BIRMINGHAM CITY University

Muslim communities and Covid-19: A report on the impacts of the Coronavirus pandemic on Muslims in Birmingham

UKRI Economic and Social Research Council

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Acknowledgements

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Executive Summary

- The Covid-19 pandemic impacted on Muslim communities in Birmingham in a number of distinctive ways for Muslims as a faith group
- National level data on ethnicity and Covid-19 indicates that groups which are predominantly Muslim, namely Bangladeshi and Pakistani groups, were among those most severely impacted in the first wave of the pandemic. As the second and third waves of the pandemic played out, mortality risks from Covid-19 remained highest for individuals of Bangladeshi backgrounds, with Pakistani groups also remaining at an elevated level of risk
- Findings from our stage 1 questionnaire carried out with 72 Muslims living in Birmingham as a scoping exercise indicated that disparate health impacts experienced by participants were broadly consistent with the above
- Around 21% of participants reported working in an environment with an elevated risk of exposure to Covid 19, and this is higher than the national average for the proportion of key workers from minority ethnic groups, who made up 14% of key workers in the first quarter of the pandemic (ONS 2020)
- 51% of participants reported experiencing stress or anxiety, with this appearing to impact most for those aged 25-34, with 68% reporting stress or anxiety directly resulting from the pandemic
- 32% of all participants reported a change in prayer habits with 51% of men reporting a change compared with just 10% of women
- The proportion of participants who were unvaccinated was 18%, which is 5.5 percentage points higher than the national average for Bangladeshi groups of 12.5%, and 2 percentage points higher than the national average of 16% for Pakistani groups (ONS 2022c). When broken down across ethnic group, 25% of participants who identified as Bangladeshi were unvaccinated compared with 13% of Pakistani participants. This shows that whilst the proportion of participants who identified as Pakistani that were unvaccinated is lower than the national average by two percentage points, the proportion of Bangladeshi participants who were unvaccinated was double the proportion of Bangladeshis who were unvaccinated in the national population.

Introduction

This report draws upon data from a project funded by UK Research and Innovation through the Economic and Social Research Council under round two of the Covid-19 BAME Special Highlight call. The research focused on the impacts of the pandemic and community-led responses by Mosques, religious leaders and other Muslim community organisations in Birmingham. The research was focused on a number of wards including Washwood Heath, Bordesley Green, Alum Rock, Small Heath, Handsworth/Winson Green, and Lozells. The aims of the research project were:

- To explore the specific impacts of the Covid-19 pandemic and adjustments post-lockdown on Muslim communities across a number of wards in Birmingham;
- Identify the principal responses both within the community and by religious leaders, Mosques and other Muslim community organisations around religious conventions, practices and participation in the observance of religious festivals such as Ramadan and Eid within the context of the pandemic, and social distancing post-national lockdown;
- Identify experiences of local government responses to the needs of Muslim communities living in Birmingham during the Covid-19 pandemic as a disproportionately impacted group post-national lockdown;
- Explore the implications of responses which have been provided through Mosques and other Muslim community organisations around collective worship, rituals around death and burial during the peak of the pandemic and thereafter, and the role of Mosques and other community organisations in community solidarity in the context of Covid-19 as a time of crisis.

Research design

There were three stages of data collection during the project:

- Stage one – a 'scoping' questionnaire comprised of a combination of closed and open-ended questions;
- Stage two – qualitative interviews conducted with members of the Muslim community in Birmingham, religious leaders, community leaders and stakeholders in Mosques and Muslim community organisations in Birmingham
- Stage three – Focus groups with key participants identified at the interview stage along with religious leaders and community leaders not yet identified at stage two

This report draws on data primarily from the stage one questionnaire. In utilising a scoping questionnaire we were looking to draw together a wider contextual picture against which the findings from stages two and three of the data collection could be framed. As such, the purpose was not to generate the kind of sample size required for statistical tests. Rather, the intention was to identify some of the contextual experiences around the impacts of the pandemic and the kinds of interventions which participants found useful. In total, 72 participants completed the questionnaire as part of stage one of the data collection, comprising 39 male participants and 31 female participants. At the time of the writing of this report data collection is at stage three, and so data analysis of the interviews and focus group data is ongoing and will inform further forthcoming outputs arising from the project which will be published in academic journals. Owing to the size of the sample from stage one of the data collection, where it is possible, insights from the primary data presented in this report are framed against publicly available secondary data, news media reporting, official statistics and existing academic research on the impact of Covid 19 on minority ethnic communities in the UK. A discussion on the complexities of drawing on data around minority ethnic groups as a proxy for Muslim groups is explored more fully below.

The impact of Covid-19 on black and South Asian minority ethnic groups in the UK

The UCL Institute of Health Informatics has shown that black and South Asian British groups are two-three times more likely to die from Covid-19 than the white population (UCL 2020). Specifically, the risk of death from Covid-19 is: 3.29 times higher for Pakistanis than the general population; 3.24 times higher for black Africans; 2.41 times higher for Bangladeshis; 2.21 times higher for black Caribbean and 1.7 times higher for British Indians (UCL 2020). The above data clearly indicates that Muslims from black and South Asian backgrounds are at significantly elevated risk. Furthermore, 73.7% Of Muslims in the UK are from South Asian groups and 88.5% are from BAME backgrounds (MCB 2015), with the Annual Population Survey documenting 301,000 Muslims living in Birmingham (ONS 2018).

Why focus on the impacts of Covid-19 on Muslim communities in Birmingham?

Data from the Office for National Statistics indicates that those of Bangladeshi, Pakistani and Indian backgrounds have been at a statistically elevated risk of death after contracting Covid-19 (ONS 2022a). These categories represent the ethnic groups which are most substantively represented within Muslim communities in the UK. This positions Muslims as the most at risk religious group in the UK. Within the context of Birmingham in particular, black and South Asian groups make up 42% of the Birmingham City local authority (MCB 2015), with 64% of deaths at Birmingham City Hospital being individuals from black and South Asian backgrounds at the beginning of the pandemic in March 2020 (Siddique 2020). Census data indicates that there were 5 wards in Birmingham in 2011 with more than 50% of the population identifying as Muslim, with 3 of those wards recording more than 70% of residents identifying as Muslim (MCB 2015). This demographic suggests that there is significant risk of the disparate impacts of Covid-19 measured across black and South Asian minority ethnic groups more generally within the wards identified above, and in area of Birmingham which have a significant representation of British Muslims within the population.

Muslim communities in Birmingham have been among the most affected minority ethnic groups impacted by Covid-19. This report draws upon existing secondary sources to identify the range of impacts for Muslim communities within the context of the pandemic as a way of contextualising findings from stage one of our research study, with a view to identifying specific areas of need and, more pertinently, areas of limitation in local government responses. One of the most striking images of the pandemic with regard to Muslim communities has been the media reporting in March and April 2020 which documented the establishment of temporary morgues at a number of Mosques in Birmingham (Siddique 2020). The peak of the pandemic also intersected with the month of Ramadan, and this will have posed challenges around the observation of religious obligations with regard to fasting, and engagement with wider gatherings around collective worship, family and community ordinarily associated with breaking fast. Alongside the arrangements around death and burial, the peak of the pandemic posed a range of challenges for Mosques and Muslim communities around religious observance, collective worship and community connectedness.

This report is significant not least because we will gain an insight into the experiences of Muslims as one of the most vulnerable communities to include black and South Asian minority ethnic groups. It will also provide some insights into the implications of the pandemic for religious observance, collective worship obligatory rituals around burial, and the role of Mosques for the community in times of extreme need. Understanding the complexities of how these factors are related is necessary in order to understand areas of need for Muslim communities within the context of Covid-19 Britain.

British Muslims and disparate health impacts in the first wave

A full picture of the health impacts on Muslim communities specifically is difficult to establish due to the ways in which impacts have been measured against protected characteristics throughout the pandemic. Whilst there are regional and national figures which clearly demonstrate the disparate impacts of Covid-19 on black and South Asian minority ethnic groups, there has been no national or regional record of impacts by religious group. The earliest available figures for Covid-related deaths by ethnic group between March-May 2020 show that the mortality rate was highest among males of black ethnic backgrounds at 255.7 deaths per 100,000 population and lowest among males of White ethnic backgrounds at 87.0 deaths per 100,000 (ONS 2020). Death rates for black males were 3.3 times greater than that for White males of the same age within the first three months of the pandemic hitting the UK, while the rate for black females was 2.4 times greater than for White females (ONS 2020). When looking to ethnic groups which are predominantly Muslim, we can see based on the 2011 census that 90% of Pakistanis in England and Wales identify as Muslim, with 92% of British Bangladeshis identifying as Muslim (Change Institute 2009: 29). The high proportions of Pakistani and Bangladeshi groups which identify as Muslim has seen trends within these groups frequently used as a proxy for those within Muslim groups in the UK, and whilst these groups collectively account for 59.3% of Muslims in England and Wales (UK Census 2011), this is far from a complete picture of all British Muslims. However, figures from the first quarter of the pandemic (March-May 2020) show that males of Pakistani and Bangladeshi backgrounds had a significantly higher risk of death from Covid-19 at 1.6 and 1.5 times respectively when compared with white males after accounting for region, population density, socio-demographic and household characteristics (ONS 2020). Throughout the first wave of the pandemic, estimated as starting in March 2020 and ending around the end of May 2020 (ONS 2021), all minority ethnic groups in Britain had a higher risk of mortality from Covid-19 than their white counterparts (Nafilyan et al 2021: 605). There have been some inconsistencies in Government reports, reports from the Office for National Statistics and the NHS with regard to how ethnic groups have been classified and this further complicates drawing on multiple data sources to establish a clearer picture of the impacts of the pandemic on Muslim groups specifically. For example, statistics provided by the ONS for the first quarter of the pandemic in the UK saw the wider ethnic category of South Asian broken down into more specific groups including Pakistani and Bangladeshi. However, the Government report which followed this documenting mortality up to December 2020 used broader ethnic categories meaning that we only have national-level data for mortality and 'South Asian' groups for the specific period from May 2020-December 2020 which followed the first wave. Drawing on these broader categories, mortality for South Asian groups and black British groups overall remained high in this period at 266 per 100,000 and 273 per 100,000 respectively compared with 126 per 100,000 for White British groups (UK Government 2022).

British Muslims and disparate health impacts in the second wave

Identifying the second wave in the UK context is more complex, starting in September 2020, peaking in mid-November before declining and rising again in December to a peak in January 2021 and concluding by the end of April 2021 (ONS 2021). Figures covering 8th December 2020 to the 12th of June 2021, and therefore the second wave, show that mortality risks from Covid-19 remained highest for individuals of Bangladeshi backgrounds even after adjustment for personal characteristics (ONS 2022a). The rate of Covid related deaths was highest for Bangladeshi groups, which was 5 times higher than white British groups for men and 4.5 times greater than white British groups for women (ONS 2022a). Pakistani groups had a mortality risk 3.1 times greater than that for white British groups for men and 2.6 times greater for women, and black African groups had an elevated risk of 2.4 times for men and 1.7 times more for women compared with their white counterparts (ONS 2022a). This trend is consistent with findings from a secondary analysis conducted by Nafilyan et al (2021), which highlighted that the risk of Covid-19 related deaths remained high for those of Pakistani and Bangladeshi backgrounds with mortality rates of 339.9 for Pakistani men and 166.8 for Pakistani women per 100,000 and 318.7 for Bangladeshi men and 127.1 for Bangladeshi women respectively, compared with a mortality rate of 65.2 per 100,000 for white British men and 28.3 for white British women in the same time period (Nafilyan et al 2021: 609). Within the first wave, adjusting mortality rates to take account of geographical factors explained a significant proportion of ethnic disparities, however this was not true within the context of the second wave (Nafilyan et al 2021: 605). Whilst adjusting for socio-demographic characteristics and health status resulted in some attenuation, risk of death from Covid-19 remained substantively higher for Pakistani and Bangladeshi groups in both major waves of the pandemic in the UK (Nafilyan et al 2021: 605). From the introduction of the vaccination programme on the 8th of December until the 12th of June 2021 (encompassing the entire second wave), death rates were 5 times higher for Bangladeshi men and 4.5 times higher for Bangladeshi women compared with their white counterparts (ONS 2022a).

British Muslims and disparate impacts in the third wave

The third wave of the Covid-19 pandemic spanned from June 13th 2021 to the 1st of December 2021, and within this time period the risk of mortality remained highest for Bangladeshi groups at 4.4 and 5.2 times greater compared with white British groups for men and women respectively (ONS 2022a). Death rates were also higher than those for white British groups across all minority ethnic groups excluding Chinese groups, men with a mixed ethnic background and women who identified as white other (ONS 2022a). The Omicron wave spanning the 10th of January to the 22nd of February 2022 saw similar trends in risk factors with regard to ethnicity as in previous waves, with deaths involving Covid-19 again highest for Bangladeshi and Pakistani groups (ONS 2022b). Bangladeshi men were most at risk at a rate of 2.7 times higher than white British groups, followed by Pakistani men at 2.2 times higher than white groups and black Caribbean men at 1.6 times higher than white British groups (ONS 2022b). Among women, Pakistani groups were at the highest level of risk of death at 2.5 times higher than white British groups, followed by Bangladeshi women at 1.9 times higher than white British groups (ONS 2022b).

Health impacts excluding mortality

In addition to higher risks of mortality, South Asian groups were at a higher level of risk of severe health outcomes resulting from contracting Covid-19 compared with other groups throughout the pandemic (Public Health England, 2020). Additional risks included increased rate of hospitalisation, increased chances of being admitted to Intensive Care Units and increased risk of being on a ventilator following admission to hospital with Covid-19. Arguably the most significant research study of the impacts of Covid with regard to race and ethnicity was carried out by Mathur et al (2021) and was focused on differences across ethnicity with regard to Covid-19 infection, hospitalisation, intensive care unit admission and death in 17 million adults in England (Mathur et al 2021). Of those included in the study 62.9% were white, 5.9% were South Asian, 2% were black, 1% were of mixed ethnicity, 1.9% identified as other ethnicity and 26.3% were of unknown ethnicity (Mathur et al 2021: 1711). Within the study the rates of health outcomes such as hospitalisation or testing positive for Covid-19 were set against a baseline with occurrences for white groups being designated as '1.0'. Key findings showed that during the first wave of the pandemic South Asian groups were more likely to test positive for Covid-19 (1.99) along with black (1.69), mixed (1.49) and other (1.20) ethnic groups (Mathur et al 2021: 1711).

Primary research findings on health impacts for Muslims

The trends indicated in the data above were reflected in the findings from our initial questionnaire conducted at stage one of the data collection for this project. Given that our inclusion criteria specified Muslims living in Birmingham we are unable to draw comparable comparisons. However, there were a number of health impacts recorded as a result of Covid-19. Approximately 29% of participants reported that they had contracted Covid, with 7% reporting that they had suffered with long Covid. In addition, 13% reported that family members had been admitted to hospital with Covid-19, and 3% reported being hospitalised themselves. When we break these impacts down across gender, 28% of male participants had contracted Covid at some time prior to completing the survey compared with 32% of female participants. Only one female participant reported suffering with long Covid and none reported being hospitalised with Covid-19, compared with 10% of males reporting long Covid and 5% being hospitalised. 18% of males reported that a family member had been admitted to hospital compared with 7% of female participants. These findings indicate that, among the participants who took part, whilst more women had contracted Covid-19, hospitalisations and experiences of long-Covid were more prevalent among men. This might be explained to some degree owing to conditions around work and employment which are discussed in below.

Exposure to Covid-19 through work and employment – 'stress testing' race and ethnicity

One of the most significant factors which has been documented and brought to wider public attention as a result of the impacts of Covid-19 has been the disproportionate representation of black and South Asian minority ethnic groups working in industries which would continue as frontline services throughout the pandemic. Discussions around this issue have been politically contentious, particularly following the publication of a series of quarterly reports on Covid-19 health disparities by the Race Disparity Unit led by then Minister for Equalities Kemi Badenoch. Whilst the reports acknowledged that the pandemic exposed disparities in increased health risks, racialised trends were contested and such inequalities were broadly attributed to socio-economic status, occupation and pre-existing co-morbidities rather than race inequalities (see RDU 2020). The first of the interim reports stated that 'most of the increased risk for ethnic minorities is readily explained by socioeconomic and geographical factors, but it is not explained fully for some minority ethnic groups' (RDU 2020: 52). However, the report then continued to state that accounting for Covid-related mortality by local authority, population density, deprivation, socio-economic position, household composition, health, disability and occupational exposure, any outstanding risk of mortality from Covid relative to white groups was reduced for all minority ethnic groups and in particular among black British, Pakistani and Bangladeshi groups (RDU 2020). The first of the interim reports, which specifically signposted the importance of research aimed at 'stress-testing' ethnicity as a risk factor, using the qualifying statement 'is it actually ethnicity?' (RDU 2020: 48). This additional point of clarification indicates beyond doubt that within the context of these particular reports any direct relationships between race and the trends in the kinds of pre-existing inequalities outlined above were being brought into question with regard to the role of race inequalities in risks around Covid-19.

Intersecting factors and vulnerability to Covid-19 for frontline workers

Whilst occupational role, socio-economic status and pre-existing co-morbidities have invariably impacted on all individual's risk in terms of health outcomes in the pandemic, it is the disproportionate experience of these factors intersecting for black and South Asian groups which has been raised as a concern in literature emerging alongside the interim RDU reports. Ahmed (2020) identified a number of disproportionate health inequalities which had direct implications for black and South Asian minority ethnic groups in the pandemic. Drawing on data from the Department of Health (UK), in addition to social factors Ahmed attributes the higher risk of mortality and morbidity for black and South Asian groups to genetic and immunological factors such as high prevalence of diabetes, obesity, metabolic syndrome and hypertension (Ahmed 2020: 822). The combination of the disproportionate prevalence of these risk factors along with the exposure to Covid-19 resulting from occupational roles which were designated as 'key worker' or 'frontline' during the pandemic have resulted in elevated risks for minority ethnic groups (Ahmed 2020: 822). There are clear parallels in the description of conditions resulting in elevated risks for minority ethnic groups with those identified in the RDU's interim reports. However, rather than questioning the role of racialised inequalities in this context, Ahmed advocates for the establishment of a 'BAME alliance against COVID-19 in order to improve occupational risks and hazards, adequate income protection, culturally and linguistically appropriate public health communications and decreasing barriers in accessing healthcare' (Ahmed 2020: 822). Within this alliance there would be a focus on the primacy of race through the development of a centralised system to record data about minority ethnic groups and Covid-19, collaboration with minority ethnic healthcare professionals and researchers and interdisciplinary collaboration across institutions to give consideration to ventilation and architectural design in workspaces and residential spaces frequented by minority ethnic groups (Ahmed 2020: 822).

Primary research findings on Muslims, employment and vulnerability to Covid-19

The contention around the ways in which racialised inequalities have factored into disparate risks and impacts for South Asian groups which are predominantly Muslim in the pandemic (see above regarding Pakistani and Bangladeshi groups) was a recurring theme in the qualitative stages of this research project and forthcoming publications and journal articles will explore these issues in greater depth and detail. In terms of occupational roles, the findings from the stage one questionnaire were consistent with trends identified above. Around 21% of participants reported working in an environment with an elevated risk of exposure to Covid 19, and this is elevated in comparison with the national average for the proportion of key workers from minority ethnic groups, who made up 14% of key workers in the first quarter of the pandemic (ONS 2020). In addition to increased exposure to Covid-19 through occupational roles, there were a range of other impacts around work and employment reported by participants in the stage one questionnaire. Approximately 20% of respondents reported a decline of available work during the pandemic, and approximately 7% had to reduce their working hours as a result of Covid-related caring responsibilities. Around 7% reported being placed on furlough, 6% faced redundancy and approximately 4% reported claiming universal credit. 6% reported transitioning form working to being unemployed and this was highly gendered with 10% of women making the transition compared with only 3% of men. 3% of participants reported having to reduce working hours to facilitate home schooling responsibilities and rising debt and reduced salary were also reported in open text responses.

When taking gender into account further, 21% of male participants reported a decline in available work compared with 19% of female participants and 8% of Muslim men were placed on furlough compared with 7% of Muslim women. 10% of male participants reported reducing working hours as a result of increased caring responsibilities compared with 3% of female participants. The proportion of male and female participants reducing the number of working hours due to home schooling responsibilities was evenly split at 3%. Finally, 3% of male participants reported claiming universal credit compared with 7% of female participants, and 5% of men faced redundancy compared with 7% of women.

In terms of age, Muslim groups between 18-24 and 25-34 years old were hardest hit by economic impacts as a result of work and employment, with 25% and 26% reporting a decline of available work respectively. This was followed by those aged 35-44, of which 22% reported a decline in available work. 11% of 25-34 year olds were made redundant compared with 4% of 35-44 year olds and 11% of 45-54 year olds. Interestingly, of those claiming universal credit, all were in the 25-34 age comprising 16% of participants in this age group, and 4% of all participants. Covid related caring responsibilities were also most present among the 25-34 age group, with 32% experiencing increased caring responsibilities followed by 22% for both 35–44-year-olds and 45-55 year olds. The only two age groups which reported reducing working hours as a result of increased caring responsibilities were 25-34 year olds and 35-44 year olds, with 11% in each group reducing their working hours. Responsibilities for home schooling impacted most across the 25-34, 35-45 and 45-54 age groups, with 26%, 44% and 33% reporting increased responsibilities respectively. However, those who reduced their working hours as a result were all in the 18-24 and 25-34 age groups, with 13% and 5% reducing their working hours respectively. Impacts around work and employment invariably had financial implications for those most affected among our Muslim cohort, with 36% of all participants reporting being impacted by the rise in the cost of living.

Wider research on race and ethnicity, employment and exposure to Covid-19

The inclusion criteria for our questionnaire specified that participants should be individuals who identify as Muslim and who live in Birmingham. As such we do not have any primary data from white and/or non-Muslim groups to draw direct comparisons with. However, we can frame our findings by drawing upon larger scale quantitative research which has been done on the impacts of Covid-19 on work and employment across ethnicity in the UK. In particular, a secondary analysis by Hu (2020) of data from the UK Understanding Society Covid-19 survey, which drew on a sample of 10,336 participants and identified some interesting themes with regard to disparate impacts across employment for minority ethnic groups in the UK (Hu 2020). Hu's analysis revealed that, of minority ethnic groups, those who were migrants faced the highest level of risk with regard to employment status change as a result of the pandemic. For example, migrants from black or South Asian minority ethnic backgrounds were 3.1 times more likely to lose their jobs compared with the white British population (Hu 2020: 100560). White British groups were 1.7 times more likely to be furloughed than black and South Asian British minority ethnic groups (Hu 2020: 100560). In addition, white Brits were 5.7 times more likely to experience furlough rather than loss of employment, but this was far lower for black and South Asian British groups who were only 2.4 times more likely to experience furlough over losing employment. This figure was more exaggerated for black and South Asian migrant groups, who were only 1.4 times more likely to experience furlough over losing employment altogether (Hu 2020: 100561). The lower rates of furlough for all black and South Asian groups demonstrate that these groups experience far lower levels of access to financial stability through the scheme than their white counterparts. Furthermore, the economic instability demonstrated through these trends might also derive from the higher likelihood for black and South Asian groups to be self-employed, with wider data indicating that the self-employed were more susceptible to the economic impacts of lockdowns throughout the pandemic (Hu 2020: 100561). All of the above demonstrates that, in contrast to white British groups, black and South Asian minority ethnic groups were more likely to become unemployed during periods of lockdown in the pandemic, and were also less likely to experience the economic security provided through furlough (Hu 2020). With a specific focus on Bangladeshi groups, 29% of Bangladeshi working-age men both work in a sector which was shut-down as a result of national and local lockdowns and live with a partner who is not in paid work compared with this being true for only 1% of White British men (Proto 2021: 2). Hu's research concluded that the pandemic had exacerbated pre-existing and deeply entrenched socio-economic inequities which intersect with race, ethnicity and immigration status, and called for policy makers to refocus racial justice at the centre of responses to the pandemic (Hu 2020: 100561). These findings are of particular concern for our purposes here, given that 88.5% of all British Muslims are from black or South Asian minority ethnic backgrounds. Furthermore, concerns around the impact of the pandemic on Muslims in Birmingham who were self-employed was reported substantively in stages two and three of the project, and these more qualitative accounts will be presented in further forthcoming research articles and publications.

Ethnicity, Muslim groups and family structure

The necessity of national and local lockdowns throughout the duration of the pandemic invariably had impacts on families and household dynamics. These factors are likely to carry some distinctive aspects of impact for Muslim communities as a result of family structure and household dynamics. In terms of national data, we have to again draw upon statistics on ethnicity to gain some insight here. As we have stated earlier in this report, it is important to acknowledge not only that data on ethnicity cannot be conflated with religion, but also that the figures available are delineated across broader ethnic categories. This means that our best insight at the national level is to look at data on households and family structure for 'British Asian' groups, and so it is important to acknowledge that this is far from a refined picture of family structure in Muslim households. Nevertheless, British Asian households make up 21.2% of 'other households' with dependent children, which is the category within which multi-generational families are recorded. This figure is particularly significant when considering that British Asian groups make up only 7.5% of the general population (UK Government 2019). In previous research, multi-generational families have been recorded under the classification of 'complex households' (see FNSEM 1994), with the most common form of complex household being adult children living with one or two parents (Hussain 2010: 871). Under this classification, Bangladeshi and Pakistani groups were those which had the highest representation of 'complex households' (Hussain 2010: 872), which would comprise larger and extended family structures including married adults living with parents. Part of the explanation for these trends has been identified as deriving from traditions and cultures longstanding within South Asian communities more generally, within which parents are traditionally responsible for the maintenance of children until they are self-supporting either through economic independence or marriage (Hussain 2010: 872). This indicates that, in addition to longstanding extended family structures with married couples with children who live with parent(s) of one spouse, there are likely more transient complex family structures whereby adults live with their parents up until the point of marriage, with this being particularly significant for women establishing independence from their parental households (Hussain 2010: 872). Within these contexts, there are also likely families where younger unmarried adults living with parents may also find themselves living with an older married sibling and their spouse and/or children, prior to entering into marriage or gaining the economic security to facilitate living independently. The high representation of these family structures along with the increased risks associated with Covid-19 and age as well as the elevated representation of pre-existing co-morbidities among minority ethnic groups which are predominantly Muslim, present another instance whereby Pakistani and Bangladeshi groups faced elevated vulnerabilities throughout the pandemic.

Lockdowns and impacts on family dynamics

In addition to longstanding household and family structures representing particular vulnerabilities for some proportions of Muslim communities, the implementation of national and local lockdowns also impacted on family dynamics within the home. The requirement for lockdowns, particularly early on the pandemic effectively removed the separation between the workplace and the home for many who were able to continue working remotely (Hertz et al 2021). Those experiencing furlough and even unemployment will have faced additional challenges, and it has been argued that with the closure of essential provision such as childcare and schooling, families have been 'stretched to breaking point' (Hertz et al 2021). The wider impacts of this have played out with gendered outcomes, and studies have shown that during the pandemic, female parents in heteronormative relationships experienced greater mental and emotional labour than their male partners (Hjálmsdóttir & Bjarnadóttir 2020). Division of labour within the home was also heavily gendered, with housework falling more on women, and additional pressures were also present around providing reassurance and maintaining the overall mental wellbeing of the family unit (Hjálmsdóttir & Bjarnadóttir 2020).

Primary findings on Muslims and household/family dynamics in the pandemic

Our findings from stage one indicated some consistencies with the wider findings above, and stages two and three of the data collection also indicated that increased pressures in the home had indeed been a factor in family and household dynamics as a result of national and local lockdowns, home schooling and caring responsibilities where family members had contracted Covid-19. Of our questionnaire participants, 21% of participants overall reported having increased caring responsibilities as a result of family members or loved ones contracting Covid-19. Amongst our cohort this impacted most substantively for participants aged 25-34, with 32% having cared for family members who had contracted Covid. Participants aged 35-44 were also impacted, with 22% reporting increased caring responsibilities as a result of family members contracting Covid, followed by 22% of those aged 45-54.

Amongst our participant cohort, when we look at caring responsibilities and gender, we do find some contrasts with the wider picture inferred from existing literature and research. The division of labour around increased caring responsibilities in looking after family members who contracted Covid impacted more for men, with 26% reporting having increased caring responsibilities compared with 16% of women. Similarly, around 29% of participants reported having increased responsibilities around home schooling, and when taking gender into account this comprised 33% of men and 26% of women. Clearly our sample size is limited, and the data collected at stage one was done so as a scoping exercise to provide contextual information around the qualitative data collection in stages two and three, rather than to provide statistically significant or generalisable insights. Among our respondents at stage one, the division of labour across caring responsibilities and home schooling appear to have impacted more for male participants – although we do acknowledge that the use of the term 'increased' may obscure the realities of responsibilities in the home if female participants already undertook substantive responsibilities in these aspects of division of labour in the home prior to the pandemic.

Stress, anxiety, and trauma

The Covid-19 pandemic has been identified elsewhere as a traumatic event (Proto 2021: 2), and existing research on the impacts of the pandemic on mental health have indicated that, along with other elevated risks, black and South Asian minority ethnic groups have also been disproportionately affected. These impacts have been reported as taking various forms, including overarching existential fear around risk of serious illness or death, anxieties around the use of public transport or going to work and concerns about transmitting Covid-19 when visiting family members (West et al 2021: 3). These concerns and anxieties are likely rooted in the elevated health risks and impacts for black and minority ethnic groups which have been evidenced substantively elsewhere in this report. Analysis carried out by the Office for Health Improvement and Disparities (OHID) revealed that black and South Asian minority ethnic groups had consistently higher levels of anxiety, depression and 'major stress' related to Covid-19 between March and September of 2020 (OHID 2021). Consistent with findings presented elsewhere in this report, black and South Asian minority ethnic groups also experienced higher levels of financial stress, along with higher rates of 'thoughts of death or self-harm' and actual instances of self-harm when compared with their white counterparts (OHID 2021). The study's overall conclusions stated that black and South Asian minority ethnic men reported a more significant decline in mental health and wellbeing compared with white British men since the onset of the pandemic (OHID 2021). Furthermore, within these wider classifications, Bangladeshi and Pakistani men specifically reported experiencing more significant declines in overall mental health and wellbeing than white men (OHID 2021).

Pre-existing research on Muslim minority ethnic groups and wellbeing in the pandemic

As we have consistently identified, ethnicity cannot be used to indicate a full picture of impacts for Muslim groups. However, research commissioned by the Muslim Council of Great Britain indicates that the kinds of anxieties around the pandemic identified among Pakistani and Bangladeshi groups above are consistent with the impacts of Covid-19 in real terms on Muslim communities more generally. These impacts include Muslims experiencing the highest rates of Covid-19 related deaths by faith group, but there have also been impacts on wellbeing as a result of the closure of Mosques, the economic and social implications of the pandemic, adaptations to traditional funeral processes and the negative portrayal of Muslims in media reporting around the pandemic (MCB 2020: 6). It is clear that there has been more significant impact for Muslim groups in terms of the scale of health risks in the pandemic and this likely goes some way to explaining the elevated impacts on stress, anxiety and mental health. However, there have been some interesting insights from research carried out by Thomas & Barbato (2020), who found that there was a small but significant inverted relationship between the reporting of depressive symptoms among Muslims and their self-reporting of 'religious coping' in the context of Covid-19 (Thomas & Barbato 2020: 10). This suggests that, where Muslims were more active in religious practise, this may have assisted in preserving mental health in the context of the pandemic (Thomas & Barbato 2020: 10). Furthermore, these benefits for mental health will be more likely where reliance on religious coping is particularly high (Thomas & Barbato 2020: 10). It is important to acknowledge here that the relationship is small, and the scale of health impacts along with the reality that there will be a broad spectrum in terms of religiousity, faith-engagement and religious coping likely explains why we still see elevated impacts on mental health for many British Muslim groups.

Primary findings on Muslims and family/household dynamics in the pandemic

Among our participants at stage one of the data collection we found a number of consistencies with the trends identified above. For Muslims in Birmingham, 51% reported experiencing stress or anxiety, and there were some interesting variances across age. Stress or anxiety impacted most substantively across three main age groups, appearing to impact most for those aged 25-34, with 68% reporting stress or anxiety directly resulting from the pandemic. Around 50% of those aged 18-24 reported experiencing stress and anxiety as a result of Covid, and finally of participants aged 35-44, 44% reported experiencing stress or anxiety. 22% of participants reported experiencing emotional trauma, and again this seemed to impact most for 25-34 year olds, with 26% having experienced trauma as a result of the pandemic, followed by 19% of 35-44 year olds. When breaking findings down across gender, experiences of stress or anxiety were relatively comparable, with 51% of men reported experiencing stress or anxiety compared with 55% of women. However, there was a much more significant distinction when taking into account emotional trauma, with 29% of women experiencing trauma compared with 18% of men.

Islam and orthopraxy

The Covid-19 pandemic carried substantial implications for religious practice, and this has been of specific significance for Muslims given that Islam embodies dual elements of orthodoxy and orthopraxy within the faith (Graham 2017: 350). Whilst notions of orthodoxy are common within and between faith traditions, the emphasis on religious practise and the implications of practices for spiritual enrichment are clearly set out within Islamic orthopraxy (Graham 2017: 350). The pandemic posed challenges which spanned across legal provisions in Shar'i'ah relating to ritual practise and physical needs and wellbeing (Al-Astewani 2021: 9). Whereas practices around prayer, fasting, charity and pilgrimage secure the value of faith, legal provisions around physical needs such as eating, drinking and clothing protect the value of life (Al-Astewani 2021: 9). The tension between these two aspects of orthopraxy pertaining to faith in the one hand and preservation and protection of life on the other was a key feature of the dilemmas facing Muslim communities (Al-Astewani 2021: 9) and was perhaps most significantly manifested in decisions around closing Mosques in response to the pandemic. It has been substantively documented in stages two and three of the data collection for this project that the decision to close Mosques was taken pro-actively by a large network of Mosques in Birmingham, with over half of the Mosques in the city closing Friday prayers for the 13th of March 2020, a week prior to the announcement of a national lockdown on the 23rd of March 2020, which would be legally effective from the 26th of March 2020. By Friday the 20th of March, three days in advance of the announcement of a national lockdown, all Mosques in the city had closed. Further detail around the coordination of this effort is documented in the reporting of the qualitative findings at stages two and three of the project in forthcoming outputs.

Existing literature on religious practise and wellbeing

Existing literature also suggests that faith and Islamic orthopraxy has been significant for Muslims in times of crisis. The significance of the relationship between religious practise and Islamic teachings is also interesting in the context of the Covid-19 pandemic. For example, Ahmad & Ahad (2021) provide an overview of global pandemics in historical context, and go on to explore how Islamic scripture might be applied to identify coping strategies in times of crisis. Ahmad and Ahad's analysis draws consistencies between public health advice around isolation, quarantine, sanitation and immunization and the kinds of duties which Islamic scriptures advocate for with reference to discussions around plagues and responding to or managing the outbreak of disease (Ahmad & Ahad 2021). Within this context, Islamic teachings also identify a range of spiritual practices as strategies for resisting impacts around depression and mental health (Ahmad & Ahad 2021). These insights are consistent with wider notions around faith and spirituality providing important coping mechanisms in times of crisis (El-Majzoub et al 2021: 4566). Thomas & Barbato (2020) develop this point further through an analysis of the relationship between symptoms of depression and self-reported use of religious coping among Muslims in the context of the Covid-19 pandemic (Thomas & Barbato 2020). Their analysis revealed a moderate inverse relationship between depression and self-reported religious coping, which suggests that there is a small relationship between religious coping strategies and depression. The inverse nature of this relationship indicates that where religious coping strategies are used more frequently, symptoms of depression are likely to be slightly lower then where religious coping strategies are not used as frequently. Perhaps unsurprisingly, this suggests that religious coping are likely to help some individuals to maintain their mental health during crises such as the pandemic, with benefits being more likely where levels of religious coping are high (Thomas & Barbato 2020). It is also important here to acknowledge the role which the closure of Mosques might have had in the ability for individuals to fully engage in religious coping strategies, but also as points of connection within community settings. The role of Mosques is nuanced, and whilst they are primarily places of worship, their role extends beyond facilitating spiritual togetherness, with many Mosques also providing communities with practical, social and emotional support (Hassan et al 2021: 9). Particularly within the context of a public health crisis like the pandemic, such practical support and the local channels of communication which facilitate access to them are important, not least given that usual support systems are likely to be disrupted by events such as the pandemic (Hassan et al 2021: 1). It has also been documented that social isolation can impact deeply for individuals living alone, especially where they are unable to access adequate support, and that this is likely to increase the chances of developing symptoms consistent with depression which may well extend beyond the end of the pandemic (Hassan et al 2021: 10).

Primary findings on the impact of the pandemic on religious observance

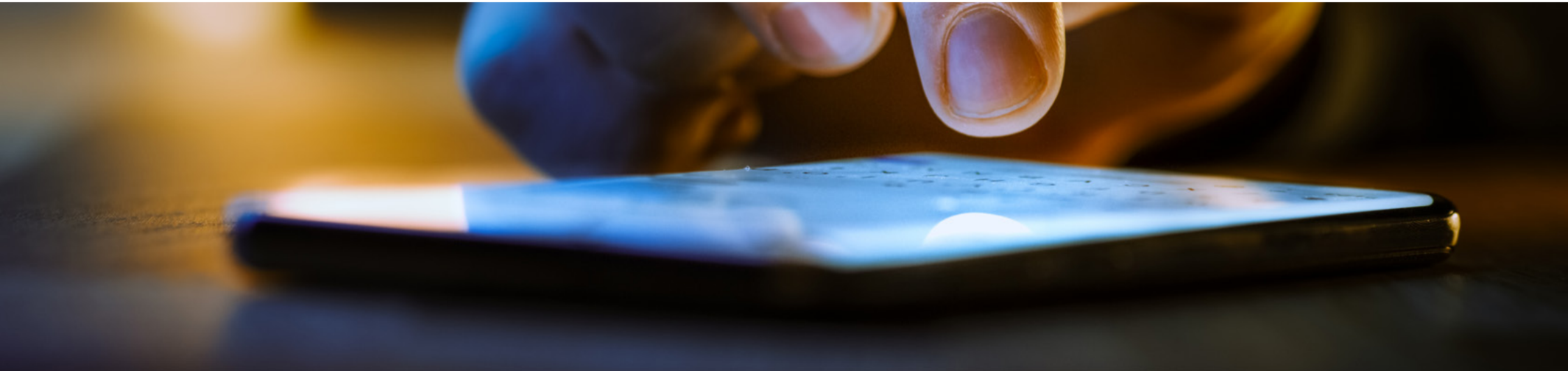
Drawing on the above would suggest that impacts of the pandemic itself on the ability for Muslims to adhere to religious observance will have implications for mental health and wellbeing among those who practise. Our stage one questionnaire data documented a number of impacts on religious observance, with participants reporting changes across a range of religious practices. 32% of all participants reported a change in prayer habits embodying some substantive impacts around gender with 51% of men reporting a change compared with just 10% of women. Consistent with these trends 39% of women reported no change in their religious observance, compared with only 10% of men. Overall, 24% reported no change in their religious observance, with the age group 18-24 being most likely to report no change. In addition to impacts on everyday religious practise, one of the key points of contention which has emerged throughout the project has been the timing of measures around the first national lockdown in 2020, which began on the 23rd of March and extended until the 13th of May after which individuals were permitted to meet one person not from their household outside under conditions of social distancing. These measures were sustained until the 1st of June 2020, where groups of up to six people from different households were permitted to meet outside. The timeline for relaxing these measures towards the end of May had particular implications for Muslims in the UK, as Eid fell on the evening of the 23rd of May 2020. The relaxing of measures just days after Eid has been a recurring point of contention raised by participants more substantively in stages two and three of the data collection, and these themes will be explored more substantively in subsequent outputs from the project. Drawing on our stage 1 data 46% of participants reported a change in their observance of Eid, with 59% of male participants reporting a change compared with 32% of women. Similarly, 33% of participants reported a change in their observance of Ramadan, the Holy month preceding Eid, with 41% of men reporting a change compared with 26% of women. With regard to changes in the observance of Ramadan and Eid, the most substantive impacts were spread across all ages from 25-64. For 25-34-year olds 37% reported a change in observing Ramadan and 53% reported a change in their observance of Eid. For 35-44 year olds 41% reported a change in the observance of Ramadan, and 48% reported a change in their observance of Eid. For 45-54 year olds impacts were slightly lower overall, with 11% reporting a change in their observance of Ramadan and 33% reporting a change in their observance of Eid. Finally, of those aged 55-64 33% reported a change in their observance of Ramadan, with impacts on observance of Eid being more substantive with 56% reporting a change. Over the course of the project the research revealed that some of the larger Mosques in Birmingham had been able to facilitate responses to some of the challenges above. These included the online streaming of prayers and remote access for counselling services and Madrassa education. Further details are provided in forthcoming toolkits and outputs from the project.

Primary findings on the impact of the pandemic on religious observance

The effect of Covid-19 on religious observance has also extended to more substantive rites of passage. In particular, the risk of infection alongside limitations on international travel had a significant impact on Muslims being able to undertake and complete the Hajj pilgrimage within the peak of the pandemic. The extent to which surges in infection rates, intermittent strategies for controlling infection rates at local, national and international levels and vaccine efficacy and uptake in the longer term might affect opportunities to undertake the Hajj pilgrimage at present remains unknown. Numbers of Muslims attending the pilgrimage have steadily increased in recent years, with figures rising from 5,678,136 to a peak just prior to the pandemic of 7,457,663 for 2019 (Atique & Itumalla 2020: 220). For 2020, Saudi Arabian authorities exercised a number of restrictions which would see a total of just 1000 pilgrims across 160 nationalities living within the Kingdom being selected to perform Hajj in 2020 (Jokhdar et al 2021: 137). The following year, similar restrictions were reportedly in place which facilitated a total of 58,745 being able to undertake the pilgrimage (Saleh 2022). For 2022, restrictions were relaxed to allow up to 1,000,000 pilgrims from both international and domestic backgrounds (Ahmed & Memish 2022: 1). As demonstrated, the impact of the pandemic on the ability for Muslims to undertake the Hajj pilgrimage has been significant since the onset of the pandemic, and so it is unsurprising that this is reflected in the findings from stage one of the data collection for this project. Of our stage one participants, 22% reported a change in plans to undertake Hajj during the pandemic, with 26% of men reporting a change compared with 19% of women. In terms of age, the majority of individuals who reported a change in plans to undertake Hajj were in the 25-34 and 35-44 age categories.

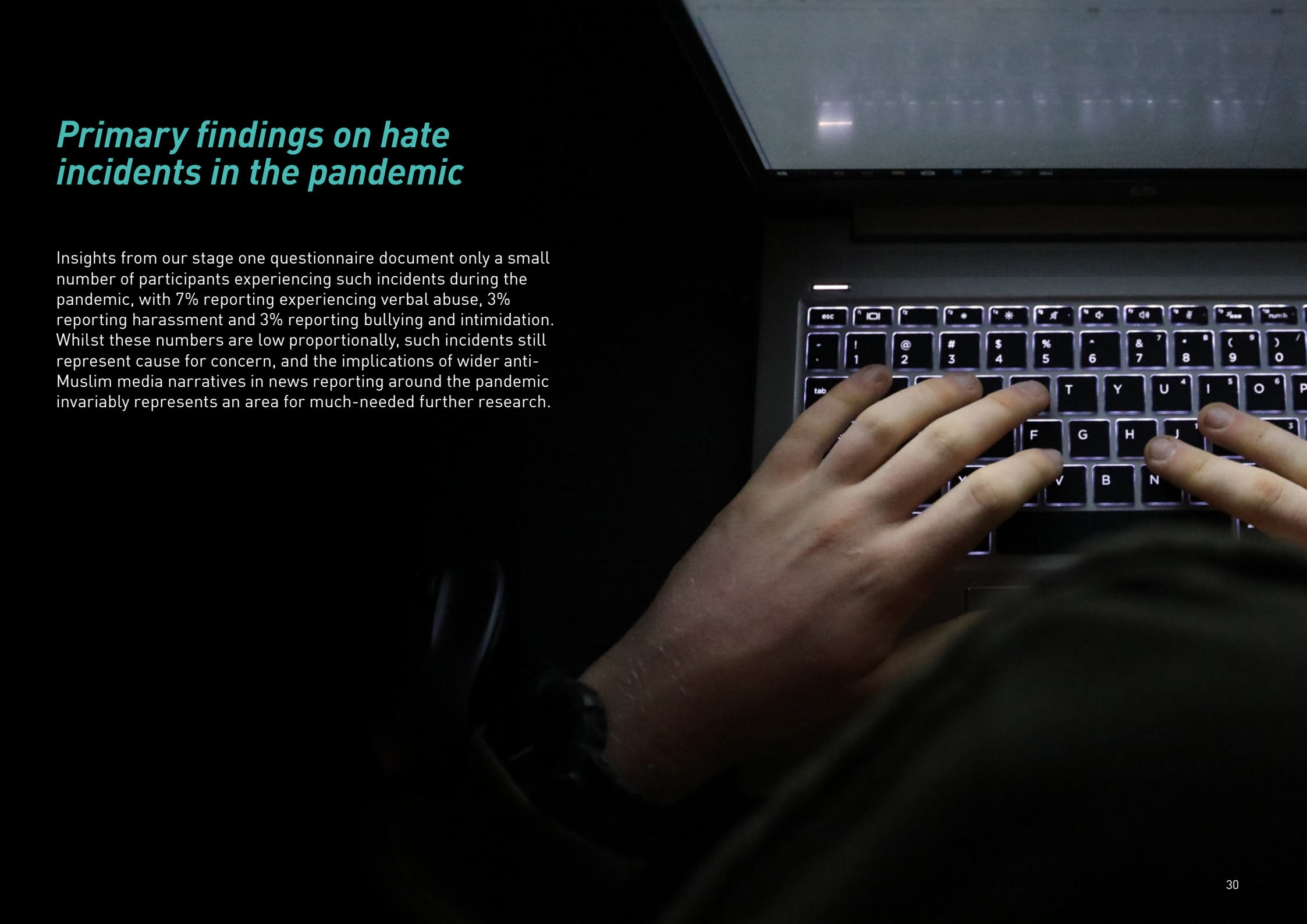
The framing of minority ethnic groups by news and social media in the context of Covid-19

Pre-existing literature has drawn attention to some of the ways in which minority ethnic groups and Muslim groups specifically have been negatively framed in the context of the pandemic. In particular, Muslim groups have been among those minority groups which have been blamed for spreading Covid-19 in ways which stigmatise them (SAGE 2021: 8). These narratives have been circulated within the context of wider anti-Muslim hostility which has played out in both virtual and real-world contexts (Awan & Khan-Williams 2020: 4). This has been particularly utilised by far-right groups to circulate narratives which have made accusations around Muslim groups failing to adhere to rules, spreading the virus and even being the origin of it (SAGE 2021: 8). These narratives have not been confined to the activities of extreme groups social media, but rather have been reflected in news media reporting around Muslim communities in the pandemic. The representation of Muslims in news media throughout the pandemic echoed wider longstanding tropes around moral panic and accusations of 'refusing to integrate' (Poole & Williamson 2021: 15). Moreover, the reality that large numbers of those who died following contracting Covid-19 were Muslim has been largely obscured in media reporting, where it would seem that narratives which fail to fit the archetype of a 'Muslim story' are omitted (Poole & Williamson 2021: 15). The reporting of events around the pandemic and how Muslims were framed were consistent with pre-existing dominant narratives about Muslims in the UK against a backdrop of anti-immigration sentiment (Poole, E. and Williamson, M. 2021: 15). Invariably, this has been informed by the framing of the Syrian refugee crisis within Pro-Brexit propaganda, with the pandemic being used to further normalize right-wing narratives around Muslims representing a threat to security (Poole & Williamson 2021: 2). There will be implications around the nature of news media reporting around Muslims in the pandemic, particularly around vulnerability to hate incidents.



Primary findings on hate incidents in the pandemic

Insights from our stage one questionnaire document only a small number of participants experiencing such incidents during the pandemic, with 7% reporting experiencing verbal abuse, 3% reporting harassment and 3% reporting bullying and intimidation. Whilst these numbers are low proportionally, such incidents still represent cause for concern, and the implications of wider anti-Muslim media narratives in news reporting around the pandemic invariably represents an area for much-needed further research.

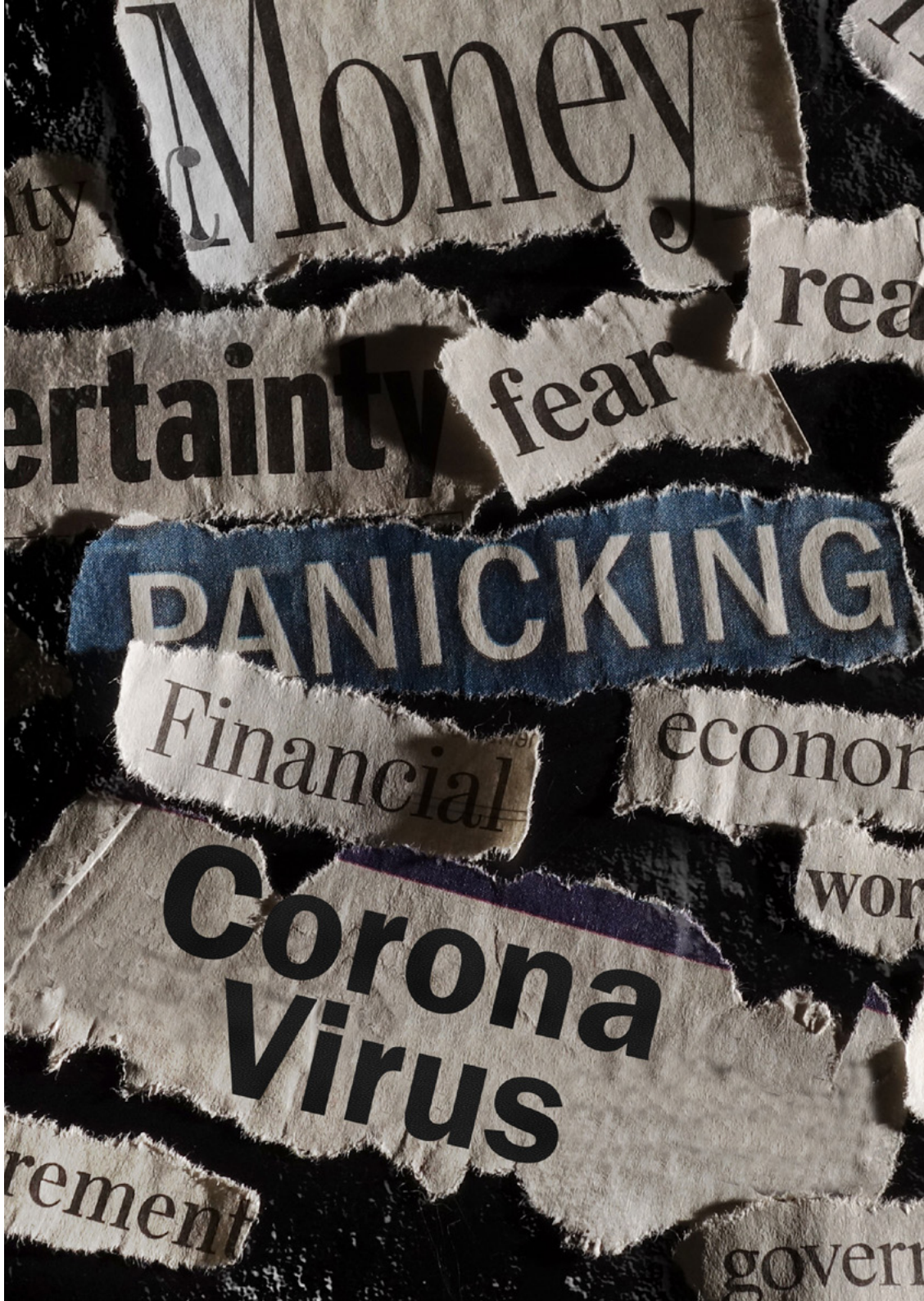


Primary data findings on community needs and community-led interventions

Research on interventions and the ways in which community-led responses to the needs of minority ethnic groups were mobilised during the pandemic is still emerging at the point of the writing of this report. As such, there is presently limited academic literature with which to frame findings from our stage one data around interventions which participants utilised and found helpful during the pandemic. As part of the questionnaire, participants were asked about services that were provided by Mosques and other local community organisations. Services provided by Mosques which were most used included food banks (used by 24% of participants), funeral support including practices around death and burial (used by 19% of participants), vaccination centres (used by 19% of participants), assistance in shopping and pick-up/drop-off services for the elderly or vulnerable (used by 15% of participants) healthcare advice on staying safe in the pandemic (used by 13% of participants) and testing centres (used by 10%). Participants also reported accessing services from other community organisations during the pandemic, and those most used when provided by such organisations included vaccination centres (used by 10% of participants), testing centres (used by 10% of participants), the delivery of food packages (8%) and foodbanks (7%). The above findings indicate that whilst participants who took part in the research were accessing support services through Mosques and other community organisations, these were more prevalently accessed when provided through Mosques. Participants also reported accessing support through more informal networks, most notably through immediate family (57%), friendship groups (53%) and extended family (21%).

Primary data findings on perceptions of government interventions

In addition to community-led interventions, participants were also asked to report their perspectives on government-led interventions. In reporting on the effectiveness of government-led interventions, participants reporting that they felt that national lockdowns had worked well compared with 35% who felt that they had not. Similarly, 38% of participants felt that social distancing measures had worked well compared with 24% who felt that it had not. 35% felt that mask wearing had worked well, compared with 17% that felt it had not. 26% felt that access to testing kits had worked well compared with 11% who felt that it had not, and 29% felt that advice on handwashing had worked well compared with 10% who felt that it had not. Only 4% felt that door to door testing for Covid-19 had worked well compared with 26% who felt that it had not. Finally, only 7% felt that local lockdowns had been effective compared with 33% who felt that they had not. Participants were also asked about the national vaccination strategy, and whilst this is a government-led intervention it is also a healthcare intervention, and so participant's views on this are discussed in the next section on Muslim communities and trust in medical authorities.



Minority ethnic communities and trust in medical authorities

Whilst we have identified that drawing on ethnicity as a proxy for Islamic identity results in a restricted picture of the impact of the pandemic, there are some historical and contextual factors which are bound up with trust in medical authorities for many minority ethnic Muslim groups. For example, research carried out by Smart & Harrison (2016) found that black and South Asian minority ethnic groups were less likely to participate in medical research compared with white British groups (Smart & Harrison 2016). The pandemic invariably heightened pre-existing tensions and mistrust between minority ethnic communities and public health authorities, with a report by the Scientific Advisory Group for Emergencies (SAGE) acknowledging that:

> ***BAME communities may be less willing to trust government communications on pandemic measures due to historical issues and contemporary perceptions of institutional racism. Health messages are more likely to be received by someone known and trusted within BAME communities (SAGE 2020).***

Longstanding mistrust was also acknowledged in a series of Race Disparity Unit (RDU) reports published throughout 2020 which provided an account of work conducted to encourage vaccine uptake among minority ethnic groups (RDU 2020). There is evidence of steps being taken to address issues around trust building between health authorities and Muslim communities, with the RDU advocating for measures to support vaccinations during Ramadan, increasing the use of places of worship for vaccination centres and evidence that there had been some progress in taking these measures forward (RDU 2020). The quarterly reports also advocated outreach into areas where vaccination uptake had been low, with an emphasis on encouraging group or family vaccinations where multi-generational homes may elevate risks around transmission of Covid-19 (RDU 2020).

Primary findings on Muslims in Birmingham and the vaccination strategy

Insights from our stage one data collection show that amongst participants the proportion of Muslims who were unvaccinated was 18%, which is 5.5 percentage points higher than the national average for Bangladeshi groups of 12.5%, and 2 percentage points higher than the national average of 16% for Pakistani groups (ONS 2022c). These trends also map onto ethnic group in our own research data, with 25% of participants who identified as Bangladeshi being unvaccinated compared with 13% of Pakistani participants. Whilst we can see that we had a lower proportion of participants who identified as Pakistani being unvaccinated compared to the national average by 3 percentage points, the proportion of Bangladeshi participants who were unvaccinated was double that of the national average for this group. These findings would suggest that amongst our research participants vaccine hesitancy is highest among Bangladeshi Muslims.

Muslim communities and vulnerabilities in the pandemic and beyond

The findings presented in this report have identified a range of impacts, vulnerabilities and interventions which have played out for Muslims living in Birmingham UK throughout the pandemic. The intersections of these factors have also drawn attention to pre-existing inequalities which have been exacerbated by the Covid-19 pandemic and the responses and measures which were enacted at national and local levels. Whilst Muslim groups in the UK are heterogenous and comprise a range of settled diasporic and new migrant communities, it is impossible to dismiss the significance of wider trends around race in the context of the pandemic for Pakistani and Bangladeshi groups. As such this report provides a series of recommendations around approaches to public health, community engagement and interventions which are relevant not only for public health crises but also in the wider civic enfranchisement of Muslim communities in Britain.

Recommendations

In light of the findings presented this report makes the following recommendations:

- Wider research clearly shows that the elevated levels of vulnerability around the health impacts of Covid-19 are due to pre-existing health disparities and co-morbidities in minority ethnic Muslim groups. However, the findings presented here (and more widely in outputs from this project) indicate that this is related to access to healthcare services for Muslim communities. In light of this, we recommend that local health authorities work closely with Mosques and community organisations with significant Muslim stakeholder groups to share information about access to health services with an emphasis on making leaflets and pamphlets accessible in languages which reflect the demographics of local communities. This can be done in electronic formats for those well-equipped in terms of IT literacy, but also paper-based forms to facilitate access where levels of IT literacy are lower;

- The findings presented here alongside wider research indicates that household and family structures, pre-existing health inequalities and socio-economic conditions have all come together to impact on Muslim groups in terms of their vulnerability to Covid-19 in the pandemic. We also know that giving generic advice which does not take account of these factors may have led to some individuals being advised to stay at home when they or family members suspected of having contracted Covid-19 needed medical attention. In light of this, we recommend that staff answering calls to 111 services be required to ask a series of questions to all callers as a matter of course so as to take account of household structure, age groups of individuals living in close proximity, pre-existing health problems and location. This could be embedded in script prompts used by staff when answering calls. For Muslim groups these factors have intersected in ways that elevated their vulnerability to serious illness and death from Covid-19, and a very quick survey to identify how many of these factors are intersecting should inform the next steps taken and the level of urgency with which to respond where individuals are accessing the 111 service;

- Impacts on mental health and wellbeing arising from the pandemic have been well documented, and in the case of Muslim groups the findings presented here demonstrate that religious practise has some positive implications for wellbeing. We have also seen that many individuals experienced an impact on their ability to engage in a range of religious practices owing to the restrictions of the pandemic, most notably as a result of lockdowns. In light of this we recommend that, in any future instances where Mosques may be required to close, that local funding for IT resources and training be made available as a matter of course to facilitate the online streaming of prayers. We also recommend that training and IT resources be provided to facilitate online counselling services and supplementary Madrassa education. A number of Mosques were able to facilitate these services in Birmingham during the pandemic, however some smaller Masjids had limited access to IT resources required to provide these services;

- Where the research has observed examples of best practice this has consistently demonstrated that this has been facilitated where significant community leaders and stakeholders have been instrumental in such initiatives. In light of this, we recommend that it be a requirement that local council funding for community interventions with Muslim stakeholder groups should be prioritised where project leaders can demonstrate that they are embedded within the community, or where partners are identified which are embedded within the communities where the interventions are to be applied. Where parties who are external to Muslim communities are bidding for funding

Recommendations

focused on addressing Muslim community needs, they should be able to demonstrate significant consultation and collaboration with partners embedded within Muslim communities;

- All of the findings we have considered here suggest that in moving forward on issues around Muslim communities as stakeholders in public health and wellbeing we should advocate for greater community-led partnerships between public health authorities and Muslim communities in order to build greater trust with medical and public health authorities – In light of this we recommend that local authorities draw on trusted voices in the community to convey public health information and advocate for health initiatives through engagement in Mosques and other community organisations with significant Muslim stakeholder cohorts.

A range of toolkits are currently in development arising from the research carried out and these will become available for local authorities, public health authorities, government organisations, places of worship and community organisations. The Covid-19 pandemic both impacted disparately for Muslim groups, but also exposed and amplified pre-existing inequities and issues around trust and stakeholdership in public health. The above recommendations are provided as a way of recognising Muslim stakeholdership in matters of public health and local policy development and strategy. However, we also contend that these recommendations can and should also be applied with other religious communities and minority ethnic groups which have also been disparately impacted by both the pandemic and measures taken to mitigate it by local and national government responses.

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