



Muslim Community members views of Covid-19 risk reduction recommendations – What can we learn to enhance vaccine uptake

Executive summary

There is now unequivocal evidence that people from Black, Asian and Minority Ethnic Backgrounds (BAME) living in the UK are disproportionately affected by covid-19, with some BAME communities being hit harder than others. There are growing concerns that the Muslim community in the UK are particularly vulnerable to COVID-19. The Muslim community in the UK often come from multi-generational households, have comorbidities and some live in more disadvantaged areas. Such conditions can increase the risk of covid-19 infection and create barriers to social distancing or effective self-isolation.

Our study

The purpose of this study was to understand better, perceptions of risk and responses to risk among members of the Muslim community living in the North West of England and to identify key enablers and barrier that influence the extent to which people are able to protect themselves from COVID-19 risk. We also sought to understand how the measures and restrictions imposed to control the spread of the virus affected the everyday lives of members of the Muslim community.

We co-developed a qualitative study with a public adviser member of NIHR Applied Research Collaboration North West Coast (ARC NWC), who was involved in all aspects of the study including, study design, engagement with local Muslim community, data collection [25 individual interviews and four focus groups (n=22 participants)], analysis and dissemination of study findings to the community and local leaders.

Our findings

Worry and anxiety were key features of participant's experiences of the pandemic, with main concerns being those of contracting the virus and passing it to family members and others in the community. Another highlighted concern was the sheer amount of information about COVID-19 and related restrictions from different sources, that sometimes conveyed conflicting messages. The sheer amount of information could be overwhelming leaving some participants reliant on others for information including observation of behaviour of others within the community. The need for information in languages appropriate to local populations delivered through recognised and trusted channels of communication within the community was also highlighted. Religious teachings were said to have reinforced hygiene and social distancing guidelines. For example, the religious practice of daily cleanliness, and the sense of responsibility (duty) to protect one-self and others from harm encouraged adherence to restrictions and protection measures, such as the use of PPE. Finally, there were noted challenges to adherence and self-protection, with participants highlighting how members of the community were often frontline or essential workers which left them more exposed to the virus. Structural limitations within a household and working environment meant that adhering to social distancing guidance was challenging and the ability to assessing risk based on symptoms was also an issue prior to roll out of community testing.

Key learning:

The study findings highlight the importance of improving local information provision and communication channels/pathways during times of the pandemic, this could aid understanding of risk, promote adherence to risk reduction recommendations and uptake of treatment or vaccinations. This will include:

- **Providing clear messages** – reduces confusion and enhances community confidence in their awareness and knowledge about the risks of the pandemic and protection recommendations to support adherence, and supports informed decision-making when presented with treatment or vaccination programmes.
- **Having targeted communication** – religious teachings and practices are important in supporting responses to health messages. Communicating health messages through religious teachings that promote health can help in providing relatable messages that are in line with common values, making them more recognisable and acceptable and therefore supporting uptake of new practices and recommendations. This includes communicating health messages in the language members of the community are confident with.
- **Utilising main support networks** - Mosques are key resource within the Muslim community, providing emotional and practical support as well as spiritual guidance. Utilising this resource can help build community confidence in unprecedented times and enhance trust in risk reduction action.
- **Addressing barriers to information** - the closure of mosques during lockdown though recognised as necessary, had an impact on usual channels of communication and support for the community. In circumstances where these vital channels are more limited, further consideration needs to be given as to what alternatives actions can help maintain these channels of communication.
- **Enhancing the role of community leaders and Cultural Brokers** - visibility and involvement of Muslim health professionals and leaders in the process of health promotion and protection can help in reducing the gap between the local community and health provision. Communicating information in ways that are accessible to the Muslim community are essential in delivering key public health messages.
- **Enhancing sense of belonging** – building community trust and engagement by providing health services within the community where people feel safe and where places and faces are familiar is important in helping to reduce fear and supports engagement.

The learning from this study can help community leaders and local health professionals address vaccine hesitation for the Muslim community. In collaboration with local primary

care network and community trust in the North of England, the learning from this study was shared in a community conversation to enhance community understanding and uptake of the vaccine.

We aim for the key learning highlighted in this summary to be shared with local mosques and community leaders and health professionals to facilitate local vaccine clinics within a local community setting, such as the mosques.

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