



# COVID-19 REPORT

VACCINES, THE PANDEMIC, AND  
BRITISH INDIANS

JANUARY 2021



THE **1928**  
INSTITUTE

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## EXECUTIVE SUMMARY

### Vaccines

- Only 56% of British Indians would take a vaccine.
- Women are significantly less likely to take a vaccine than men.
- 19% of British Indians feel that other people should have priority in receiving a vaccine, specifically those who are vulnerable and those in Low- and Middle-Income Countries.

### Health

- There was a 26% reduction in self-reported medium or high risk of getting sick from COVID-19 from the August to December period.
- For British Indians the pandemic has had the biggest impact on mental health, with 39% of respondents saying it has worsened their mental health, followed by 29% worsened physical health.
- 7% said they were unable to access their basic needs, such as adequate food and shelter, a figure which will likely rise in the aftermath of the pandemic.
- 45% of British Indians do not take action to mitigate against family illnesses. This is of particular worry when the most selected family illness was diabetes, something which can be prevented.
- COVID-19 can result in new-onset diabetes in patients. This combined with the Indian community having a greater pre-disposition to diabetes and high COVID-19 infection rates, means that we will likely see a diabetes epidemic in a very short amount of time.
- The pandemic exacerbates existing mental ill-health which is particularly alarming given that 76% of British Indians already face barriers in accessing mental health care for reasons including stigma and the lack of culturally appropriate support.
- 97% of men in the Focus Groups/Interviews discussed the topic of suicide when speaking about men's health.
- Many respondents took up Ayurvedic practices (traditional Indian medicine) over lockdown, to boost immunity, increase mindfulness and generally stay healthy. Participants called for increased standardisation and public access to Ayurveda through the NHS as a holistic and preventative healthcare.

### Culture

- Respondents felt that the guidelines on bubbles did not align with Indian family values as many British Indians do not have a traditional nuclear family, living under one roof. This left many people, especially the elderly, feeling isolated.
- 97% of people in the Focus Groups/Interviews felt that there should be a *choice* to be cremated in a traditional 'open-air manner'. This is of particular importance as many of our community have said the grieving process has been especially hard during the pandemic due to the smaller funerals and government restrictions.





## ABOUT THE 1928 INSTITUTE

The 1928 Institute is a think-tank led by academics from the University of Oxford. We are a platform for debate, dialogue, and aim to research and represent the views of British Indians - the UK's largest ethnic minority group.

### Our objectives:

- Create a space which breaks echo-chambers and stimulates dialogue with people across the ideological spectrum.
- Facilitate debate on the growing interest in Indian affairs and the dogma emerging from the commentariat.
- Investigate issues of concern within the British Indian community. We define British Indian as anybody who wishes to identify as such, especially those from across the Sub-continent.

### Develop thought-leadership which:

- Fosters a better understanding of our community, as well as explore wider public perceptions of Indian ideas.
- Represents British Indians to key stakeholders, policy-makers, and the media.
- Deconstructs colonial narratives on our community, through creative written form and visual media.



## OUR VALUES

- I. **Non-partisan.** Not ascribing to nor endorsing a political party
- II. **Inclusive.** Actively supporting diversity of both identity and speech
- III. **Solidarity.** Synthesise a unifying voice on the big issues of our time
- IV. **Internationalist.** Foster better understandings and relationships between nations
- V. **Pioneering.** Seek and apply innovative methods to challenge colonial orthodoxies



## Rationale

This research was undertaken to shed light on how the COVID-19 pandemic has impacted the Indian diaspora in the UK. This is of profound public health importance due to the reported effect of the pandemic on Black and Minority Ethnic (BME) groups, including health implications and vaccine uptake.

This report is a combination of all COVID-19 related data from two projects conducted with the University of Oxford: The British Indian Census (publication forthcoming) and Pulse & Policy: Vaccines and Farmers (published on our website). This report presents an overture into how COVID-19 has affected British Indian communities, our communities's views on taking the vaccines, and what next steps are recommended.

The research was not only demanded by policy-makers but many members of our community. The intended audience for this report is for all whom are interested, media, influencers, and health professionals, as well as especially policy-makers, community leaders. For a deeper analysis on any of the topics mentioned, please do get in touch.



## Methodology

This report includes the responses of over 2,320 British Indians. All of our methodology has been approved by the University of Oxford.

At the 1928 Institute, we co-create our research with the community and stakeholders, hence all our research tools were constructed following numerous engagements with stakeholders including academics, community leaders, community organisations, and members of the British Indian community.

Please see the following page for more detailed methodology on each of the three datasets presented in this report.



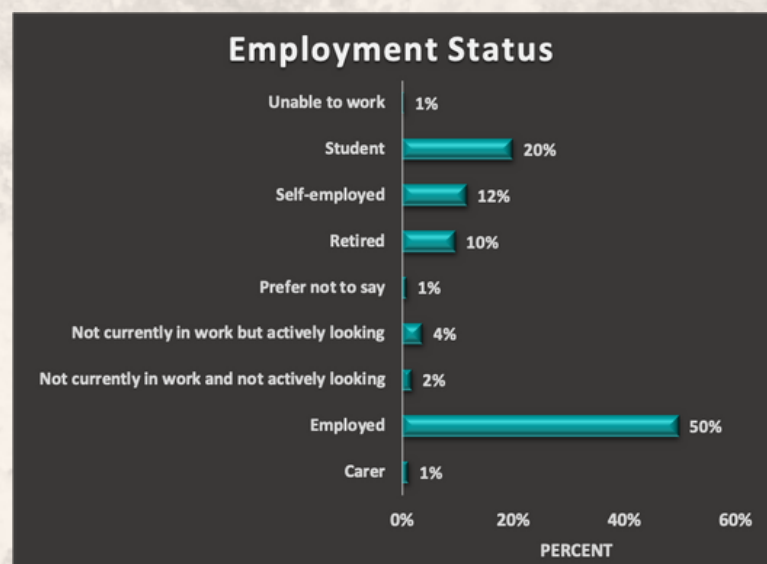
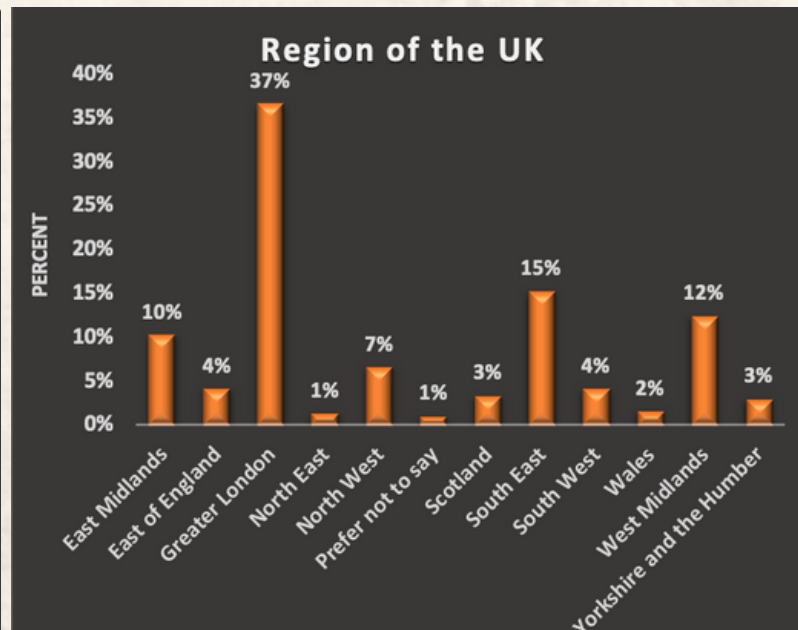
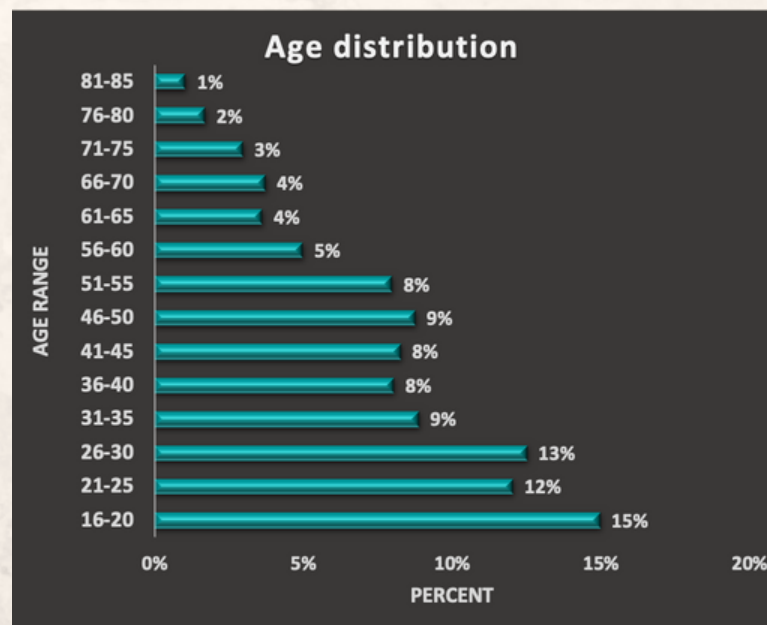
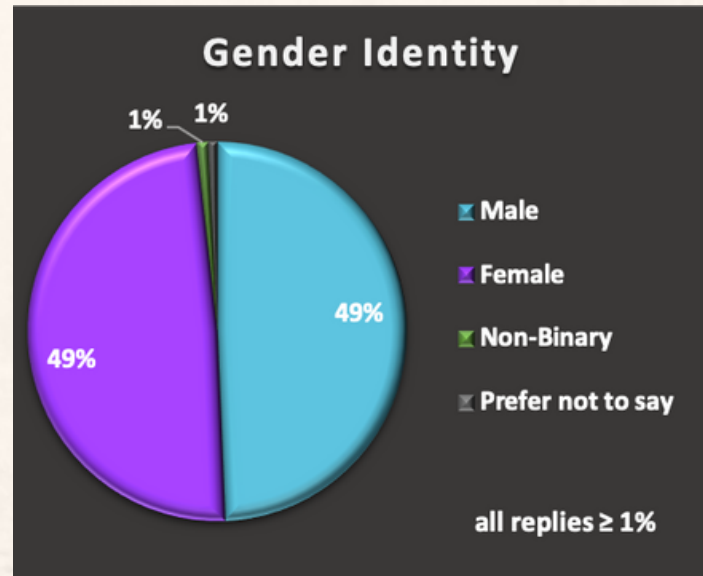
We are aware of limitations such as recruitment through social media as this targets an audience that both has access to these platforms and are active on them. In addition, we are aware that each project was only open for a limited time, particularly the P&P, as some people reached out to participate but it had already closed. Finally, as many topics and themes intersect we were unable to exhaustively explore each of these, but aim to return to many of these themes at a later point.

## Demographics - BIC Survey and Focus Groups/Interviews

We surveyed 1747 participants of whom are 49% male, 49% female, and 1% non-binary. The age of participants ranged from 16-85. The age range did not show a Gaussian trend. Participants span all regions of the UK with the majority from Greater London (37%), West Midlands (12%), and East Midlands (10%). Additional details on demographics can be made available upon request.

### Focus Groups/Interviews (FG/I)

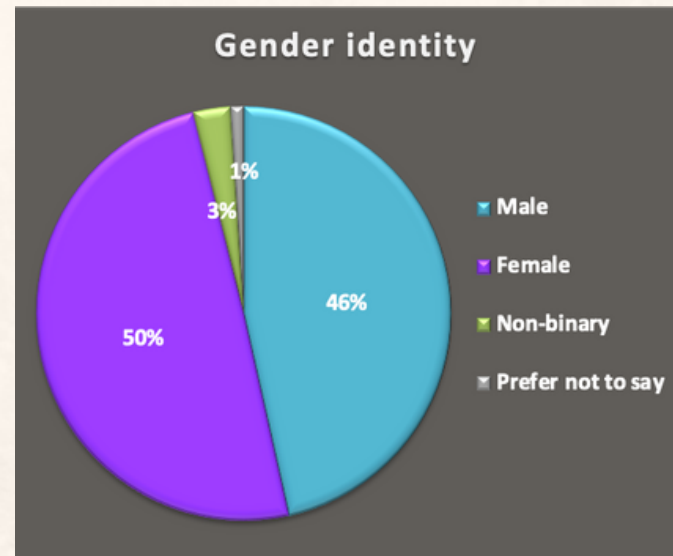
As participants were selected from the pool of BIC respondents targeting a mixture of gender, age, sexual orientation, and region, they are representative of the graphs shown, for example, 52% of participants were male and 48% female.



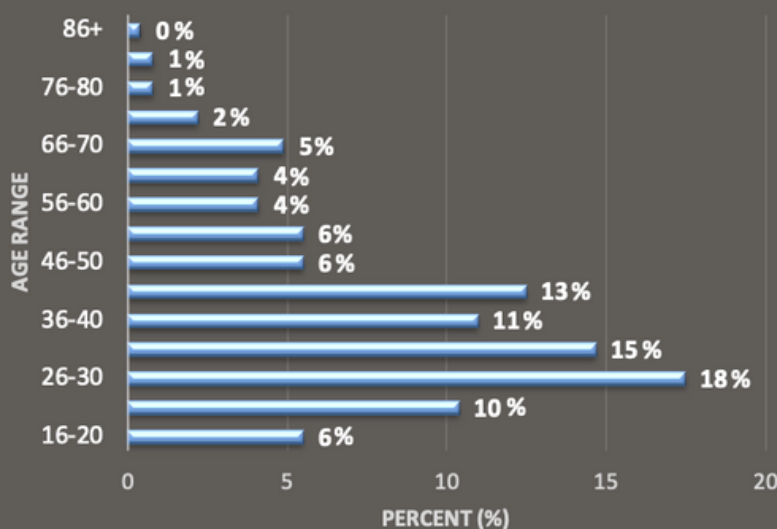


## Demographics - P&P

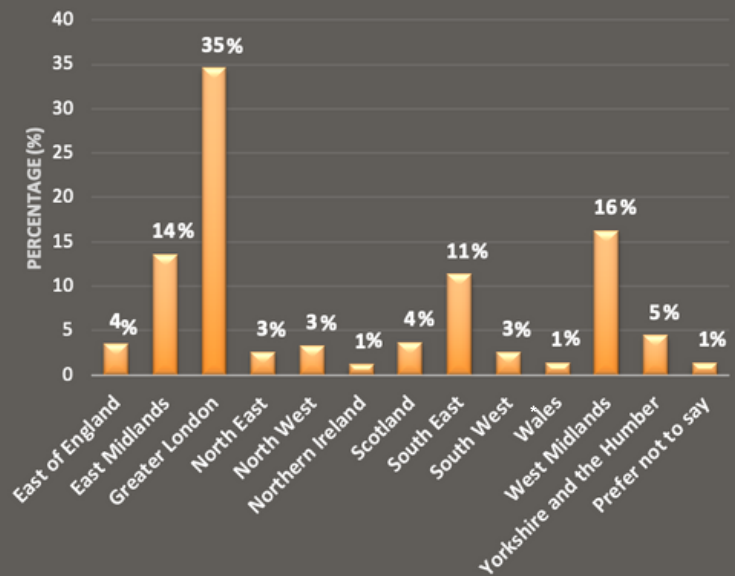
We surveyed 510 participants of whom are 50% female, 47% male, and 3% non-binary. The age of participants ranged from 16-85, with a mean of 36-40. Participants span all regions of the UK with the majority from Greater London (35%), West Midlands (16%), and East Midlands (15%), and the minority from Wales (1%) and Northern Ireland (1%). Although participants come from diverse regions of the UK, almost half (46%) of participants have heritage from Panjab, followed by Gujarat (27%). The participants comprise of different political backgrounds with 33% 'currently inclined to support' the Conservative Party, 31% the Labour Party, and 18% who do not support any party.



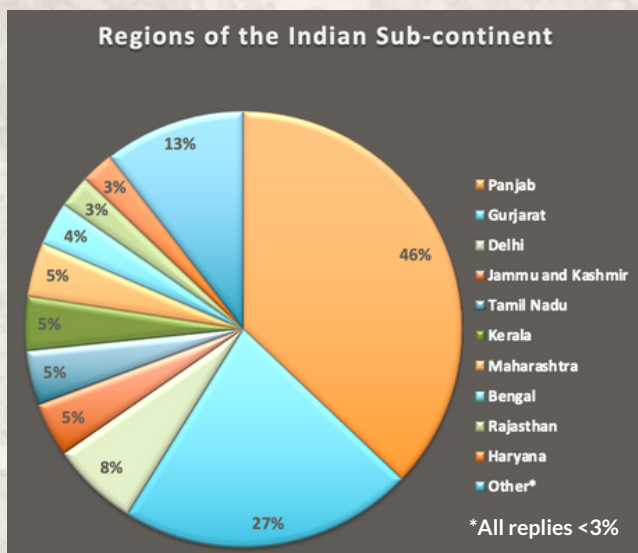
**Age distribution**



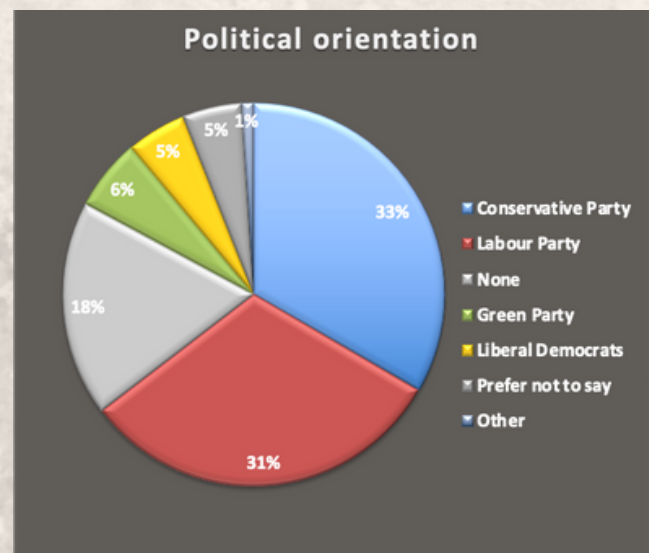
**Region of the UK**



**Regions of the Indian Sub-continent**



**Political orientation**





## COVID-19 VACCINES

### *Polling the British Indian Community on their willingness to take a COVID-19 vaccine*

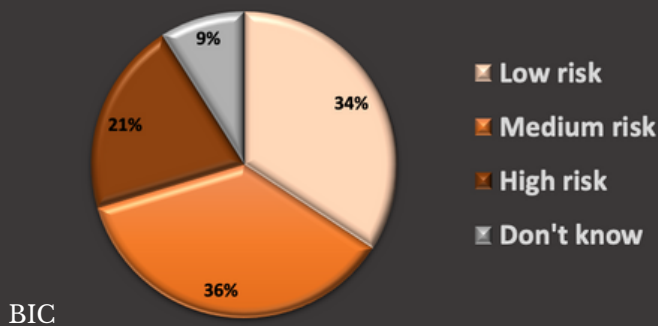
#### Results

The Coronavirus (COVID-19) pandemic has introduced many new challenges, impacting both physical and mental health. COVID-19 death rates are particularly high amongst the British Indian community [1].

The rapid production and approval of COVID-19 vaccines, brings a much needed source of hope whilst for others, this is a source of anxiety. In the BIC we surveyed the risk of COVID-19 and its impact, whilst in the P&P we re-polled risk of COVID-19 with willingness to take the vaccine.

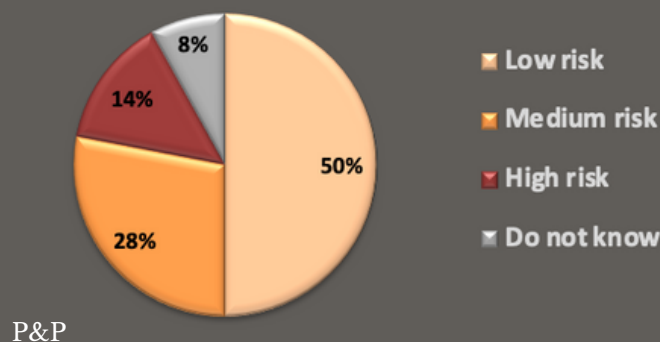


**Self-reported risk of getting ill from COVID-19**



The BIC which closed in August, shows 57% of respondents self-identified as either medium or high risk from getting ill from COVID-19. Interestingly, 42% of respondents from P&P which was conducted in December, self-reported as medium or high risk of getting sick from COVID-19. The percentage of respondents that selected 'don't know' has remained almost constant.

**Self-reported risk of getting ill from COVID-19**



Over the 5 month period, there is a change in perception of getting ill. This 26% reduction in self-reported medium or high risk may be due to complacency and lockdown fatigue [2] or due to a better understanding of their health. This decreased perception of risk may affect willingness to take a vaccine and therefore warrants immediate further research and action.

**Professor Sir Peter Ratcliffe FRS**  
**2019 Nobel Laureate in Physiology or Medicine**  
**University of Oxford**

*"It appears that despite considerable efforts to reduce spread by physical means, the epidemic is now out of control. Given an overall case fatality rate in the region of 1% and uncontrolled spread throughout the population, the probability of death or serious COVID disease must be hundreds or thousands of times greater than those of taking an effective vaccine."*

[1] Public Health England, 2020. Beyond the Data: Understanding the impact of COVID-19 on BAME communities.

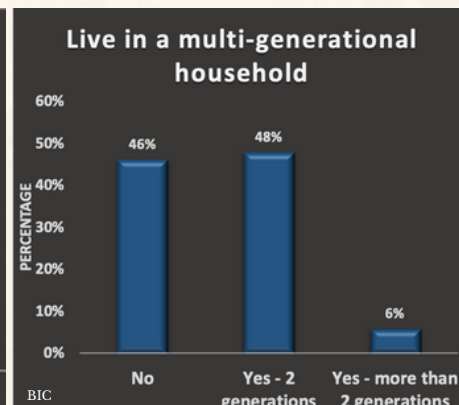
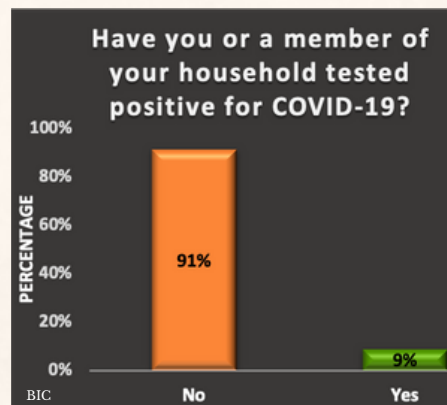
[2] Erev et al., 2020. Complacency, panic, and the value of gentle rule enforcement in addressing pandemics', Nature Human Behaviour.

## COVID-19 VACCINES

### Results

By August 2020, 9% of BIC respondents had either tested positive or had a member of their household test positive for COVID-19. This is a significant statistic, given that during the same period 0.005% of the UK population had tested positive for COVID-19 [3]. By January 2021, this statistic would have likely increased. It is well documented that BME groups are more at risk from COVID-19 due to a mix of occupational and cultural factors. We found that 54% of respondents live in households of 2 or more generations, thus a significant proportion of British Indians have an increased risk of having COVID-19.

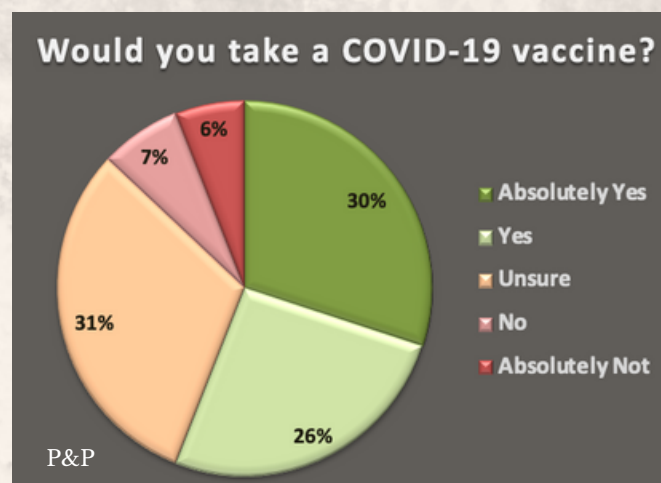
The majority of respondents overall would take a COVID-19 vaccine ("yes" plus "absolutely yes", 56%), although the most selected response was "unsure" about taking a vaccine (31%). Our results confirmed those published by the Royal Society of Public Health [4], where Asian communities were shown to be less likely to take a COVID-19 vaccine (55% would take a vaccine) compared to White respondents, of whom 79% are likely to take a vaccine.



Despite 14% of respondents self-reporting as high risk of getting sick from COVID-19 (P&P), only 4% of respondents willing to take a vaccine said they would do so as a result of being high risk. This indicates that some high risk respondents are reluctant to accept a vaccine.

*"In the UK, ethnic and racial minorities have been disproportionately burdened by the negative impacts of the pandemic. We have come to know this despite the government being unwilling to acknowledge inequalities in vulnerability, illness experience, health outcomes, and other consequences. This research provides urgent insight into the situation of British Indians. Importantly, the research also seems to show how British Indians have a pronounced sense of global health solidarity, perhaps because of their diasporic history."*

**Dr Sridhar Venkatapuram**  
Director and Lecturer of Public Health,  
Kings College London



*"The uptake of vaccines is of critical importance in overcoming this pandemic. Respect for equal moral value of all human beings has been considered by British Indians when considering willingness to take a vaccine, as demonstrated by concerns of local solidarity as civic duty and global solidarity as those in LMICs. This demonstrates that an approach of solidarity, and awareness of actions to enact solidarity, may increase willingness to take a COVID-19 vaccine."*

**Dr Caesar Atuire**  
WHO Access to COVID-19 Tools (ACT) Accelerator  
Ethics and Governance Working Group

[3] [www.statista.com/statistics/1101958/cumulative-coronavirus-cases-in-the-uk](https://www.statista.com/statistics/1101958/cumulative-coronavirus-cases-in-the-uk)

[4] Royal Society of Public Health, 2020. New poll finds BAME groups less likely to want COVID vaccine.



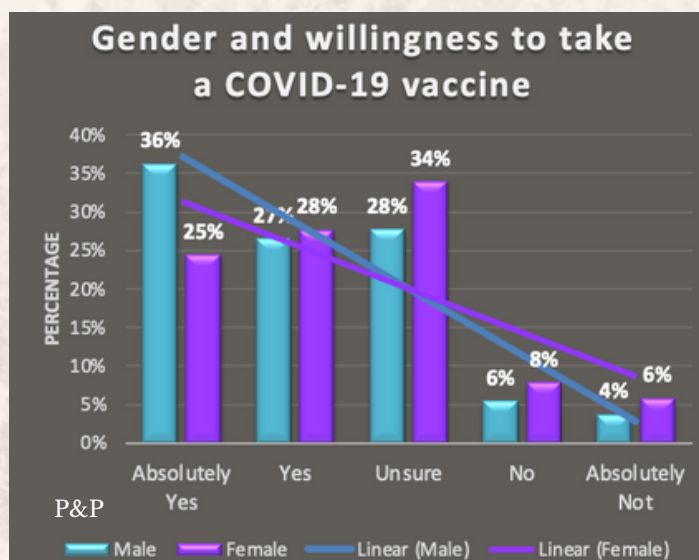
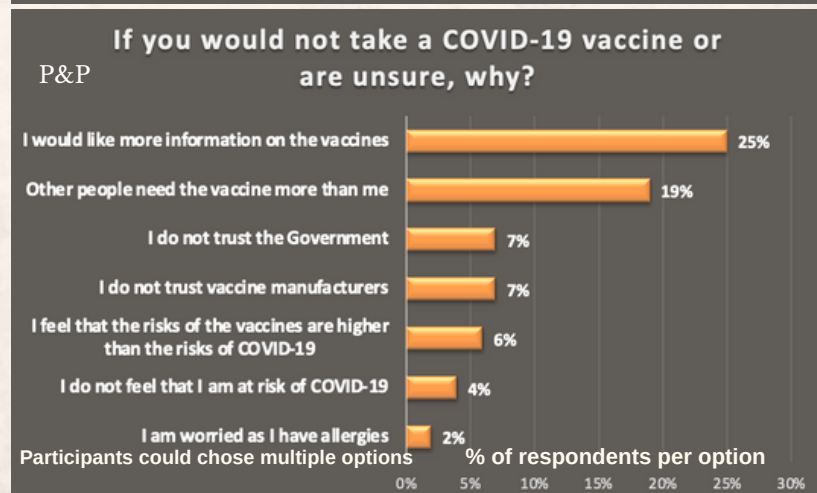
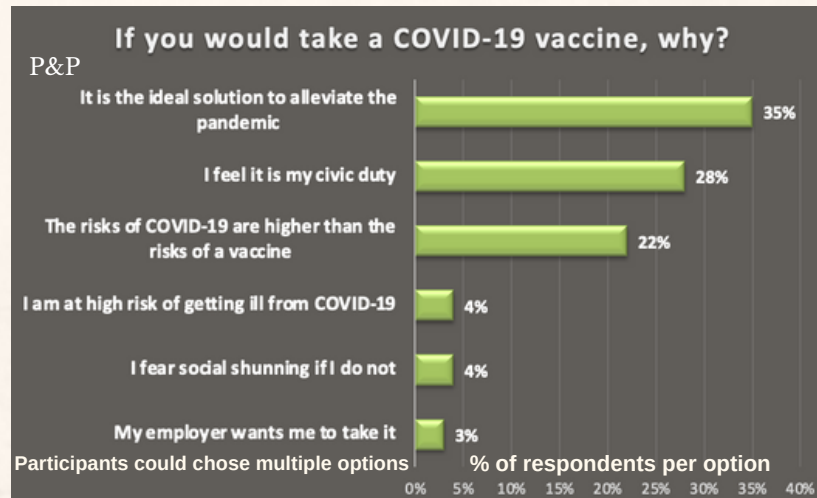
# COVID-19 VACCINES

## Results

When probed why the 30% and 26% of respondents selected "absolutely yes" and "yes" respectively to taking a COVID-19 vaccine, the main responses were: it is "the ideal solution to alleviate the pandemic" (35%), it is their "civic duty" (28%), and the "risks of COVID-19 are higher than the risks of a vaccine" (22%).

When probed why the 31% and 13% of respondents were unsure or would decline to take a vaccine respectively, the majority of respondents wanted "more information on the vaccines" (25%). Followed by 19% of respondents stating "other people need the vaccine more than me".

A significant number of British Indians (19%) felt that other people were more deserving of a vaccine. Several participants further commented that vulnerable people and those in Low- and Middle-Income Countries should have priority in receiving a vaccine.



The Chi Square analysis shows women are significantly less likely to take a COVID-19 vaccine than men, with 52% of women willing to take a vaccine compared to 63% of men ( $\chi^2(1, 12,510) = 24.164, p = 0.01$ ). The ANCOVA results show that regardless of region and age, the gender difference in willingness to take a vaccine remains.

Both men and women expressed concerns that vaccine production has been rushed and that there maybe potential unknown long-term effects. In addition, women stated there has not been adequate testing on women's fertility and the impact on pregnant women, particularly as infertility is still stigmatised in the Indian community.

**Dr Nikita Ved**  
Research Fellow,  
University of Oxford  
Co-Founder,  
The 1928 Institute

*"COVID-19 commonly elicits fever and low oxygen levels during pregnancy, both of which have been shown to cause birth defects in babies. A vaccine has the potential to negate this impact, however the impact of the vaccine itself has not been tested enough. Given that Indian women are also more likely to suffer from gestational diabetes, pre-eclampsia and polycystic ovary syndrome, their hesitance is understandable. This further emphasises the need for more robust, long-term safety data."*

# COVID-19'S IMPACT ON BRITISH INDIANS

*Understanding how the Pandemic affects our community*

## Results

This section sheds light on the general impact from the BIC with data triangulated from the P&P and unsurprisingly, as both physical health and mental health have been profoundly affected, we detail these topics. Additionally, this section details the impact of COVID-19 on British Indian culture and ways-of-life.

### Basic Needs

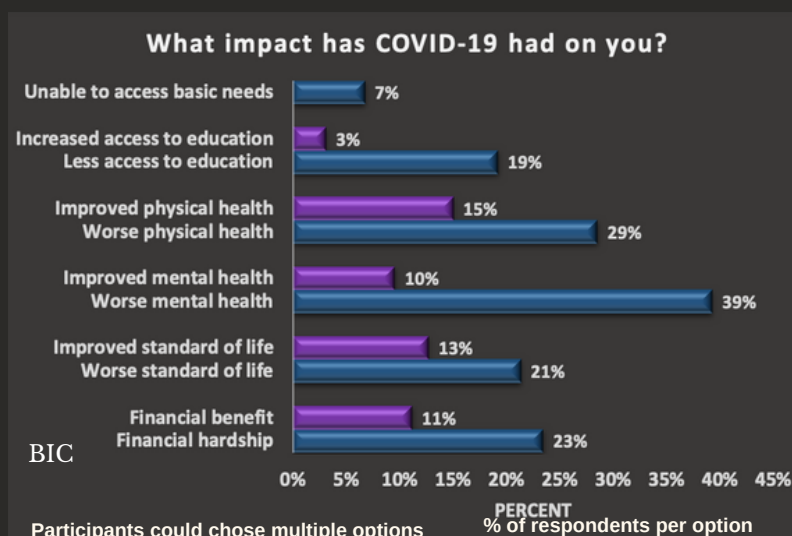
Many FG/I respondents commented that British Indians are often seen as a 'model minority' by society-at-large, whom often are economically successful and highly educated; yet there are still members of our community whom are less fortunate. The pandemic has exacerbated vulnerabilities for this cohort, as 7% of BIC respondents were unable to have access to their basic needs. Basic needs include the ability to purchase adequate food, have adequate shelter, among others. This unacceptably high figure will likely increase once the effects of the recession sets in.

### Finance

23% of BIC respondents stated that COVID-19 has negatively impacted them financially. In particular, as 12% of British Indians are self-employed (page 7), they have experienced a substantial loss of income. Additionally some FG/I respondents stated that they were having their working hours reduced or being made redundant. Although, 11% of BIC respondents have benefited from the pandemic, driven by their ability to save money whilst being at home.

### Education

20% of BIC respondents are students (page 7) and 19% of BIC respondents have received less access to education. In addition, many students, including those coming from India reported hardship as they were unable to find work and pay university costs. [5]



*"The pandemic has put huge stresses on families and individuals, unfortunately this is likely to continue. The British Indian community have shown once again how in these challenging times they have come together and worked with other groups to provide much needed assistance from food banks, meal distributions, services to the elderly and disabled and of course through their presence in large numbers within the NHS and other critical frontline services."*

**Baroness Sandip Verma**

**Former Ministerial Champion for Tackling Violence**

**Against Women and Girls Overseas**

**Chair of UN Women (UK)**

Go Dharmic, Instagram



[5] [www.theguardian.com/education/2020/may/01/indian-students-trapped-in-uk-by-coronavirus-actually-starving](https://www.theguardian.com/education/2020/may/01/indian-students-trapped-in-uk-by-coronavirus-actually-starving)



# COVID-19'S IMPACT ON BRITISH INDIANS' PHYSICAL HEALTH

*Understanding how the Pandemic affects our community*

## Results

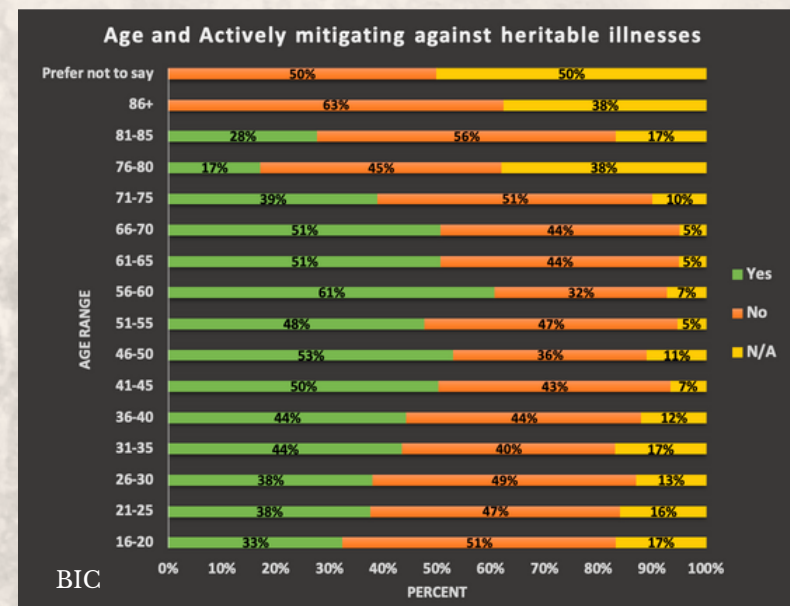
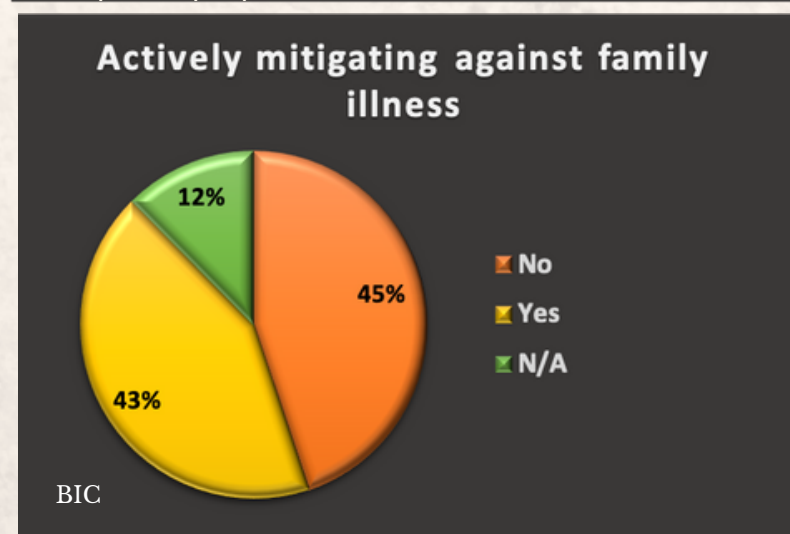
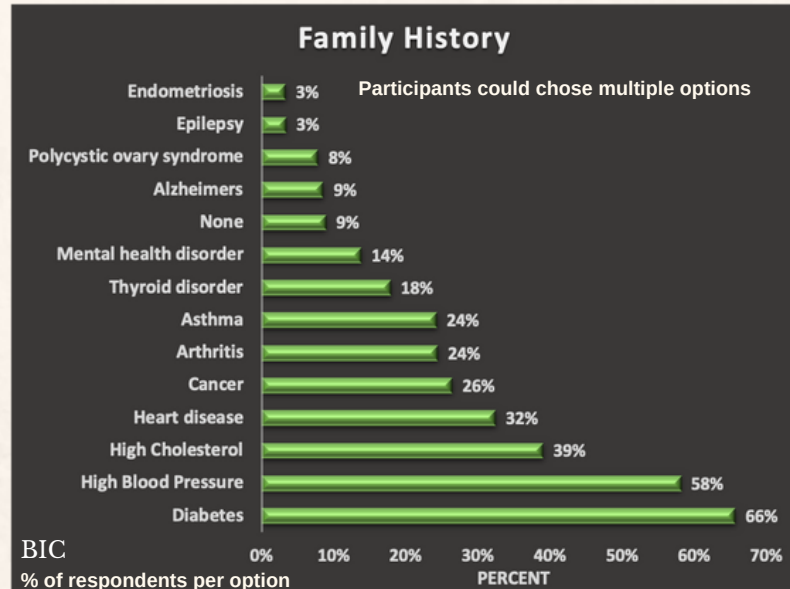
The BIC asked about family history of disease, the most common diseases selected were: diabetes (66%), high blood pressure (58%), high cholesterol (39%), and heart disease (32%). However, when asked if respondents were actively mitigating against any heritable diseases, the majority of respondents selected "no" (45%). The FG/Is commented that this likely stems from Indian diets often being unhealthy, alongside healthy diets and exercise often being overlooked. When asked how to address this, many respondents said that there needed to be **more targeted health campaigns, particularly aimed at the elderly**. This corresponds with our data, as we observed a significant drop off in "actively mitigating against disease" in those aged 71+.

This is of particular concern as diabetes, hypertension and cardiovascular disease are amongst the 3 highest co-morbidities to elicit a poor outcome from COVID-19. According to recent Public Health England reports [1,6], death rates from cardiovascular disease are 50% higher than average amongst South Asians. Additionally, 45% of South Asians that died from COVID-19 also had diabetes. Recent studies show many people develop diabetes following a bout of COVID-19 [6]. This is also of concern as that the British Indian community are more likely to develop type 2 diabetes [1] and are at higher risk of having a poor outcome from COVID-19 [1,7].

*"New-onset diabetes from COVID-19 is a real concern. Communities at high risk of contracting diabetes and/or COVID-19 must take steps to mitigate their risk. Preventing getting COVID-19 may also prevent a diabetes epidemic in future years."*

**Dr Nikita Ved**

**Research Fellow, University of Oxford  
Co-Founder, The 1928 Institute**



[6] Public Health England, 2020. Disparities in the risk and outcomes of COVID-19,

[7] Rubino, F., et al., 2020. New-Onset Diabetes in Covid-19. New England Journal of Medicine, 383(8), 789-790.

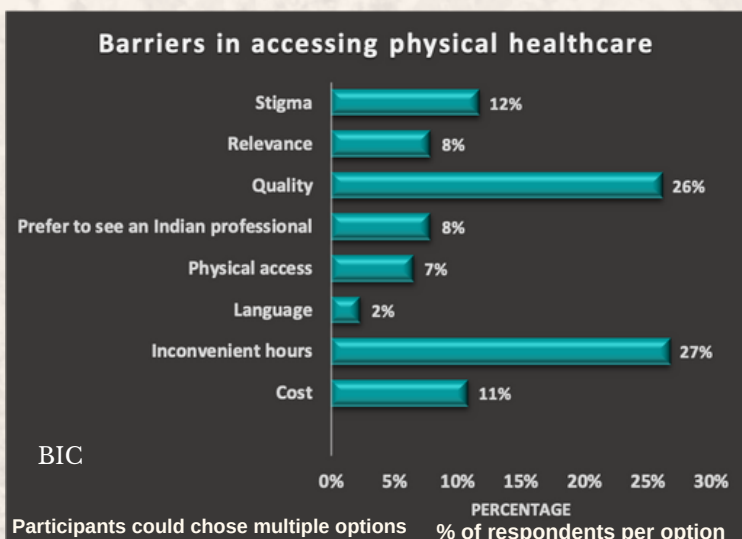
# COVID-19'S IMPACT ON BRITISH INDIANS' PHYSICAL HEALTH

## Results

Poor COVID-19 outcomes may also be associated with many social determinants of health [8]. About 23% of BIC respondents have a 'front line' jobs, as page 7 shows 19% of respondents worked in human health and social care, 3% worked in retail and 1% in transport. Thus almost 1 in 4 British Indians are more exposed to the virus due to their employment.

Additionally, the majority of respondents live in London, the West Midlands and the South East, all of which are densely populated regions where it is difficult to isolate and avoid the rapid spread of the virus.

As mentioned previously on page 10, 54% of BIC respondents live in multigenerational households. Whilst we did not analyse if these generations include the elderly, it is likely as it is a cultural norm amongst Indians to live with one's elderly parents. If any of these households contain key workers, the risk of an adverse COVID-19 outcome is likely to increase.



When questioning whether respondents faced barriers in accessing physical healthcare, 50% of respondents said they faced no barriers and were able to access. However upon probing in the FG/Is, many individuals stated that in Indian culture, there is poor awareness of symptoms or a tendency to avoid seeing doctors until "it is too late".

In the BIC, 26% of responses said that 'quality' was a barrier for them accessing physical healthcare. When probed in the FG/Is, an interesting issue of self-advocacy was raised. Many respondents felt that their symptoms are often overlooked and they need to emphasise them to their doctor. In addition, many commented on their GP being inaccessible.

Several respondents highlighted that most medical textbooks are written about individuals from White/Caucasian backgrounds [9] and therefore may not be relevant to BME patients.

In the FG/Is a respondent detailed how this impacted a lack of diagnoses. Many respondents called for "decolonisation of medical education".

Thus, the barriers in accessing healthcare include; inconvenient hours, poor public health campaigns including symptom awareness, and poor quality treatment including being undermined, misdiagnosis and cultural barriers. This myriad of factors may contribute to the disproportionate number of British Indians dying from COVID-19, in addition to epigenetic comorbidities and socio-economic status.

*"As a British Indian and a front line healthcare professional, I know first hand the devastation that COVID-19 has had on our community and those around us. We have been affected more than most. Every week, Indians and British Asians are amongst the highest numbers of new cases of coronavirus. So many of us have died as a result of this horrible condition, and many more have been left in worse situations than before. It worries me that despite this, many of us are still reluctant to follow guidance or get vaccinated. This needs to change, and that starts with trying to understand why. This overdue report goes a long way to finding out those reasons, and will be instrumental in helping us find the solutions we desperately need."*

**Dr Ranj Singh**  
NHS Doctor

**BAFTA award-winning TV presenter**

[8] Dahlgren G. Whitehead M. 1992. Policies and strategies to promote equity in health. Copenhagen. WHO Regional Office for Europe (414).

[9] Louie P, Wilkes R. 2018. Representations of race and skin tone in medical textbook imagery. Soc Sci Med. 1:202:38-42



# COVID-19'S IMPACT ON BRITISH INDIANS' MENTAL HEALTH

*Understanding how the Pandemic affects our community*

## Results

In the BIC, 39% of respondents said that COVID-19 has negatively impacted their mental health (page 12). Of those who commented, 24% expressed being unable to visit family is extremely stressful, and 23% expressed the lack of social interaction and isolation is worsening their mental health.

When probed in the FG/I, respondents commented that the guidance on seeing family or forming COVID-19 bubbles did not align with the Indian ideas of a family construct. Respondents mentioned how this left them feeling isolated and in particular, the elderly who are unable to access digital platforms.

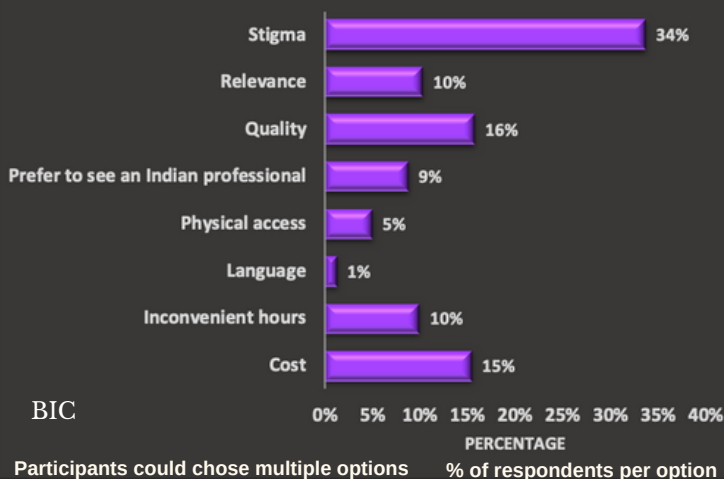
Given that British Indians are amongst the least likely of all ethnicities in the UK to use mental health services [10], and the pandemic exacerbates mental health, it is particularly alarming that **76% of British Indians face barriers in accessing mental health care.**



The most prominent barrier to mental healthcare is stigma 34%; defined as problems of knowledge (ignorance), attitudes (prejudice) and behaviour (discrimination) [11]. In the FG/I, 93% of respondents explained that either stigma or poor awareness hinders better mental health outcomes in our community.

Additionally, lack of access to an Indian professional is a barrier for 9% of BIC respondents and 17% of FG/I respondents. In the FG/Is, when asked how quality or relevance could be improved (barriers of 16% and 10% respectively), respondents explained they **require provisions that better understand cultural nuances.**

**Barriers accessing mental healthcare**



A salient finding from the FG/I is that almost every male (97%) spoke about suicide and men's mental health. This included experiences of others' attempted or committed suicide, and comments that many British Indian men suffer in silence with suicidal thoughts. Unfortunately, the Office for National Statistics currently does not collect data on suicide and ethnicity.

*"Mental health provision failing 76% of British Indians, due to stigma, cost, and lack of culturally sensitive provisions — coupled with COVID-19 increasing the frequency and intensity of poor mental health — demands urgent action through upscaling virtual provision and engagement strategies that are co-created with the community."*

**Kiran Kaur Manku**  
**Researcher, University of Oxford**  
**Co-Founder, The 1928 Institute**

[10] ONS. 2015. Mental health and learning disabilities service use.

[11] Thornicroft G. Rose D. Kassam A. & Sartorius N. 2007. Stigma: ignorance, prejudice or discrimination? The British Journal of Psychiatry.

# COVID-19'S IMPACT ON BRITISH INDIANS' CULTURE & WAYS OF LIFE

*Understanding how the Pandemic affects our community*



## Results

It goes without saying that the pandemic has significantly impacted our lives and cultural norms. It has changed how we have conducted our festivals/ceremonies, our family interactions, and consumption habits to name but a few. **Many British Indians take pride in working in the human health and social care sector (19%).** Numerous Indian NHS workers have become ill or died whilst tending to COVID-19 patients. [12] Thus, the work stresses of the pandemic have been particularly hard on these individuals and their families.

During the initial onset of the pandemic, turbaned members of our community found it difficult to find appropriate PPE. [18] Thus, making it hard for them to conduct their daily business, especially they are a front-line worker as some had to buy their own specialist PPE. The data from FG/Is indicate that whilst the community were happy to comply with the new restrictions set for the November lockdown, they felt that this was extremely sudden, and that these restrictions were in favour of being able to celebrate Christmas at the expense of Indian festivals such as Diwali. Additionally, **many temples and community organisations are feeding and assisting those in need but are struggling financially due to lock-down and the reduction in donations.**

## Ayurveda (Yoga, Meditation, and Diet)

Ayurvedic medicine is an holistic practice also referred to as traditional Indian healthcare or medicine. **93% of FG/I respondent stated that there should be greater access to this type of healthcare for the British public.** Many respondents have used such holistic techniques to improve their mental and physical resilience to the pandemic. Clinicians in India have also used yoga techniques to help improve the respiratory functionality of those that have been affected by COVID-19 [14]. Given that gym memberships can be prescribed on the NHS, there is a great opportunity to investigate, certify, and apply Ayurvedic practices when appropriate, particularly with regards to preventative medicine. Furthermore, many respondents in P&P said that they were regularly practising Ayurveda, including yoga, to boost immunity and improve their mental and physical health. Additionally, there was demand to ensure that the various types of Ayurveda are effective, regulated, standardised to assist with public health.

*"Ayurveda has been proven to help mental and physical health. This is not only relevant for the COVID-19 pandemic but for public health going forward. We need to decolonise healthcare and utilise millennia of wisdom and re-evaluate how we approach health and wellness. We need to adopt a more holistic attitude to healthcare."*

**Amarjeet Singh Bhamra**  
**Initiator & Lead Secretariat of the**  
**All Party Parliamentary Group**  
**(APPG) on Indian Traditional**  
**Science**



# COVID-19'S IMPACT ON BRITISH INDIANS' CULTURE & WAYS OF LIFE

## Results

### Death Rites

It is regrettable that many of our community have died during the pandemic. According to the ONS, the death rate of British Indians is up to twice as high when compared to White Britons [15].

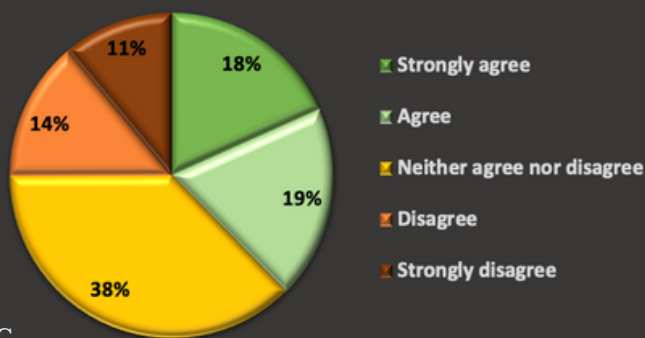
Many FG/I respondents commented about how smaller funerals coupled with lockdowns, exacerbated the grieving process. Our data provides implications far beyond this pandemic. The BIC data shows that 37% of people either agree or strongly agree that the Government should make it easier for people to have 'open air' cremations, whilst 38% are neutral.



FG/I respondents commented that they particularly are in favour of the choice for an open-air cremation as they find it more natural, culturally authentic, and more appropriate for the grieving process. In addition, respondents wanted to ensure that environmental costs are factored into the price of the cremation and are offset.

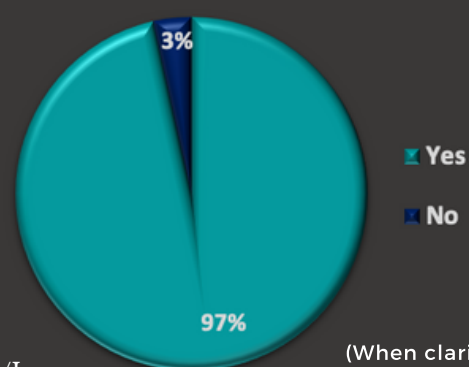
The current law surrounding this practice is unclear as it can take place if it is in a building with "a solid platform, four columns open walls, and a roof". Further research needs to be done to identify if the current legislation needs to be amended to enact the wishes of British Indians.

Providing more choice to be cremated in a traditional 'open-air' manner



In the FG/Is when asked if British Indians would like a choice to be cremated in a traditional Indian manner, almost all (97%) respondents were in favour of the Government providing a choice. It was apparent that despite not necessarily having a personal preference for an open air cremation, the choice should be offered. In addition, they commented that places to scatter ashes into open waters should be made more accessible.

The government providing the choice for people to be cremated in a traditional Indian manner



(When clarifying the question in the adjacent graph)





## RECOMMENDATIONS

### Vaccines

A clear and concerted public health campaign, tailored to our diverse community, to assuage doubts amongst British Indians is needed. An example of this would be campaigns in different languages and co-produced with community leaders and influencers. This is because, despite being one of the hardest hit communities by COVID-19, British Indians show reluctance in taking a vaccine. Much of this reluctance stems from the community saying they do not feeling informed enough about the vaccine, its benefits, and its impact.

Widely disseminate information on how the Government plans to assist Low- and Middle-Income Countries in vaccine distribution to assist domestic vaccine uptake. This is because members of our community are reluctant to take a vaccine at the cost of those in poorer countries.

### Physical Health

Address the wider issues associated with health inequalities for example; redesigning textbooks to inclusive symptoms of the BME communities, invest in research to better understand illnesses that our community have an increased predisposition to, and increase health education at the local level. This can be through community leaders and influencers to support improved long-term health outcomes.

### Mental Health

Co-create mental health campaigns with British Indians and work with community leaders and influencers to improve awareness and to reduce stigma. Awareness includes ensuring that the community recognise signs of mental ill-health. More resources need go into suicide prevention, especially in regards to men.

Provide training courses co-created with Indian mental health practitioners and community members, for all healthcare professionals to improve their cultural understanding of health care. Courses for mental health practitioners should particularly address the differing symptoms and relevance of guidance.





## RECOMMENDATIONS

### Community Consultation

Community leaders, subject matter experts (SMEs), and lay community members should be in greater collaboration with Clinical Commission Groups (CCGs) and their local Government. Community leaders have a unique position in that they have a platform and are well-respected. SMEs and lay community members have a wealth of empirical and practical expertise, of which both need to be considered in shaping provisions. A platform for such consultations are pivotal to ensure coherent and culturally appropriate resources and messages are delivered to those who need it the most; this is particularly pertinent given the COVID-19 pandemic.

The following quote from an FG/I respondent demonstrates the need for community consultation as a means to improve access to appropriate provisions:

*"Policymakers need to improve the provision and visibility of services to promote well-being across our community, both physical and especially mental health. Mental health, dementia, and Alzheimer's disease are a few amongst many health conditions that are prevalent in our community and we don't feel supported to deal with these issues or access the necessary services. Furthermore, intersectionality is a real thing and raising awareness of it would go some way to enable individuals to feel far more embedded in and a part of mainstream society."*

### Ayurveda (Yoga, Meditation, and Diet)

Improve access, regulation, and integration of Ayurveda. Fund research into the diverse spectrum of treatment, including effectiveness in applying it as a compliment and/or substitute to pharmaceutical medicine. This would be a step in the right direction to 'decolonise medicine'.

### Death Rites

Ensure legislation allows traditional ways of cremation to be accessible for the British public. There is current uncertainty in the law surrounding the 'open-air cremations' and where ashes can be scattered. Thus, we recommend clarification as informed by British Indians to enshrine the rights of citizens to have full choice over their funeral plans.

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Leepika Dutta

Aditi Khanna

Amarjeet Singh Bhamra

The\_Indian\_Feminist

South Asian Nation

The History Corridor

UBIUB2

Assoc\_former\_British\_Colonies





**THIS REPORT PROVIDES A HIGH-LEVEL  
INSIGHT INTO MANY COMPLEX TOPICS,  
AND IS BY NO MEANS AN EXHAUSTIVE  
STUDY.**

**FOR A MORE IN-DEPTH ANALYSIS,  
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