

Qualitative study - other

Places of worship can be health promotion spaces for faith-based black, Asian and minority ethnic (BAME) communities

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Implications for practice and research

- ▶ Further research is needed to understand how faith can influence health behaviours of members of faith-based communities.
- ▶ Public health professionals should recognise that places of worship provide a point for people from same faith and especially for those from black, Asian and minority ethnic communities (in the UK context) to come together.

Context

Individuals' faith plays an important role in their ways of living and day-to-day choices. The relationship between faith and improved health outcomes, especially with regard to individuals from black, Asian and minority ethnic (BAME) community has been a focus of recent research.^{1,2} While the importance of faith-based affiliations, organisations and groups with regard to public health (PH)³ is established, it requires further exploration and understanding to determine how such organisations and places of worship can be used for health promotion and health education.

Methods

The purpose of the qualitative study⁴ reported in the paper was to present findings from a scoping study carried out in the two cities in England (Leeds and Bradford). The aim of the study was to examine places of worship as public health settings for individuals from BAME communities. Data for the study were collected through 19 semi-structured interviews and 3 focus groups discussions with purposively selected participants. Themes were identified during data analysis and a theory called 'theory of therapeutic landscape' was developed.

Findings

The paper highlights the importance of re-centering and re-focusing on religious and faith settings back into the therapeutic landscapes' literature. Faith-based affiliations, ideas, actors and organisations play a central role with regard to pursuit of health and well-being. The authors

also argue that the framework of therapeutic landscapes provides a way of making the health relevance of places of worship visible to both health practitioners and to members of community associated with places of worship. Places of worship are identified as therapeutic places (ie, specific transformative sacred sites) as well as therapeutic spaces (ie, settings that provide adjuncts to formal health promotion services) and are often part of therapeutic networks included in kinship groups and networks of care provided by family, friends, therapists and others.

Commentary

This study focused on the importance of the places of worship as public health settings where health messages can be transmitted to individuals and communities. Faith connects many individuals, families and communities together. Likewise, places of worship—where members are able to practice their faith—play a very important role in the lives of many individuals and communities. In the UK context, this relates to BAME communities which are often difficult to identify and engage with in research and health promotion activities.⁵

Places of worship also bring people from diverse backgrounds together regularly and therefore can be a good place to facilitate public engagement and disseminate health promotion-related messages. As the authors highlight, such an advantage of places of worship also helps in realising that health behaviours are affected by many different factors and that biomedical settings such as hospitals and primary care centres are not the only option to influence health behaviour. In fact, faith and religious belief can be used effectively to help people cope with and manage health conditions.⁶

Religious leaders can play a very important role in helping health and social care professionals in engaging with the communities, disseminating and championing health promotion activities. Places of worship are often not seen this way. However, if public health professionals want to engage with wider communities to ensure their involvement in the mainstream health services, they need to understand the importance of such places. In addition, they need to find ways to engage with religious leaders, considering their influential position, and places of worship.

Competing interests None declared.

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