UK and Birmingham, some of which include lower rates of physical activity (particularly in women), a greater prevalence of diabetes and rising rates of dementia-related mortality. This Community Health Profile is to support the council, communities and partners to better understand the inequalities affecting the Indian community. The multiple factors that have been identified by the report can be used to inform the work to address inequalities felt by the Indian community across the city.



4.0 Appendix

Appendix 1: Search strategy

Getting the best start in life	Mental wellness and balance	Healthy and affordable food	Active at every age and ability	Working and learning well
General: "Indian" and "children" or "young people" or "youth" or "child" or "babies" or "childhood"	General: "Indian" and "mental health" or "mental" or "health" or "wellbeing" or wellness" or "access" or "balance"	General: "Indian" and "food" or "diet" or "obesity" or "meat" or "vegetarian"	General: "Indian" and "physical activity" or "activity" or "exercise"	General: "Indian" and "working" or "education" or "housing" or "living" or "economic activity" or "general health" or "health" or "illness" or "disability" or "long term disability" or "long standing health"
Specific: "Indian" and "vaccination" or "measles" or "obesity" or "health check" or "maternity care" or "breast feeding" or home visits" or "rituals" or "vaccine" or pertussis vaccine" or "belonging" or "bullying" or "fostering" or "care"	Specific: "Indian" and "mental illness" or "depression" or "suicide" or "shame" or "stigma" or "stress" or "racial harassment" or "honour" or "disability" or "alcohol" or "drinking" or "abstention" or "drinking frequency" or "drinking intensity" or "alcohol problem" or "alcohol support" or "alcohol consumption" or "substance abuse" or "addiction" or "tobacco" or "cannabis" or "recreational drugs" or "drugs" or "smoking" or drug use"	Specific: "Indian" and "common food" or "festival food" or "dietary laws" or "food practices" or "traditional food" or "obesity" or "physical activity" or "overweight" or "BMI" or "weight" "Waist Height Ratio"	Specific: "Indian" and "vigorous exercise" or "moderate exercise" or "walking" or "running" or "sports" or "cardiovascular" or "elderly exercise" or "health promotion"	Specific: "Indian" and "apprenticeships" or "Level 1,2,3,4 qualifications" or "degree" or "NEET" or "secondary school" or "primary school" or "full time education" or "profession" or "career choice" or "household income" or "home ownership" or "Bad health" or "learning disability" or "hearing impairment" or "communication impairment" or "PCOS"

Appendix 2: Raw Data Table of Figure 1: Year of arrival to England and Wales of Indian ethnic group, by gender

Year of Arrival of Indian Ethnic Group	Females	Males
Before 1981	128918	119345
1981-1990	31786	22404
1991-2000	40234	36355
2001-2003	30439	33129
2004-2006	44378	48888
2007-2009	42003	56156
2010-2011	23866	36247

Appendix 3: Raw Data Table for Figure 2: Top ten main 'Other' languages in England and Wales, 2011

Language	Number of Speakers in England and Wales
Spanish	120000
Portuguese	133000
All Other Chinese	141000
French	147000
Arabic	159000
Gujarati	213000
Bengali (with Sylheti and Chatgaya)	221000
Urdu	269000
Panjabi	273000
Polish	546000

Appendix 4: Raw Data Table for Figure 3: Percentage of the Indian population of England and Wales living in each local authority area (top 17 areas labelled)

Local Authority Area	Percentage of Indian Population Living There
Kirklees	1.5%
Bolton	1.5%
Wolverhampton	2.3%
Sandwell	2.2%
Birmingham	4.6%
Coventry	2.0%
Leicester	6.6%
Slough	1.6%
Barnet	2.0%
Redbridge	3.2%
Newham	3.0%
Croydon	1.8%
Hounslow	3.4%
Ealing	3.4%
Brent	4.1%
Hillingdon	2.6%
Harrow	4.5%

Appendix 5: Raw Data Table of Figure 4: Age profile of Indian and White British people, England & Wales

Age	Percentage of White British Population	Percentage of Indian Population
85+	2.6	0.6
80-84	2.8	0.9
75-79	3.6	1.7
70-74	4.4	2.4
65-69	5.4	2.6
60-64	6.8	3.8
55-59	6.2	5.2
50-54	6.8	5.9
45-49	7.6	6.1
40-44	7.3	7.2
35-39	6.2	8.9
30-34	5.6	11.2
25-29	5.8	11.2
20-24	6.3	8.4
15-19	6.2	5.9
10-14	5.6	5.3
5-9	5.2	5.8
0-4	5.6	7

Appendix 6: Raw Data Table of Figure 6: Patterns of arrival of Indian ethnic group (West Midlands), by gender

Time of Arrival in the West Midlands	Females	Males
Before 1981	24878	22759
1981-1990	4517	3367
1991-2000	5977	4891
2001-2003	3900	3689
2004-2006	4610	4668
2007-2009	4197	5545
2010-2011	2311	4408

Appendix 7: Raw Data Table of Figure 7: Country of birth for Indians in Birmingham (n= 64,621)

Country of Birth	Total	Percentage
Europe- United Kingdom	34870	54
Middle East and Asia	24107	37
Africa	4819	8
Other Europe	431	1
The Americas and Caribbean	256	0
Ireland	80	0
Antarctica and Oceania	58	0

Appendix 8: Raw Data Table of Figure 8: National identity by ethnic group for Indians in Birmingham (n= 64,621)

National Identity	Total
British identity	39061
English Only Identity	9521
Other Identity only	12168
English and British only identity	2473
Other identity and at least one other UK identity	1192
Welsh and British only identity	7
Welsh only identity	27
Scottish only identity	37
Scottish and British only identity	11
Northern Irish only	10
Northern Irish and British Only identity	2
Any other combination of British identities	55
Irish and at least one UK identity	5
Irish only identity	52

Appendix 9: Raw Data Table of Figure 9: Age profile of population born in India, by gender within West Midlands; with age profile of West Midlands as comparator

Age Range	Percentage of Males born in India and living in the West Midlands	Percentage of Males living in the West Midlands	Percentage of Females born in India and living in the West Midlands	Percentage of Females living in the West Midlands
80+	4	3.48	5	5.92
75-79	4	2.98	4	3.5
70-74	6	3.92	6	4.18
65-69	6	5.14	7	5.16
60-64	8	6.18	9	6.08
55-59	11	5.69	11	5.5
50-54	9	6.27	10	6.12
45-49	8	7.34	9	7.22
40-44	7	7.22	7	7.17
35-39	8	6.03	8	5.94
30-34	9	5.47	10	5.4
25-29	9	6.01	8	5.8
20-24	7	6.78	4	6.42
16-19	2	5.69	1	5.32
10-15	1	8.06	1	7.44
5-9	1	6.49	1	6.03
0-4	1	7.25	1	6.73

Appendix 10: Raw Data Table of Figure 10: Infant mortality rate by ethnicity of the baby and cause of death, England and Wales, 2017, 2018 and 2019 combined; Infant mortality rate per 1,000 live births (rate)

Ethnic Group	Immaturity related Conditions	Congenital Anomalies	Other
White British	1.3	0.9	0.9
Indian	2.2	1.3	1
Bangladeshi	1.8	2.3	1
Pakistani	2	3.4	1.3

Appendix 11: Raw Data Table of Figure 11: Indian children's age profile compared to the general population of Birmingham

Age Range	Percentage of Indian Children Living in Birmingham	Percentage of All Children Living in Birmingham
16-17	2	3
15	1	1
10-14	6	7
8-9	2	3
5-7	4	4
0-4	6	8

Appendix 12: Raw Data Table of Figure 12: Obesity and Severe obesity prevalence by ethnic group from the National Child Measurement Programme 2019/20; Children in reception (aged 4-5 years) – left & Children in Year 6 (aged 10-11 years) – right

Ethnic Group	Percentage of Obese 4-5 year olds	Percentage of Severely Obese 4-5 year olds	Percentage of Obese 10-11 year olds	Percentage of severely Obese 10-11 year olds
Bangladeshi	12.6	4.5	30.1	6.7
Pakistani	10.8	3.5	26.2	6.3
Indian	7.2	2.2	21.6	4.2
White British	9.7	2.3	19	4

Appendix 13: Raw Data Table of Figure 13: Percentage of children living in households in low income, by ethnicity, UK, three-year average, FYE 2016 to FYE 2018

Ethnic Group	Percentage of Children Living in Low Income Households
Pakistani	47
Bangladeshi	41
White British	17
Indian	17
National Average	20

Appendix 14: Raw Data Table of Figure 14: Percent of ethnic group populations living in the 10% of most deprived neighbourhoods, England, 2019

Ethnic Group	Percentage living in the 10% of most deprived neighbourhoods
Bangladeshi	19.3
Indian	7.6
Pakistani	31.1
White British	9.1

Appendix 15: Raw Data Table of Figure 15: Percentage of children in low-income households, by ethnicity, UK, three-year average, FYE 2012 to FYE 2018

Ethnic Group	Percentage of Children in Low Income Households (2009/10 to 2011/12)	Percentage of Children in Low Income Households (2012/13 to 2014/15)	Percentage of Children in Low Income Households (2015/16 to 2017/18)
Indian	23	22	17
White British	18	18	20
National Average	16	16	17

Appendix 16: Raw Data Table of Figure 16: Progress 8 score, by ethnicity, England, academic year 2018 to 2019

Ethnic Group	Progress 8 Score
Indian	0.71
Bangladeshi	0.47
Pakistani	0.24
White British	-0.14
National Average	-0.03

Appendix 17: Raw Data Table of Figure 17: Number of detentions under the Mental Health Act per 100,000 people, by specific ethnic group (standardised rates), England. 2017-20

Ethnic Group	Number of Detentions under the Mental Health Act per 100,000 people (2017/18)	Number of Detentions under the Mental Health Act per 100,000 people (2018/19)	Number of Detentions under the Mental Health Act per 100,000 people (2019/20)
White British	69	70.1	70.5
Pakistani	112.6	117.6	121.1
Indian	55.7	70.9	71.9
Bangladeshi	129.7	141.7	136.1

Appendix 18: Raw Data Table of Figure 18: Number of adults per 100,000 using NHS mental health, learning disability and autism services by ethnicity, England. 2019 to 2020

Ethnic Group	Number of Adults per 100,000 using services (2017/18)	Number of Adults per 100,000 using services (2018/19)	Number of Adults per 100,000 using services (2019/20)
White British	3709	4013	4166
Pakistani	3825	4268	4459
Indian	2369	2544	2702
Bangladeshi	3887	4234	4668

Appendix 19: Raw Data Table of Figure 19: Body mass index, waist-to-hip ratio and waist circumference by ethnic group, men, 2004, England

Ethnic Group	Percentage of Obese men	Percentage of men with a Waist to Hip ratio of 0.95 and over	Percentage of men with a waist circumference of 102cm and over
Indian	14	38	20
Pakistani	15	36	30
Bangladeshi	6	32	12
Male Population	23	33	31

Appendix 20: Raw Data Table of Figure 20: Body mass index, waist-to-hip ratio and waist circumference by ethnic group, women, 2004, England

Ethnic Group	Percentage of Obese women	Percentage of women with a Waist to Hip ratio of 0.95 and over	Percentage of women with a waist circumference of 102cm and over
Indian	20	30	38
Pakistani	28	39	48
Bangladeshi	17	50	43
Female Population	23	30	41

Appendix 21: Raw Data Table of Figure 21: Adults 16+: Active (at least 150 mins per week); percentage

Ethnicity	Women (%)	Men (%)
Pakistani	40.8	55.6
Bangladeshi	45.7	53.0
Indian	52.3	61.3
White British	60.9	65.3

Appendix 22: Raw Data Table of Figure 22: 5+ GCSEs A*-C including English and Maths by ethnicity, gender and free-school

Ethnicity	Women (%)	Men (%)
Bangladeshi	63	65
Pakistani	46	55
Indian	71	86
White British	31	45

Appendix 23: Raw Data Table of Figure 22: 5+ GCSEs A*-C including English and Maths by ethnicity, gender and free-school, table B

Ethnicity	Women (%)	Men (%)
Bangladeshi	61	65
Pakistani	54	63
Indian	71	86
White British	64	72

Appendix 24: Raw Data Table of Figure 23: Percentage of the economically active population who were unemployed, by ethnicity, 2019

Ethnicity	Unemployment amongst economically active population (%)
Bangladeshi/Pakistani	8
Indian	4
White British	4

Appendix 25: Raw Data Table of Figure 24: Percentage of the economically active population who were unemployed, by ethnicity, 2019

Year	Unemployment amongst economically active population (%)
2004	7
2005	7
2006	8
2007	7
2008	7
2009	9
2010	8
2011	-
2012	10
2013	9
2014	6
2015	7
2016	5
2017	6
2018	4
2019	4

Appendix 26: Raw Data Table of Figure 25: Economic activity by gender (16-64 year olds), as recorded in 2011 Census for those born in India; data for West Midlands

Economic Status	Female	Male
Economically inactive	14,704	7,255
Full-time student unemployment	332	804
Full-time student in employment	593	1,794
Unemployed	2,090	1,883
Full-time self-employed	1,335	4,799
Part-time self-employed	723	1,403
Full-time employee	10,989	16,985
Part-time employee	7,314	3,170

Appendix 27: Raw Data Table for Figure 26: Percentage of the economically active population who were unemployed, by ethnicity and gender

Gender	Bangladeshi and Pakistani (%)	Indian (%)	White British (%)
Male	7	4	4
Female	11	4	3
Total	8	4	4

Appendix 28: Raw Data Table for Figure 27: COVID-19 vaccination rates of adults aged 50 years and over, by self-reported ethnic group, 8 December 2020 to 12 April 2021, England (percentage %)

Ethnic Group	COVID-19 Vaccination Uptake (%)
Bangladeshi	86.8
Indian	90.9
Pakistani	78.4
White British	93.7

Appendix 29: Raw Data Table for Figure 28: Willingness to be vaccinated in the UK Household Longitudinal Study by ethnic group

Vaccine Acceptance	Pakistani or Bangladeshi (%)	Indian (%)	White British (%)
Likely/very likely to get vaccinated	57.7	79.4	84.4
Unlikely/very unlikely to get vaccinated	42.3	20.6	15.6

Appendix 30: Raw Data Table for Figure 29: Percentage of 16 - 74 year olds who reported being victims of domestic abuse in the previous 12 months, by ethnicity

Year	Bangladeshi	Indian	Pakistani	White British
2017/18	0	4.2	4.3	5.6
2018/19	1.1	4.0	4.5	5.9
2019/20	1.4	4.9	3.5	5.9

Appendix 31: Raw Data Table Figure 30: Deaths registered in England and Wales, 2017-19, age-standardised mortality rates per 100,000 for the most common leading causes of death for each ethnic group, males aged 10 years and above

Cause of Death	Bangladeshi	Indian	Pakistani	White British
Ischaemic Heart disease	219.1	190.9	206.7	157.9
Dementia and Alzheimer's disease	97.6	76.9	66.4	121.6
Chronic Lower Respiratory diseases	76.3	35.2	41.7	73.8
Malignant Neoplasm of Trachea Bronchus and Lung	80.6	29.1	44.9	70.9
Influenza and Pneumonia	42.7	62.4	54.1	64.7
Cerebrovascular diseases	112.6	69.7	70.4	62.3

Appendix 32: Raw Data Table for Figure 31: Deaths registered in England and Wales, 2017-19, age-standardised mortality rates per 100,000 for the most common leading causes of death for each ethnic group, females aged 10 years and above

Cause of Death	Bangladeshi	Indian	Pakistani	White British
Ischaemic Heart disease	114.8	99.3	109.6	70.5
Dementia and Alzheimer's disease	74.4	84.3	82.3	142.0
Chronic Lower Respiratory diseases	23.3	22.5	32.8	58.1
Malignant Neoplasm of Trachea Bronchus and Lung	18.1	11.7	12.4	52.3
Influenza and Pneumonia	33.1	51.4	56.4	49.5
Cerebrovascular diseases	80.4	53.4	57.1	58.2
Diabetes	30.9	18.9	28.9	9.8

Appendix 34: Raw Data Table for Figure 32: Percentage of people aged 65+ from Bangladeshi, Indian and Pakistani ethnic groups, in England and Wales

Age Group	Bangladeshi	Indian	Pakistani
65-69	1	2.6	1.3
70-74	1.4	2.4	1.4
75-79	0.8	1.7	1
80-84	0.4	0.9	0.5
85+	0.2	0.6	0.2

Appendix 35: Raw Data Table for Figure 33: Number of cases of people with late-onset dementia by ethnic-group and age based on consensus estimates of population prevalence

Age Group	Bangladeshi	Indian	Pakistani
65-69	639	266	102
70-74	942	456	177
75-79	1248	570	186
80-84	1165	455	122
85-89	878	292	73
90+	2227	706	202

Appendix 36: Raw Data Table for Figure 34: Life expectancy of people from Bangladeshi, Indian and Pakistani ethnic groups, in England and Wales

Gender	Bangladeshi	Indian	Pakistani	White British
Male	81.1	82.3	82.3	79.7
Female	87.3	85.4	84.8	83.1

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