



COMMUNITY HEALTH PROFILES **2022**

Birmingham Public Health Division
October 2022

A BOLDER HEALTHIER BIRMINGHAM

Public Health Evidence Reports

1. Statutory Reports

Joint Strategic Needs Assessment

- A regularly refreshed snapshot of the health and wellbeing of the citizens of Birmingham and the factors underpinning this.
- Highlights the inequalities at a high level across the city.
- Draws together data from across the Council and public sector.

Annual Director of Public Health Report

- Annual independent report of the Director of Public Health on a specific topic/focus area to shine a light on an issue.

Public Health Evidence Reports (cont.)

2. Elective Evidence Reports

Deep Dive Needs Assessments

- Structured needs assessments into a specific area/topic/community
- Brings together published and grey literature, service data and qualitative data from community insight
- Makes recommendations for action

Community Health Profiles

- Desk top analysis of published evidence and grey literature and population survey data.
- Snapshot of inequalities.



Topic Based Commissions

- Evolving methodology using evidence collation with active community collaboration to focus on creating evidence-based solutions.

The Community Health Profiles

- Birmingham has an ambition for a **bolder healthier city**, becoming a city in which, every citizen can live a healthy enjoyable life.
- The Community Health Profiles help us understand the gaps (health inequalities) in achieving this ambition in different communities.
- The Profiles describe the health inequalities of a specific community of identity or interest or experience.
- Setting out the differences in need shown by the evidence can help the Council, it's partners and communities take action to close the gaps and improve the health of people in Birmingham.
- The Community Health Profiles will be published on the Council's website as resources to support greater understanding and awareness of the issues affecting different communities in our city.
- We aim to refresh them every 5-8 years depending on the data availability.

Evidence Report Forward Plan

Community Health Profiles

- Sikh – (Sept 2021)
- Bangladeshi- (Sept 2021)
- **Muslim** ←
- Lesbian
- Trans
- d/Deaf & Hearing Loss
- Sight Loss
- Nigerian
- Indian
- Caribbean Islands
Commonwealth States
- Somali
- Kenyan
- Pakistani

Deep Dive Reports

- Veterans (published)
- End of Life (published)
- Learning Disabilities
- Dual Diagnosis
- Mobility Impairment
- Sensory Impairment

Commissions

- Birmingham Poverty Truth Commission – focus on Housing issues
- Birmingham & Lewisham African & Caribbean Health Inequalities Review

Community Health Profiles aim to...



To find and review the physical health, mental health, lifestyle behavioural and wider determinants (social and economic factors) that exist in health in a specific community.



To collect and present this information using the 10 key priority areas identified in the Health and Wellbeing Strategy for Birmingham - Creating a Bolder Healthier City



To engage with the local communities on the evidence found and highlight the opportunities to address inequalities



To promote the use of these summaries for Local Authority and wider system use for community and service development.

Health and Wellbeing Themes

Getting the Best Start in Life

Mental Wellness and Balance

Healthy and Affordable Food

Active at Every Age and Ability

Working and Learning Well

Protect and Detect

Ageing and Dying Well

Closing the Gaps

Green and Sustainable Future

Mitigating the Legacy of COVID-19

Methodology – Bayswater Institute

- A comprehensive review of
 - Academic literature, including EBSCO, SocINDEX, Academic Search Complete, CINAHL, PubMed/Medline, Google Scholar, Science Direct and SCOPUS
 - Grey Literature, including voluntary and community sector, ONS, NHS, PHE, Google, Muslim specific organisations.
- Inclusion criteria: Birmingham/UK population, post- 2000, > 10 Muslim participants (or > 10% of sample)
- Comparator groups: Christianity, Hinduism, Sikhism and people with no religion

Limitations – Bayswater Institute

- Population data used is from the 2011 Census and is likely to have changed since then. Conclusions on populations must therefore be taken with caution.
- Often studies fail to recognise the diverse ways of defining difference and the multiplicity of hybrid identities that have come to be associated with the socially constructed category of the British Asian Muslim.
- Limitations of findings, e.g. lack of data which classified the religion of participants, conflation between ethnicity and religion, use of ethnicity as a proxy
 - Proxy assessments have been made in this report using data from Pakistani and Bangladeshi communities in the UK or in some cases other South Asian communities.

Sharing Community Health Profiles

- Written report & PowerPoint slide set
- Published on the [BCC Communities Pages](#)
- YouTube highlights video
- Webinars for Muslim community and wider partners





COMMUNITY HEALTH PROFILES **2022**

Muslim Profile

Weblink: [Muslim community health profile | Community health profiles | Birmingham City Council](#)

A BOLDER HEALTHIER BIRMINGHAM

Overview of Community

- Islam is the second largest religion in the world. Almost a quarter (**24%**) of the global population identify as Muslim.^[1]
- Fastest growing religion in the world, likely to become the world's largest religion by 2075.^[1]
- Islam is now the second largest religion in the UK.^[2]
- Recent estimates show Muslim people living in Birmingham make up **27%** of population, compared to **4.8%** nationally.^[3,4]

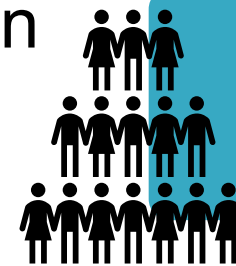
1.8 billion Muslims globally.^[1]



3.3 million Muslims in England and Wales.^[5]



234,411 Muslim people living in Birmingham.^[3]



Overview of Inequalities

Barriers to
accessing
healthcare

Poorer access to
mental health
services and
poorer treatment

Low engagement
in sport and
physical activity

Lower rates of full
time employment

Lack of data
available on
many health
inequalities

Getting the Best Start in Life

- **33%** of the Muslim population of Birmingham are children.^[6]
- **46%** of Muslim children in 2011 lived in the **10% most deprived** local authority districts of England.^[7]
- Muslim children had lower attainment in Birmingham at GCSE level than other groups – only **40%** achieving 5+ GCSE's grade C or above.^[8]

Maternal Health Experiences^[9-15]



Mental Health and Wellbeing

- **23%** of Muslims aged 55 and over reported feeling 'unhappy or depressed' (**12%** non-Muslims).^[16]
- Muslims are less likely to use mental health services; those that do appear to have poorer outcomes.^[17,18]
- **18.4%** of Muslim men and **3.9%** of Muslim women in the England are current smokers.^[19]

Barriers to Accessing Mental Health Services^[20-27]

- Embarrassment and stigma
- Lack of awareness of services
- Lack of culturally sensitive treatments and services
- Racism and anticipated discrimination
- Language barriers



Healthy and Affordable Food



Obesity

- Diet and obesity data not available based on religion.
- Pakistani women (**23%**) had the highest prevalence of a high BMI compared to White British (**21%**), Bangladeshi (**15%**) and Indian (**11%**).^[28]

Waist Circumference

- South Asian Muslims had a significantly increased risk of having a high waist-hip ratio compared with White British Christian group.^[29]

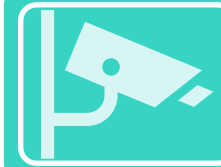
Healthy Eating

- Muslim women faced multiple barriers in addressing concerns about their weight including lack of culturally appropriate dietary advice.^[30]

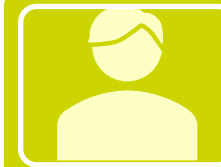
Active at Every Age and Ability

- **43%** of Muslims were classified as inactive (**28%** England average).^[31]
- **57%** of Muslims report engaging in sport or physical activity in the past 28 days (**75%** England average).^[31]
- Muslim participation in sport in the UK significantly lower than the population as a whole.

Barriers to Physical Activity^[32-35]



Cameras within the exercise facilities



Presence of male workers



Mixed-sex physical activity



Previous experiences of racism

Working and learning well

Housing



- **27%** of Muslim households lived in social housing (**17%** all households).^[36]
- Higher proportion of Muslim 'other households' (**19.3%**), including multigenerational households, than in the general population (**7.9%**).^[37]

Employment and Education



- **18%** of working age Muslims in the UK were full time students (**8%** general population).^[38]
- **16%** of Muslims in Birmingham were in full-time employment compared to over **30%** of other religions/no religion.^[39]
- **7%** UK Muslims were unemployed (**4%** general population).^[39]

Protect and Detect

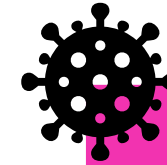
Screening

- Muslims (**26%**) had the lowest uptake of bowel cancer screening compared to South Asians (**33%**) and non-South Asians (**61%**).^[40]
- Muslim women (**51%**) are less likely to attend breast screening than Hindu and Sikh women.^[40]



Barriers to Screening^[41-45]

- Lack of awareness to services.
- Feelings of embarrassment.
- Communication and literacy barriers.
- Sex and ethnicity of healthcare professional and a lack of cultural competence from services.



COVID-19

- Muslims (**40%**) were the least likely to be vaccinated against COVID-19 compared to other religions.^[46]
- Muslim males had a COVID-19 mortality rate **2.7** times higher than Christian males (**2.4x** higher for women).^[47]

Ageing and Dying Well

- Muslim women over 65 report more bad health (**38.2%**) than other women (**16.1%**) and more bad health than Muslim men over 65 (**38.2% vs 26.7%**).^[48]
- Older Muslim patients have difficulty accessing and understanding medical advice because of language and cultural barriers.^[49]
- Muslim families make less use of hospices and care homes as they may not receive cultural support than is in line with the Muslim faith.^[51]

Summary of Health in Older Adults^[48-50]



Closing the Gaps

Data on life expectancy by religious affiliation is not available.
Limited data on many areas of health specific to Muslims.



- Very few official statistics use a classification by religion and as a consequence most of the data available refers to the largest communities of Muslims in the country who have Pakistani or Bangladeshi heritage.
- Consequently, there is little data available about smaller communities of Muslims in the UK who may have other heritage.
- Official statistics also do not differentiate between health of Sunni and Shia Muslims.



COMMUNITY HEALTH PROFILES **2022**

Muslim Profile
Infographics

A BOLDER HEALTHIER BIRMINGHAM

INTERNATIONAL, NATIONAL, AND BIRMINGHAM CONTEXT

2ND LARGEST RELIGION

in the world, the UK and Birmingham, with a population of 1.8 billion people,

25% OF THE WORLD'S POPULATION

Globally, **62%** of Muslims live in the Asia-Pacific region, **20%** in the Middle East and East-North Africa, **16%** in Sub-Saharan Africa and around **3%** in Europe.

3.3 MILLION MUSLIM PEOPLE IN ENGLAND AND WALES

234,411 MUSLIM PEOPLE LIVING IN BIRMINGHAM

5.1% OF POPULATION

27% OF LOCAL POPULATION

0-16yrs

37% OF MUSLIM POP IN BIRMINGHAM
cf. 22% of city pop

>65yrs

4% OF MUSLIM POP IN BIRMINGHAM
cf. 13% of city pop

In Birmingham

95%

FROM MINORITY ETHNIC BACKGROUND

58%

FROM PAKISTANI BACKGROUND

13%

FROM BANGLADESHI BACKGROUND

ORIGINS OF ISLAM

7TH CENTURY AD

Originating in the Arabian Peninsula, near Mecca and in what is known today as Saudi Arabia Islam translates as 'SUBMISSION TO THE WILL OF GOD'

Founded by

PROPHET MUHAMMED,

peace be upon him

WHO WAS BORN AROUND 570AD AND LIVED IN MECCA

5 PILLARS OF ISLAM

key practices in Muslims' everyday lives

DECLARATION OF FAITH, PRAYER, CHARITY, FASTING, PILGRIMAGE

SACRED TEXTS

**QUR'AN
HADITH
SUNNAH**

POPULATION IN BIRMINGHAM LIVING IN TOP 20% MOST DEPRIVED AREAS IN ENGLAND

By Religion

- 1 MUSLIM (84%)
- 2 CHRISTIANS (49.9%)
- 3 SIKHS (45.7%)
- 4 HINDUS (45%)
- 5 JEWISH (29.2%)

GREEN AND SUSTAINABLE FUTURE

THERE ARE 8 GREEN COMMUNITY GROUPS

2 BASED IN BIRMINGHAM, PROMOTING GREEN ISSUES IN THE MUSLIM COMMUNITY



The provisional analysis for the period 2 March to 15 May 2020 by the Office of National Statistics has shown variation in the rate of death involving the coronavirus between self-identified religious groups, as reported in the 2011 Census, including "No religion". The below table shows the age-standardised mortality rates of deaths involving COVID-19 by religion per 100,000 population for those aged 9 years and over.

RELIGIOUS GROUP	MALES	FEMALES
Muslim	198.9	98.2
Jewish	187.9	94.3
Hindu	154.8	93.3
Sikh	128.6	69.4
Buddhist	113.5	57.4
Christian	92.6	54.6
Other religion/ Not stated	84.2	49.2
No religion	80.7	47.9

GETTING THE BEST START IN LIFE

8% OF SCHOOL-AGE CHILDREN IN ENGLAND IN 2011 WERE MUSLIM.

46%  OF MUSLIM CHILDREN IN 2011 LIVED IN

10% MOST DEPRIVED LOCAL AUTHORITY DISTRICTS



10% MOST DEPRIVED LOCAL AUTHORITY DISTRICTS

4500 MUSLIM CHILDREN IN ENGLAND LOOKED AFTER BY THE STATE IN 2019.



Less than half fostered by Muslim families due to shortage of registered foster parents in the Muslim community

56% 

OF PAKISTANI & BANGLADESHI 3-YEAR OLDS READY FOR SCHOOL

cf. UK 87% UK average

HEALTH STATUS

MUSLIMS HAVE POORER ACCESS TO MENTAL HEALTH SERVICES



and poorer treatment outcomes cf. non-Muslims

South Asian Muslim women have a significantly **HIGHER HIP-WAIST RATIO**

cf. British Christian women

LIFE EXPECTANCY

81.1YRS

BANGLADESHI MALES



lower than average life expectancy compared with females (85.4 yrs) and males (81.8 yrs) across all ethnic groups

84.8YRS

PAKISTANI FEMALES

MATERNAL MORTALITY RATE

MIDDLE EASTERN WOMEN x 2.9

PAKISTANI FEMALES x 2.1

more likely to die as a result of pregnancy or childbirth than white British women

INFANT MORTALITY RATE

6.7 PER 1,000

FOR PAKISTANIS IN BIRMINGHAM

AGEING AND DYING WELL

4% of the Muslim community in 2011 were **OVER 65** compared with 16% in the UK population.

40% 

GREATER RISK OF CORONARY HEART DISEASE for South Asian Muslims compared with general UK population.

42% 

MUSLIM WOMEN AGED 65 AND OVER REPORT BEING IN 'BAD OR VERY BAD HEALTH' cf. 23% of women in the general population, cf. 31% of Muslim men

7-12%

RATE OF DOCTOR-DIAGNOSED DIABETES FOR SOUTH ASIAN MUSLIMS compared to 4% rate for British Christians.

MUSLIM WOMEN AGED 50-70 IN THE WEST MIDLANDS HAD A

LOWER UPTAKE OF BREAST CANCER SCREENING (51%)

THAN NON-SOUTH ASIANS (75%)

Elderly Muslim patients

STRUGGLE TO ACCESS AND UNDERSTAND MEDICAL ADVICE



due to language and cultural barriers.

LESS ORGAN DONATIONS

FOR MUSLIMS THAN OTHER GROUPS IN THE COMMUNITY AND MORE NEGATIVE ATTITUDES TO TRANSPLANTATION BECAUSE OF THE VIOLATION OF THE BODY THAT IT ENTAILS.

MUSLIM FAMILIES MAY BE

RELUCTANT TO AGREE TO POST-MORTEM EXAMINATIONS BECAUSE OF THE BODY VIOLATIONS THAT ARE ENTAILED.

PROTECT AND DETECT

Muslim men and women have **SIGNIFICANTLY LOWER UPTAKE OF BOWEL, BREAST AND CERVICAL CANCER SCREENING** compared to non-Muslims



40% MUSLIM ADULTS HAD ALL THREE COVID VACCINATIONS

cf. 62-67% of adults in all other religious sub-groups

COVID-19 RELATED MORTALITY

x2.7 MUSLIM MALES

x2.4 MUSLIM FEMALES

Cf. Christian males and females

MUSLIMS HAVE **LOWER RATES OF STI AND HIV** than the White British population

3% OF MUSLIM WOMEN REPORTED PARTNER ABUSE

cf. 2% of Hindu and 6% of Christian women.

BEHAVIOUR AND LIFESTYLE CHOICES

43% OF MUSLIMS WERE INACTIVE
cf. 28% of people in England (2020/21)

24% OF MUSLIMS IN BIRMINGHAM WERE INACTIVE (2020/21)

The Islamic **BAN ON ALCOHOL** is largely adhered to by the Muslim population in England



35% OF MUSLIM ADULTS IN ENGLAND HAVE BEEN SMOKERS AT SOME TIME
cf. 60% of Christians



The use of **CANNABIS** as a recreational drug by Muslim youth has become 'normalised'

13% OF THE MUSLIM POPULATION IN ENGLAND WAS IN PRISON IN 2011



WIDER DETERMINANTS

1.22 million MUSLIMS IN THE UK (46%) LIVE IN THE 10% MOST DEPRIVED LOCAL AUTHORITY DISTRICTS



41% OF MUSLIM HOUSEHOLDS ARE FAMILIES WITH CHILDREN compared with 25% in UK households



19% OF MUSLIM "OTHER HOUSEHOLDS" INCLUDE MULTIGENERATIONAL HOUSEHOLDS
cf. 8% of the UK general population



27% OF MUSLIM HOUSEHOLDS WERE IN SOCIAL HOUSING IN 2011 compared with 17% of all households



WORKING AND LEARNING WELL

In 2018 **35%** OF MUSLIMS ATTAINED DEGREE LEVEL QUALIFICATIONS
cf. 30% of the Christian population of working-age



18% OF WORKING-AGE MUSLIMS WERE FULL TIME STUDENTS
compared with 8% of the general population



39% OF MUSLIMS WERE ECONOMICALLY INACTIVE IN 2018
compared with 20-23% of other religions

18% OF MUSLIM WOMEN IN 2011 WERE 'LOOKING AFTER HOME AND FAMILY'
compared with 6% of women in the UK population



References

- [1] Pew Research Centre (2017). The Changing Global Religious Landscape. Available at: <https://www.pewresearch.org/religion/2017/04/05/the-changing-global-religious-landscape/#global-population-projections-2015-to-2060>
- [2] Iqbal, J. (2016). The Diverse Origins of Britain's Muslims. BBC News. Available at: <https://www.bbc.co.uk/news/uk-33715473>
- [3] ONS (n.d.). NOMIS. Table QS210EW
- [4] Office for National Statistics (2019). Religion by Local Authority, Great Britain, 2011 to 2018. 5 April 2019. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/adhocs/009830religionbylocalauthoritygreatbritain2011to2018>
- [5] Office for National Statistics (2015). How religion has changed in England and Wales. 4 June 2015. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/howreligionhaschangedinenglandandwales/2015-06-04>
- [6] ONS (2011). Census Table DC2107EW
- [7] Birmingham City Council (2019) 'Deprivation in Birmingham: Analysis of the 2019 Indices of Deprivation' Economics Policy, Inclusive Growth Directorate
- [8] Abbas T. (2006). 'Muslims in Birmingham, UK' COMPAS, University of Oxford
- [9] Knight M, Bunch K, Tuffnell D, Patel R, Shakespeare J, Kotnis R, Kenyon S, Kurinczuk JJ (Eds.) on behalf of MBRRACE-UK. Saving Lives, Improving Mothers' Care - Lessons learned to inform maternity care from the UK and Ireland Confidential Enquiries into Maternal Deaths and Morbidity 2017-19. Oxford: National Perinatal Epidemiology Unit, University of Oxford 2021.
- [10]: Kapadia, D. et al. (2022). Ethnic Inequalities in Healthcare: A Rapid Evidence Review. NHS Race Observatory. Available at: https://www.nhsrho.org/wp-content/uploads/2022/02/RHO-Rapid-Review-Final-Report_v.7.pdf

References (2)

- [11] Higginbottom, G., Evans, C., Morgan, M., Bharj, K. K., Eldridge, J., Hussain, B., & Salt, K. (2020). Access to and interventions to improve maternity care services for immigrant women: a narrative synthesis systematic review. *Health Services and Delivery Research*, 8(14).
- [12] Khan Z. Ethnic health inequalities in the UK's maternity services: a systematic literature review. *Br J Midwifery*. 2021;29(2):100-107. doi:10.12968/ bjom.2021.29.2.100
- [13] Firdous, T., Darwin, Z., & Hassan, S. M. (2020). Muslim women's experiences of maternity services in the UK: Qualitative systematic review and thematic synthesis. *BMC Pregnancy and Childbirth*, 20(1), 115. doi:10.1186/s12884-020-2811-8
- [14] Ali, N. (2004). Experiences of Maternity Services: Muslim Women's Perspectives. The Maternity Alliance. Available at: <https://www.maternityaction.org.uk/wp-content/uploads/2013/09/muslimwomensperiencesofmaternityservices.pdf>
- [15] Birmingham City Council (2022). 2020 Deaths in Birmingham. Available at: https://www.birmingham.gov.uk/download/downloads/id/11762/2019_to_2020_deaths_in_birmingham.pdf
- [16] Ipsos Mori (2018). A Review of Survey Research on British Muslims in Britain. Available at: <https://www.ipsos.com/en-uk/review-survey-research-muslims-britain-0>
- [17] Moller NP, Ryans G, Rollings J. The 2018 UK NHS digital annual report on the improving access to psychological therapies programme: a brief commentary. *BMC Psychiatry* 2019;19:1:252.
- [18] Baker, C. (2020). Mental health statistics for England: prevalence, services and funding. Briefing Paper. Number 6988, 23 January 2020. Accessed at: [https://dera.ioe.ac.uk/34934/1/SN06988%20\(redacted\).pdf](https://dera.ioe.ac.uk/34934/1/SN06988%20(redacted).pdf)
- [19] ONS 2019 Adult smoking habits in the UK: 2019 Office of National Statistics

References (3)

- [20] Musbahi, A., Khan, Z., Welsh, P., Ghouri, N., & Durrani, A. (2022). Understanding the stigma: A novel quantitative study comparing mental health attitudes and perceptions between young British Muslims and their non-Muslims peers. *Journal of Mental Health*, 31(1), 92-98. doi:10.1080/09638237.2021.1952951
- [21] Gilbert, P., Gilbert, J., & Sanghera, J. (2004). A focus group exploration of the impact of izzat, shame, subordination and entrapment on mental health and service use in South Asian women living in Derby. *Mental health, religion & culture*, 7(2), 109-130.
- [22] Ali, N., McLachlan, N., Kanwar, S., & Randhawa, G. (2017). Pakistani young people's views on barriers to accessing mental health services. *International Journal of Culture & Mental Health*, 10(1), 33-43. doi:10.1080/17542863.2016.1248456
- [23] Ally, F., & Brennan, T. (2015). Schizophrenia, psychiatry and East African Muslim families in the united kingdom: A pilot study. *Mental Health & Social Inclusion*, 19(1), 45-51. doi:10.1108/MHSI-10-2014-0035
- [24] Hankir, A., Khalil, S., Wadood, Q., Madarbukus, D., Yunus, H. A., Bibi, S., . . . Zaman, R. (2017). The federation of student Islamic societies programme to challenge mental health stigma in Muslim communities in England: The FOSIS Birmingham study. *Psychiatria Danubina*, 29, 512-520. Retrieved from <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=mnh&AN=28953818&authtype=sso&custid=s5099118&site=eds-live&scope=site>
- [25] Gunasinghe, C., Hatch, S. L., & Lawrence, J. (2019). Young Muslim Pakistani women's lived experiences of izzat, mental health, and well-being. *Qualitative Health Research*, 29(5), 747-757. doi:10.1177/1049732318803094
- [26] Bowl, R. (2007). The need for change in UK mental health services: South Asian service users' views. *Ethnicity and Health*, 12(1), 1-19.
- [27] Hussain, F., & Cochrane, R. (2004). Depression in South Asian women living in the UK: a review of the literature with implications for service provision. *Transcultural psychiatry*, 41(2), 253-270.

References (4)

- [28] Garcia, R., Ali, N., Guppy, A., Griffiths, M., & Randhawa, G. (2017). A comparison of antenatal classifications of 'overweight' and 'obesity' prevalence between White British, Indian, Pakistani and Bangladeshi pregnant women in England; analysis of retrospective data. *BMC Public Health*, 17(1), 1-7.
- [29] Karlsen, S., & Nazroo, J. Y. (2010). Religious and ethnic differences in health: Evidence from the Health Surveys for England 1999 and 2004. *Ethnicity and Health*, 15(6), 549-568.
- [30] Iqbal, H., West, J., McEachan, R. R., & Haith-Cooper, M. (2022). Exploring the obesity concerns of British Pakistani women living in deprived inner-city areas: A qualitative study. *Health Expectations*.
- [31] Sport England (2020) Active Lives Data Tables <https://www.sportengland.org/know-your-audience/data/active-lives/active-lives-data-tables>
Accessed 21/04/2022
- [32] Ige-Elegbade J., Pilkington P & Gray S. (2019) Barriers and facilitators of physical activity among adults and other adults from Black and minority Ethnic groups in the UK: A systematic review of qualitative studies *Preventative Medicine* 15 100952
- [33] Sriskantharajah J., Kai J. (2007) Promoting physical activity among South Asian women with coronary heart disease and diabetes: what might help? *Family Practitioner* 24 (1) (2007) 71-76
- [34] Snape, R., & Binks, P. (2008). Re-thinking sport: Physical activity and healthy living in British South Asian Muslim communities. *Managing Leisure*, 13(1), 23-35. Retrieved from <https://search.ebscohost.com/login.aspx?direct=true&AuthType=sso&db=s3h&AN=28462405&authtype=shib&site=eds-live&scope=site>
- [35] Ratna A., Lawrence S. & Partington J. (2016) 'Getting inside the wicket': strategies for the social inclusion of British Pakistani Muslim cricketers, *Journal of Policy Research in Tourism, Leisure and Events*, 8:1, 1-17, DOI: [10.1080/19407963.2015.1065267](https://doi.org/10.1080/19407963.2015.1065267)

References (5)

[36] Census 2011 ONS Table DC4204EW

[37] ONS Census 2011 Table DC1202EW

[38] Office for National Statistics (2020). Religion, education and work in England and Wales: February 2020. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/religion/articles/exploringreligioninenglandandwales/february2020>

[39] Office for National Statistics (2011) The Census 2011 Available as: <https://www.ons.gov.uk/census/2011census>

[40] Szczepura, A., Price, C., & Gumber, A. (2008). Breast and bowel cancer screening uptake patterns over 15 years for UK South Asian ethnic minority populations, corrected for differences in socio-demographic characteristics. BMC public health, 8(1), 1-15.

[41] Muslim Women's Network, 2021. Why are Muslim women less likely to have Cervical Screening?. Available at: <https://www.mwnhub.com/read-detail.php?id=66>

[42] NHS England (2019). The Independent Review of Adult Screening Programmes. October 2019. Available at: <https://www.england.nhs.uk/wp-content/uploads/2019/02/report-of-the-independent-review-of-adult-screening-programme-in-england.pdf>

[43] Szarewski, A., Cadman, L., Ashdown-Barr, L., & Waller, J. (2009). Exploring the acceptability of two self-sampling devices for human papillomavirus testing in the cervical screening context: a qualitative study of Muslim women in London. Journal of medical screening, 16(4), 193-198

[44] Karim, A. (2021). Why are Muslim women less likely to have Cervical Screening?. Published 21/01/2021. Muslim Women's Network (MWN Hub). Available at: <https://www.mwnhub.com/read-detail.php?id=66>

[45] Muslim Women's Council (2021). Muslim Women's Understanding of Cancer. September 2021. MWC Think + Do Tank Report. Available at: <https://www.muslimwomenscouncil.org.uk/sites/default/files/documents/Muslim%20Women%E2%80%99s%20Understanding%20of%20Cancer.pdf>

References (6)

- [46] Bilgin, E. L. Taboos, Concerns and Multicultural Experience: Engagement with Cervical Screening among Second-generation British Muslim Women. Figshare. Available at:
https://figshare.com/articles/journal_contribution/Taboos_Concerns_and_Multicultural_Experience_Engagement_with_Cervical_Screening_among_Second-generation_British_Muslim_Women/10008236/2
- [46] Dolby, T., Finning, K., Baker, A., Fowler-Dowd, L., Khunti, K., Razieh, C., ... & Nafilyan, V. (2022). Monitoring sociodemographic inequality in COVID-19 vaccination uptake in England: a national linked data study. *J Epidemiol Community Health*, 76(7), 646-652.
- [47] ONS (2020). Coronavirus (COVID-19) related deaths by religious group, England and Wales: 2 March to 15 May 2020. 19 June 2020. Available at:
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/articles/coronaviruscovid19relateddeathsbyreligiousgrou_penglandandwales/2marchto15may2020
- [48] NHS GP Patient Survey (2018) <https://www.england.nhs.uk/statistics/2018/08/09/gp-patient-survey-2018/>
- [49] Fleming, E., Carter, B., & Pettigrew, J. (2008). The influence of culture on diabetes self-management: Perspectives of Gujarati Muslim men who reside in northwest England. *Journal of Clinical Nursing*, 17(5), 51-59. doi:10.1111/j.1365-2702.2007.02178.x
- [51] Patel N.R., Kennedy A., Blickem C. et al (2015) 'Having diabetes and having to fast: a qualitative study of British Muslims with diabetes' *Journal of Health Expectations* 18(5) 1698-17085
- [51] Gatrad, R., & Sheikh, A. (2002). 'Palliative care for Muslims and issues after death'. *International Journal of Palliative Nursing*, 8(12), 594. doi:10.12968/ijpn.2002.8.12.10977



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