

# British Sikh Report 2018

The background of the entire page is a stylized Union Jack flag. The red and white stripes of the flag are replaced with orange and white stripes. The blue field of the flag is a solid dark blue. The text is centered on the page.

AN INSIGHT  
INTO THE BRITISH SIKH COMMUNITY

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# EXECUTIVE SUMMARY

Over the last six years, we have developed robust and unrivalled statistical information about Sikhs living in Britain. This highly influential document has been quoted in Parliament, referred to in countless pieces of research and white papers relating to Sikhs or faith in general, and used by public bodies, the corporate sector and third sector groups in identifying the needs of British Sikhs.

Our highly experienced team has worked with a large and diverse group of Sikh organisations throughout the country to create the questionnaire and collect the data. This year's team has included research analysts, lawyers, academics, social workers, senior consultants and managers amongst many others who have volunteered their valuable time and expertise to the project. We are deeply grateful to everyone who has helped us along the way, including those who went out within the Sikh community to gather responses.

This year's report has, amongst other issues, focussed on mental health and elderly care. The key findings are:

- 10% of Sikh women have been diagnosed with mental health issues compared to 5 % of Sikh men
- 80% of Sikh women and 68% of Sikh men know someone who has experienced poor mental health in the past year
- 77% of Sikhs find their lives stressful
- 35% of Sikhs said their job was the major cause of stress, and a further 27% said it was due to family responsibilities
- 61% of Sikh men and 52% of Sikh women expect to live with extended family in their old age
- 27% of Sikhs hope to live in a retirement village in their old age
- Only 2% of Sikhs have elderly family members who currently live in a care home

British Sikhs are a unique community with a distinct identity. Some concerns are unique, whilst others quite clearly reflect the national picture. As such, this document provides a snapshot of what it means to be Sikh in contemporary Britain, and it is hoped that this data will be used to improve resources and services available for Sikhs in the future.

We hope that you find the British Sikh Report 2018 interesting and enlightening, and most importantly, that it helps improve your understanding and awareness about the British Sikh community.



Chair of the British Sikh Report



# MENTAL HEALTH

## THE SIKH DHARAM (FAITH)

### AND PUNJABI CULTURAL PERSPECTIVES



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*'If you suffer from mental health problems, there's not enough help to hand'.<sup>1</sup>*

Mental illnesses, such as depression, anxiety and schizophrenia are common in all cultures, religions and ethnicities, and can affect people of all ages, educational and socio-economic backgrounds. The impact of such illnesses on the individual and their extended family can be immense, but until recently mental ill health within specific communities has not had the attention it deserves in either the societal or governmental level. Although there is growing data on physical health in Black, Asian and Minority Ethnic (BAME) groups, to date, research studies that explore mental health are few and far between.<sup>2</sup> However, since 2010, there has been increasing public discussion and focus on the issue, particularly around funding and ensuring health providers can deal with this growing problem in a super-diverse UK, where according to the 2011 UK Census, 14% of the population are BAME groups. The Asian/Asian British is the largest ethnic minority sub-group that comprise of the main non-Christian religious groups, including 2.7 million Muslims, 817,000 Hindus and 432,000 Sikhs.<sup>3</sup>

Sikhs generally began migrating to the UK in the 1950s because of the demand for labour by the UK government and are now one of the most established non-white communities.<sup>4</sup> Anecdotal evidence suggests that mental illness was prevalent amongst the first wave of male settlers who would have had to adjust quickly to an 'alien' environment without the support of family networks, face racism and isolationism due to language barriers, and would have been under severe pressure to earn money to send home. Many Sikh men turned to alcohol to cope.<sup>5</sup> After British immigration laws were tightened in the 1960s, wives, children, parents and other relatives joined the male Sikhs. In line with traditional Punjabi culture, women generally stayed at home while the men went out to work. This created a new set of pressures for women, feelings of loneliness and home-sickness, particularly if they had no immediate family close by, and isolation from the host community were common problems. Financial dependency on their men-folk and bringing up children without support from the usual family networks that would have existed in the Punjab would have constituted additional pressures. Domestic abuse would have also been another factor for some women. These issues created a perfect storm of mental health problems for these early women settlers.

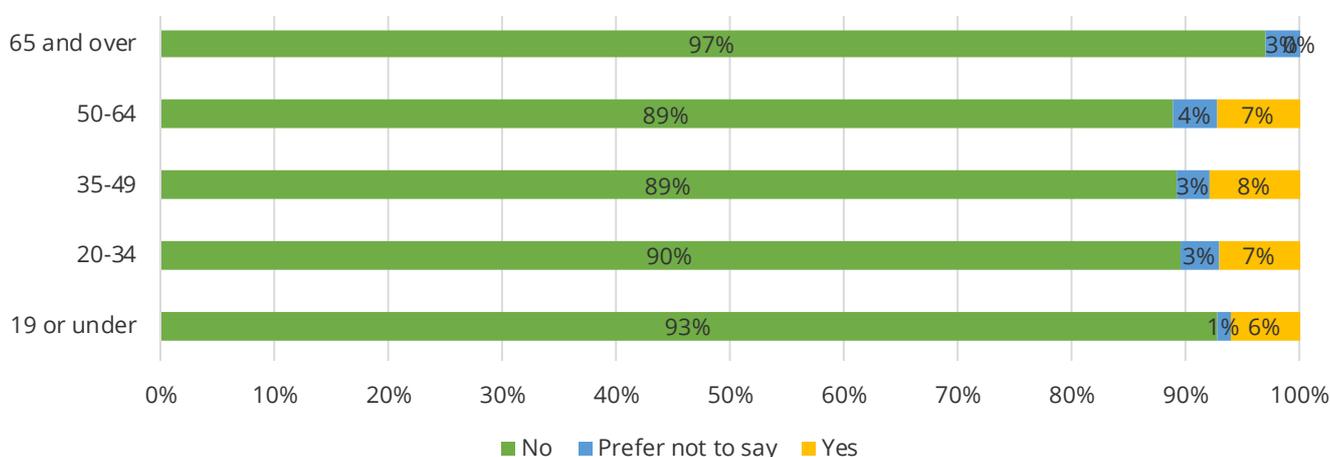
In the 1970s with the collapse of manufacturing industries, the traditional bastions of employment for male immigrants, particularly in the Midlands and the North of England, resulted in higher rates of male unemployment and anecdotally increased mental ill health and alcoholism amongst Sikh men. Ironically, it opened up opportunities for women to go out in to the workplace and achieve some form of financial independence.

Despite its prevalence through successive generations to the present day, mental illness has generally not been openly discussed. Within the Punjabi language there is no word for mental illness/depression.<sup>6</sup> Metaphors and proverbs, such as, 'my heart is heavy', 'my head is heavy'<sup>7</sup> and 'sinking heart'<sup>8</sup> are common in the vocabulary of the older generation, and do not resonate with western biomedical terms/definitions for mental illness. Mental ill health has traditionally been viewed through a lens of culture and religion rather than science and evidence based medicine. The causes of mental illness have often been attributed to 'spiritual imbalances' arising due to a person's *haumai* (ego and self-centeredness) and because of their *karma* (past

actions). Other explanations of mental illness have tended to focus on spirit/demon possession or black magic.<sup>9</sup> This has resulted in mental ill health being viewed as something to be ashamed of, a sign of weakness, and something not to be spoken about due to the notions of honour (*izzat*) and shame (*sharam*), and the fear of attitudes and treatment by members of the community. This internal wall of silence in turn has also meant that the Sikh community has been viewed externally as a success story – families successful in education, employment and business, enjoying ‘perfect’ lives when actually, if we scratch at the veneer of this successful community, problems of depression and mental ill health soon present themselves.

In the current UK context this is demonstrated by Sikh groups collecting data on mental health issues.<sup>10</sup> The 2018 BSR survey shows that prevalence rates among the Sikh community are at least 6-8% for members under 65 years of age, excluding members who did not want to say if they had a mental illness or not. For older members, prevalence rates appear to be very low (less than 1%) (Figure 1). Prevalence rates are higher for women (Table 1). However, issues around healthcare access and reporting of mental health problems to healthcare practitioners need to be taken in to account when interpreting these figures, and in reality the actual prevalence rates of mental health issues may be much higher.

**Figure 1: Have you been diagnosed with a mental health condition?**



**Table 1: Have you been diagnosed with a mental health condition, by gender**

GENDER	FEMALE	MALE
<b>No</b>	86%	96%
<b>Prefer not to say</b>	4%	2%
<b>Yes</b>	10%	5%

In terms of the effects of mental health, at first sight, they appear to be highest amongst young Sikhs. Mental illness affected under 19 year olds the most (Table 2 and Table 3). This however, may simply reflect a change in prevailing attitudes on mental ill health amongst 3<sup>rd</sup> and 4<sup>th</sup> generation Sikhs and an acknowledgement of its existence rather than actual mental illness rates among different age groups.

Education has meant that younger Sikhs have an increased awareness of the issues and problems confronting the community, and have been empowered to begin a conversation so that taboos are broken and people no longer need to suffer in silence and have the knowledge of where help can be sought (Figure 2 and Figure 3).

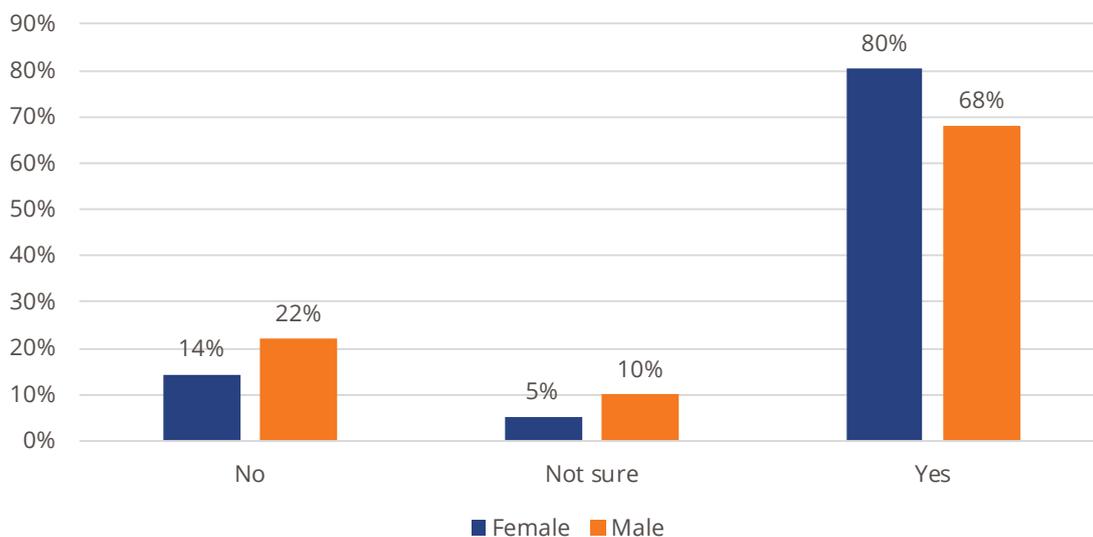
**Table 2: Does your mental health interfere with your daily activities - going to work, school, university, community activities?**

GENDER	FEMALE	MALE
Don't Know	10%	8%
No	76%	83%
Prefer not to say	3%	2%
Yes	11%	8%
Total	100%	100%

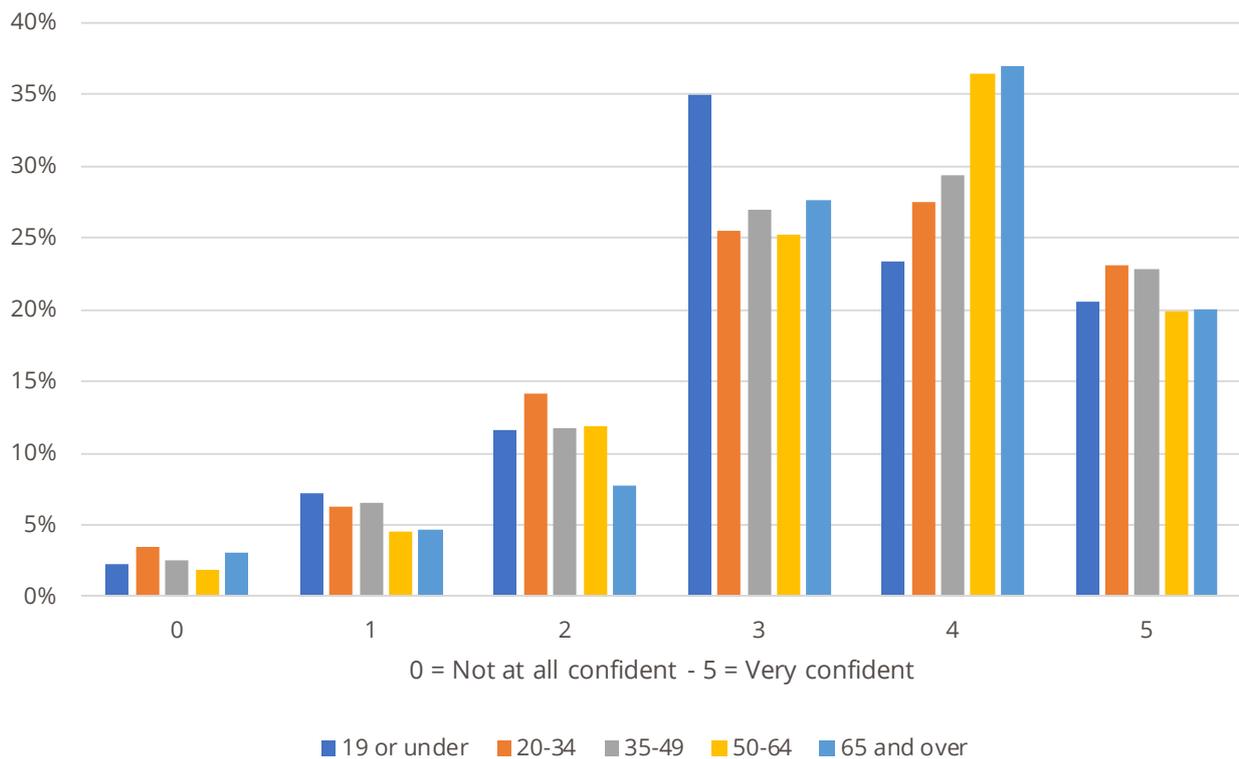
**Table 3: Does mental ill health interfere with your lifestyle?**

ANSWER	AGE				
	19 or under	20 - 34	35 - 49	50 - 64	65 and over
Don't Know	15%	11%	7%	7%	2%
No	72%	75%	83%	85%	89%
Prefer not to say	2%	3%	2%	1%	6%
Yes	11%	11%	9%	7%	3%
Total	100%	100%	100%	100%	100%

**Figure 2: Has anyone known to you personally experienced depression/anxiety/stress/a mental health issue in the past year?**



**Figure 3: If someone you know showed signs of depression/anxiety/stress, how confident are you that you would know how to help them?**



## Theology and mental illness

Guru Nanak, the founder of the Sikh Dharam, taught that in order to achieve liberation of the soul and ultimate union with God the true seekers have to live according to the teachings as set out in the Guru Granth Sahib.<sup>11</sup>

From Sikh religious teachings it is evident that the human mind and body are entities that allow the *atma* or divine soul to experience worldly existence and provide it with an opportunity to finally break the cycle of birth, death and re-birth and realise the ultimate truth that is God. As a result, there is a focus within the Guru Granth Sahib on the health of the soul and the mind. An affliction of the mind occurs when *haumai*<sup>12</sup> (selfish ego) acts like a veil obfuscating the presence and vision of the divine that pervades everything around and within each person, and takes such a stranglehold that the mind and body becomes disconnected from the divine soul they house.<sup>13</sup> When individuals become attached to worldly possessions (*maya*) they become *manmukh* (self-centered) because *haumai* and the accompanying five vices of *Kam* (Lust or Desire), *Krodh* (Anger), *Lobh* (Greed/Covetousness), *Moh* (Attachment), and *Ahankar* (Ego or Pride) prevent individuals from realizing God, which in turn prevents release from the cycle of rebirth<sup>14</sup>:

*The mind of the faithless cynic is like a crazy elephant.  
It wanders around the forest, distracted by attachment to Maya.  
It goes here and there hounded by death.*  
(Guru Granth Sahib, at 415)<sup>15</sup>

The process of choosing virtuous living against a life where individuals are attached to worldly possessions is therefore complex and played out within the mind.

*The mind commits its deeds of Karma, and this mind follows the Dharma.  
The mind is born of the five elements.  
The foolish mind is perverted and greedy. Chanting the Naam, the mind of the  
Gurmukh becomes beautiful.*  
(Guru Granth Sahib, at 415)

Through *haumai*, the mind can become either a constructive or a destructive force. Attachment to worldly possessions can encourage unethical behaviour and affect social relationships and interactions with others in a negative way, and ultimately lead to envy and greed which can lead to heightened stress levels, negative thoughts, low self-esteem and a feeling of emptiness for the individual. This state of being can be described as a spiritual imbalance and for some this imbalance is so significant that it acts as a trigger for mental illness and depression.

Therefore, detachment from worldly possessions is essential to the spiritual process<sup>16</sup>, and in order to ensure good mental health one must attempt to conquer *haumai* and control the five vices by having perfect faith in God and seeking God through spiritual meditation (*nam simran*) and the performing of good deeds. The Gurus argued that internal actions such as *nam simran* are essential in the quest to overcome *haumai*:

*If the Lord bestows His Glance of Grace, then one remembers Him in meditation.  
The soul is softened, and he remains absorbed in the Lord's Love.  
His soul and the Supreme Soul become one.  
The duality of the inner mind is overcome.  
By Guru's Grace, God is found.  
One's consciousness is attached to the Lord, and so Death does not devour him.  
Remembering the True Lord in meditation, one is enlightened.  
Then, in the midst of Maya, he remains detached.  
Such is the Glory of the True Guru;  
in the midst of children and spouses, they attain emancipation.  
Such is the service which the Lord's servant performs,  
that he dedicates his soul to the Lord, to whom it belongs.  
One who is pleasing to the Lord and Master is acceptable.  
Such a servant obtains honour in the Court of the Lord.  
He enshrines the image of the True Guru in his heart.  
He obtains the rewards which he desires.  
The True Lord and Master grants His Grace;  
how can such a servant be afraid of death?*  
(Guru Granth Sahib, at 661)

Devotion to the Divine helps in the control of selfish desires or vices, and if *sat* (truth) and *nimrata* (humility) are practiced then one can become virtuous and achieve spiritual liberation. This would have been advocated in the past when dealing with mental illness. The Gurus argued that *nam simran* (spiritual meditation on God's name) is the key to stabilizing the mind.<sup>17</sup> *Nam simran* is the axis on which the teachings of the Guru Granth Sahib revolve and holds the key to this spiritual progress. It is a process of constantly remembering mentally and uttering by tongue the name of God, which aligns individual consciousness with universal consciousness and controls the five vices that can distract the mind and body:

*The One Lord is the Doer, the Cause of causes, who has created the creation.  
Meditate on the One, O my mind, who is the Support of all.*  
(Guru Granth Sahib, at 51)

*Meditate within your mind on the Guru's Feet.  
Give up all your clever mental tricks, and lovingly attune yourself to the True Word of the Shabad.*

*Suffering, agony and fear do not cling to one whose heart is filled with the GurMantra.  
Trying millions of things, people have grown weary, but without the Guru, none have been saved.*

*Gazing upon the Blessed Vision of the Guru's Darshan, the mind is comforted and all sins depart.*

(Guru Granth Sahib, at 51)

The practice of *nam simran* can be enhanced by keeping the company of saints, and meditating within a congregation of other religious people (*sadh sangat*). Worship in such a group is important because it is thought to help an individual to concentrate and focus the mind on *nam simran*, and in turn find peace and live a life free of anxiety, stress and suffering:

*In the Saadh Sangat, the Company of the Holy, the True Name of the Lord comes to dwell in the mind.*

*Gather in the Wealth of the Lord, worship the True Guru, and give up all your corrupt ways.  
Meditate in remembrance on the Lord who created and adorned you, and you shall be saved.*

*O mind, chant the Name of the One, the Unique and Infinite Lord.*

*He gave you the praanaa, the breath of life, and your mind and body. He is the Support of the heart.*

*The world is drunk, engrossed in sexual desire, anger and egotism.*

*Seek the Sanctuary of the Saints, and fall at their feet; your suffering and darkness shall be removed.*

*Practice truth, contentment and kindness; this is the most excellent way of life.*

(Guru Granth Sahib, at 51)

The Divine Name therefore has become the medicine for all mental and physical ailments:

*This Truth is the Lord and Master of all; whoever is blessed, obtains it.*

*Says Nanak, sing the true song of praise in the true home of your soul.*

*Listen to the song of bliss, O most fortunate ones; all your longings shall be fulfilled.*

*I have obtained the Supreme Lord God, and all sorrows have been forgotten.*

*Pain, illness and suffering have departed, listening to the True Bani.*

(Guru Granth Sahib, at 922)

While *nam simran* is the key to conquering *haumai*, performing good deeds and practicing humility is also essential to cleanse and stabilize the mind. This is enshrined in the Sikh concept of *sewa*. *Sewa* is defined as voluntary selfless service to others in the community but also humanity at large. It is a core value which has been institutionalised in Sikh worship and religious life, and is essential for liberation. Through *sewa* one attempts to replace the five vices with truth (*sat*), humility (*nimrata*), compassion (*daya*), love (*pyar*), and contentment (*santokh*), engendering positive thoughts and thereby improving one's health.

A Sikh focused on the principles of *nam simran* and *sewa* recognises that God resides in everything, and becomes less self-centred (*manmukh*) and more God-centred (*gurmukh*), because the body, mind and spirit is God-focused, allowing the individual to live in harmony with God's will (*hukam*), and ensuring that a Sikh does not suffer from mental anguish.<sup>18</sup>

Two other key concepts that appear when Sikhs talk about mental ill health are *Karma* and *Chardi Kala*.

Sikhs believe that to achieve union with God the soul experiences a journey through a cycle of birth, death and re-birth, as determined by its *karma*, of many life forms. Sikh scriptures state that a soul may traverse 8.4 million life forms before union with God. The human body is the ultimate life form and the only form from which a soul may obtain this release from the countless reincarnations it undergoes. As a result, the operation of the law of *karma*, means that the development of mental illness or any affliction of the body and mind has been viewed as being largely pre-determined by past actions.

*Chardi Kala* is a mental state of eternal optimism and bliss. It reflects the ideal and cherished mental state of a true Sikh, which is based on unflinching dedication to and contentment with the *hukham* (Will of God), even if at times one suffers severe hardship.

Thus, all of the above practices, but particularly *nam simran*, have provided Sikhs with a religious framework to understand and transform their mental state and physical well-being.

### Culture and mental illness

Alongside the Sikh theological perspective on mental illness, which is drawn from an interpretation of Sikh scripture, there is also a cultural interpretation of mental ill health, something which is also true for other South Asian communities for whom the causes of mental illness do not mirror the 'Western' biomedical paradigm of causes.<sup>19</sup> For example, depression, which can manifest itself in the form of a lack of motivation accompanied by feelings of weakness and anxiety are attributed to the 'evil eye/stare' (*najjar*), or the concept of spirit possession (*djinn*<sup>20</sup> - can be spelt *jinn*), both of which are views prevalent amongst South Asian communities, rather than a chemical imbalance in the brain.

Although Sikhs are a distinct religious group, they share many cultural customs and practices with other South Asian communities, even though many of these practices may appear to contradict formal Sikh teachings. Sikhs are instructed by their religious scriptures and codes of conduct (*Rehat Maryada*)<sup>21</sup> not to believe in witchcraft and spirit possession, but throughout history, and even today, it is common for Sikhs to root the causes of mental ill health in a social context or ascribe other external and cultural factors such as black magic, evil eye, and spirit possession as a cause, despite these being in opposition to Sikh religious teachings.<sup>22</sup> In the contemporary context it is these cultural concepts, rather than religious or theological concepts, which help Sikhs to define and understand mental illness. For example, the onset of mental illnesses is often attributed to spirit /demon possession, the casting of an 'evil eye' (*najjar*), or black magic (*jadu tona*). Rituals to exorcise bad spirits or remove the effects these cause have been used, and still are used. For example, some Sikhs have been known to visit Hindu *Pundits* (priests) and Muslim *Pirs* (a Sufi master or spiritual guide) for cures for mental ill health contrary to religious teachings. What this demonstrates is that the line between religion and culture does become blurred and one cannot simply look at Sikh religious teachings to ascertain the perceptions and views of mental illness amongst the Sikh community; one must also examine mental illness through a cultural lens to get the overall picture.

### Causes of mental ill health

The interpretation of mental illness from a religious and cultural viewpoint is outlined above but there has been a gradual shift from these interpretations to a more evidence based understanding by younger, more informed Sikhs. It is a highly complex area of medicine but it is now generally accepted that mental illness is caused by a combination of genetic, biological, psychological, and environmental factors. Stress is often seen as one trigger in a person who may be at risk for developing a mental illness. The 2018 BSR survey highlighted that employment was the highest cause of stress within the Sikh community followed by time family responsibilities and time pressures (Table 4). Although it is not surprising that employment and time

pressures are a major cause of stress amongst the community, in line with most other communities, what is interesting to note that is that family responsibilities still weigh heavily on the shoulders of Sikhs.

**Table 4: What are the main causes of stress in your life?**

	Work/job	Employment status	School/university	Time pressures	Discrimination	Physical health condition	Mental health condition	Partner/marriage	Family responsibilities
<b>Major cause of stress</b>	35%	12%	12%	26%	6%	13%	10%	14%	27%
<b>Minor cause of stress</b>	39%	27%	8%	37%	21%	34%	21%	28%	42%

### Mental illness among Sikh men

Sikh men may be reluctant to talk about mental health, but it is clear that men do suffer from mental ill health due to the pressure of family, work or even discrimination. Racial harassment, something that particularly affects Sikh, turban wearing men, and which has become more evident in the UK since the EU Referendum of 2016<sup>23</sup> is known to cause depression, anxiety and self-isolation.

It is also apparent that many men are feeling the pressure of the expectations of being both a good son and good husband. Although there are still pressures on women to conform to the stereotypical Sikh wife (see below), the old model of the family unit of the subservient wife, parents as key decision makers and husband/son with a duty to look after parents' needs as well as a wife's has largely broken down. Sikh women are no longer accepting of their traditional roles and expect equal treatment and status with their husbands. This has meant that men often get trapped between serving the needs of their parents and wives, who often have conflicting interests.

There are pressures on men to behave as masculine and, at times, hyper-masculine within the Sikh/Punjabi community, and alcohol abuse within the Punjabi community amongst men seems to have its roots in such expectations of hyper-masculinity. Within the Punjabi community, alcohol abuse has traditionally been a problem amongst men since the time they emigrated to the UK in the 1950s. Many who drink, do so due to depression and anxiety about finances, job security or other family problems. If this drinking gets out of control it has further impacts on the individual's mental health, such as causing 'psychosis' (hallucinations and delusions of persecution), which in turn can have a negative impact on that person's wife and family in general.<sup>24</sup>

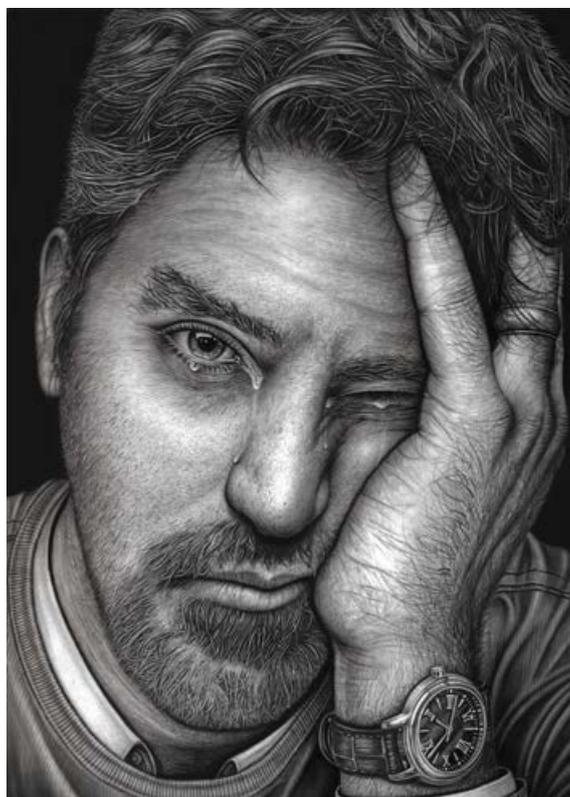


Illustration by Raj Singh Tattal

## Co-existence of mental health problems and alcohol use<sup>25</sup>

- *alcohol use may exacerbate a pre-existing mental health problem*
- *pre-existing mental health problems may lead to increased alcohol use*
- *alcohol use may lead to psychiatric/psychological symptoms*
- *dependence on alcohol (“needing” a drink to get through an occasion or to relieve a negative emotional state) may produce psychological symptoms*
- *withdrawal or detoxification from alcohol may lead to psychological or psychiatric symptoms*

Alcoholism now appears to be on the rise amongst women as well, although this is not as acknowledged as much as male alcoholism. This may be due to a number of causes but is a worrying trend with respect to mental illness.

## Mental illness among Sikh women

Women are particularly vulnerable to the risk of poor mental health because of the role and status that they typically have in society. The traditional roles for women from some South Asian groups living in the UK can increase their exposure to these risks. For example, the expectation of Sikh women to behave in a certain way to fit cultural norms such as being a good daughter, daughter-in-law, wife and mother, has generally been higher than for men in the patriarchal Punjabi community. The pressure to conform and existence of socially determined gender norms such as restrictions on liberty alongside notions of honour (*izzat*) and shame (*sharam*), put women at a higher risk of suffering mental illness. Therefore, the expectations for Sikh women to meet religious and cultural requirements can in themselves be the root causes of mental illness. There are a number of issues that affect women’s mental health such as pressures related to the rise of social media and a ‘selfie generation’; feeling of pressure over their body image<sup>26</sup>; marriage and having children, and balancing work and family, but this is rarely discussed.

The whole process of arranging a marriage can have negative repercussions on a woman’s mental health, particularly when proposals are turned down.

Traditional marriage practices of choosing a bride still exist in the community, although the process has changed considerably from the days of a single one-off meeting to decide on a future partnership. Women have a lot more say today in the choosing of a husband, however there is still more pressure on women than men to accept a proposal from an eligible partner. There is also more of a stigma and feeling of despondency for women when proposals for marriage are rejected, particularly on the grounds of appearance. The thought that she is not suitable to be someone’s daughter-in-law or their son’s bride because of her looks can adversely condition a female’s self-image and lead to low self-esteem, leaving the woman questioning what is wrong with her. Continual rejections, not just by a prospective husband but by his family, can have serious mental health repercussions for the women because the woman may begin to focus on not being ‘marriage material’ due to appearance, even though they may be successful in all other walks of life.

The admission of having a mental illness before marriage can also have dire consequences, particularly for women. In a community where one’s family and personal background is highly scrutinized, the pressure to be the ‘perfect’ bride is high. Hence, if a woman has suffered from mental health prior to marriage it is usually kept hidden and that can have repercussions after the marriage. Women and parents do not talk about mental illnesses openly, because if such knowledge becomes public then they are worried about the woman no longer being considered a suitable match and labelled ‘*Paagal/Kamali*’ (mad/crazy). A marriage match also becomes less desirable because of the perceived risk of passing the mental illness to future generations of the family, as well as the perception that it will prevent a woman from fulfilling all family duties expected of her.

Once married, the next hurdle that women have to face is the expectation to have children. Whilst women place high expectations on themselves as daughters-in-law, they also feel the same expectations in respect of having children, and being good mothers. For those women who cannot conceive there is evidence of mental ill health, and those who do become mothers can at times suffer from Postnatal Depression (also referred to as Postpartum Depression) because of the expectations they place on themselves.<sup>27</sup> If women do suffer from postnatal depression, they will very rarely raise this with family members because of the expectation for them to be strong, for they as a mother are effectively expected to be a 'superwoman' - juggling a successful career, child/children, parents and house. In addition, if they do have symptoms of postnatal depression it is usually dismissed by other family members and women are often told "pull yourself together", "she's just looking for attention", or "she's lazy" which merely serve to highlight the stigma, misconceptions and misunderstanding about mental illness.

The cultural expectation that a woman is a good mother and wife means they cannot appear mentally 'unstable', for being so may also result in them losing their child or their husband leaving them.

It is also important to recognise that higher societal pressures occur after the birth of a daughter, given the propensity for sons in most South Asian cultures. There is emerging literature to suggest the association of the birth of a daughter and postnatal depression in non-Western population groups.<sup>28</sup> The risk of postnatal depression is increased in some Sikh women who give birth to a female child as compared to those who gave birth to a male child, and one can speculate that this is associated with the negative reactions of family members towards the birth of a female baby. Therefore, it is important to investigate the causes of illness from a social lens to determine non-biological causes.

Women, rather than men often juggle multiple roles - they are daughters, daughters-in-law, mothers, and wives, and within these roles, they will be juggling caring commitments for children and older family members alongside holding down a highly pressurized job. The community focuses on material success and professional achievement and this is demonstrated by the growing statistical evidence that Sikh women are highly educated and in high-powered careers.<sup>29</sup> Hence, this pressure to return to work and fulfil societal norms is a combination, which can increase women's risk of experiencing mental ill health, whether it be in the form of depression, anxiety or psychological issues, such as a bipolar or obsessive-compulsive disorder (OCD).

### **Mental illness among young people**

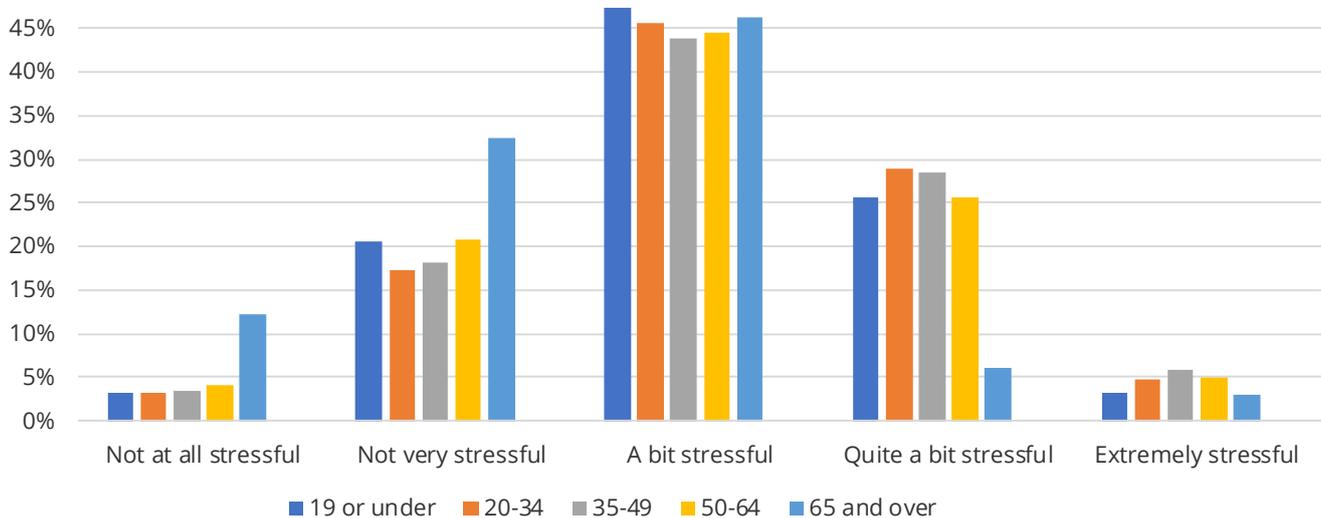
Social media platforms such as Instagram, Facebook and Snapchat has also meant that young people are constantly comparing and competing with one another in what is effectively a crowded marketplace for online validation by their peers - 'keeping up with the Joneses'. This is no different for Sikh youngsters. The 'selfie' culture is leading to a growing culture of envy, but also a culture of aspiring to what one sees on social media, for example to look like a particular celebrity, or own expensive things that others have posted on their accounts. This anxiety is further compounded by an anxiety that one needs to know everything and not miss anything, commonly referred to as 'Fear of Missing out Syndrome' (Fomo).<sup>30</sup>

High educational and career expectations from family and the community can also have an adverse effect on young people. Exam pressures and the transition to university or work is an issue, particularly in a community that values the jobs and status that a good education can bring.

Thus, potential triggers of mental ill health vary across generations and genders due to different expectations and responsibilities. Young people may encounter anxiety and depression for example due to societal expectations of being popular and conformist<sup>31</sup>, whilst older Sikhs with families may encounter depression and anxiety due to work and financial responsibilities.

Some evidence appears to suggest that stress levels are higher amongst the younger generation (Figure 4), but a further analysis is needed to understand why. For example, the older generation may simply be in self-denial, or they may be in a better frame of mind due to retirement, which means less responsibility and a slower pace of life with fewer concerns. This may also be as a result of increasingly failing physical health, which means that they may be less focussed upon the state of their mental health.

**Figure 4: Thinking about the amount of stress in your life, would you say that most days are:**



### Mental ill health today

Although it is evident, that mental ill health exists within the Sikh community, mental illness is still not talked about openly by Sikh men and women. This is very different to the openness around other, physical diseases, such as diabetes, hypertension and arthritis where community members actively engage with fellow members and healthcare professionals in order to seek the best advice. Most Sikhs to date have been apprehensive and reluctant to talk about mental health issues with their doctor, family or other community members due to the social taboo and stigma surrounding mental illnesses. However, there is a change afoot.

With increasing acculturation and education, young Sikhs, who are wedged between two cultures, western (British) and eastern (Punjabi), are viewing mental illness and its causes in a very different way from their parents and grandparents. This change is reflected in the move of mental illness dialogue into the mainstream of the Sikh community's consciousness, and this is particularly notable among young Sikh men. Whilst in the past Sikh men would not admit to suffering from any form of mental illness due to stigmatisation and cultural expectations that men should cope with illness and adversity, today, the significance of such fears, whilst still present are losing their significance. The publication of books such as Sathnam Sanghera's *The boy with the topknot: A memoir of love, secrets and Lies in Wolverhampton*<sup>32</sup>; Kalwinder Singh Dhindsa's book, *My Father & The Lost Legend of Pear Tree*<sup>33</sup>, Monty Panesar's discussions about his mental health<sup>34</sup>, and more recently Paul Chowdry's interview in the New Statesman "Mental health problems aren't really discussed in the Asian community"<sup>35</sup>, highlight that a discussion has been started. Sikh representative bodies, such as Sikh Help Line<sup>36</sup> and Sikh Press Association<sup>37</sup> are addressing and raising the profile of the issue, and the first data collected on this topic was in the very first British Sikh Report (BSR 2013):

#### *Issues affecting families*

*A third of British Sikh families have been affected by depression (33.4%). The discussion of mental health issues within the South Asian community has historically been taboo, and these results show a critical issue which needs to be addressed due to the impact that it has upon the quality of life for all family members.<sup>38</sup>*

It is the younger generation, the so called 'Millennials' and 'Generation Z' within the community that have begun opening up a dialogue on mental illness within the community, and this dialogue is very prominent via social media. Recently, a young Sikh man, called Shuranjeet Singh Takhar, founded and set up the campaign *Taraki*.<sup>39</sup> The campaign is mainly focused on male experiences of mental ill health. Shuranjeet recognised that the patriarchal and masculine culture of Punjab meant men had to be strong all the time, which to date has meant that men have not spoken about mental illness due to viewing it as a sign of weakness. Shuranjeet acknowledged "Taraki wants to shape a society in which Punjabi men understand mental health as something they can speak openly about, discuss with their families, and most importantly, seek help if needs be".<sup>40</sup>

Whilst there is a growing conversation about male mental health, there has not been the same conversation about female mental health, even though women are more likely to suffer mental health issues due to the different pressures they face. Kaurageous UK and Kaur's Life<sup>41</sup> have rightly raised the gendered aspect, but not with as much focus as Taraki has. It appears that Sikh women are suffering from illnesses silently due to a different set of cultural norms and expectations, which have prevented them from speaking about mental health issues. Just like Taraki, there needs to be vocal and active initiatives for Sikh women, which provide a comfortable environment for them to discuss their mental health, without fear of judgement, 'societal stigma' and even 'self-stigma'.

Nevertheless, the community conversation about mental illness has been started by young Sikhs and layers of stigma and taboos are slowly being stripped away to facilitate discussion, learning and understanding about the issue. This conversation can be further enhanced by engaging with campaigns such as Young-Minds<sup>42</sup>, Time to Change<sup>43</sup> and Heads Together.<sup>44</sup>

## Conclusion

In conclusion, mental illness has been addressed from both a religious/scriptural and cultural perspective by the community, which highlights the complexity of Sikh views on the issue. However, whereas in the past Sikhs would have attributed the cause and treatment of mental illness to divine will and an individual's spiritual inadequacies or to magical forces, today we see this mindset changing to incorporate the scientific, evidence-based worldview. Generationally, whilst older Sikhs may still not see the origins of mental ill health from a biomedical point of view, the younger generation do. Young Sikhs may still approach mental illness from a religious/cultural perspective but the approach is negotiated and framed within a scientific understanding of the problem and the need to utilize medical treatment. Young Sikhs have successfully started engaging with the issue via social media but they also need to go straight to the heart of the community, namely the gurdwara, to engage and start a frank dialogue with elders to remove cultural misconceptions and taboos around the topic of Mental Health.<sup>45</sup>

Whilst having a frank and open discussion within the community, it is also essential that Sikhs start engaging with other religious groups, academic researchers, policy makers and healthcare professionals and encourage the collection and analysis of more robust datasets around the prevalence of mental health issues and its effects within the community. This is necessary so that healthcare professionals and policymakers have a better understanding of the issues that face the 432,000 Sikhs in the UK, in line with *The Five Year Forward View Plan for Mental Health*, published in 2016, that recognises that priority should be given to tackling health inequalities among the BAME communities, whose first encounter of mental health services often comes when they are detained under the Mental Health Act.<sup>46</sup> This dialogue and partnership is essential to ensure that treatments and resources meet the needs of all communities.

## Notes

- <sup>1</sup> <https://www.gov.uk/government/speeches/statement-from-the-new-prime-minister-theresa-may> [Accessed 28<sup>th</sup> January 2018].
- <sup>2</sup> Bradford-ONS S. 2012. *Ethnicity and National Identity in England and Wales 2011*; and Schouler-Ocak M, Graef-Calliess IT, Tarricone I, Qureshi A, Kastrop MC, Bhugra D. 2015. EPA guidance on cultural competence training. *European Psychiatry*. 2015; 30(3): 431-40.
- <sup>3</sup> According to the 2011 Census, there are 432,429 Sikhs throughout the United Kingdom, with the vast majority of them in England alone.<sup>3</sup> The number of Sikhs in the nations forming the United Kingdom are: England 420,196; Wales 2,962; Scotland 9,055; NI 216
- <sup>4</sup> Jhutti-Johal, Jagbir. 2017. Sikh Dharam – Gender Equality, Cultural Change and ‘Breaking Glass Ceilings’. <http://www.britishsikhreport.org/wp-content/uploads/2017/03/British-Sikh-Report-2017-Online.pdf>.
- <sup>5</sup> Kumar, Anusha, Castelli, Aidan & Syal Chayya 2018 ‘The unspoken alcohol problem among UK Punjabis’ <http://www.bbc.co.uk/news/uk-43505784> Accessed 3<sup>rd</sup> April 2018; and BBC Two - Victoria Derbyshire ‘The unspoken UK Punjabi alcohol problem’ <http://www.bbc.co.uk/programmes/p0637qc9>, [Accessed 5<sup>th</sup> April 2018].
- <sup>6</sup> Takhar Singh Shuranjeet, 2017, “There is no word in Punjabi for depression” In Mike Pope and Amit Singh (eds.) *Consented: Mental Health* 2017 (1), pp. 30-34.
- <sup>7</sup> Jhutti-Johal, J., 2012. Sikhism and mental illness: negotiating Competing Cultures. In Cave, D. and Norris, R.S. (eds.) *Religion and the body: modern science and the construction of religious meaning* (Vol. 138). Brill.
- <sup>8</sup> Ruprai, S., 2016. “A Sinking Heart”: *Beliefs of Distress in the Punjabi Community* (Doctoral dissertation, University of East London). <http://roar.uel.ac.uk/5412/1/u1331813%20thesis.pdf> [Accessed 15<sup>th</sup> March 2018].
- <sup>9</sup> Jhutti-Johal, J., 2012. Sikhism and mental illness: negotiating Competing Cultures. In Cave, D. and Norris, R.S. (eds.) *Religion and the body: modern science and the construction of religious meaning* (Vol. 138). Brill.
- <sup>10</sup> British Sikh Report 2018.
- <sup>11</sup> Sikhs have therefore looked for guidance on how to progress spiritually and thereby alleviate pain and suffering from their eternal Guru, the Guru Granth Sahib. The Guru Granth Sahib sets out repeatedly what one should do to achieve this goal and the ultimate goal of the souls (*atma*) union with God. It describes the five vices, and the five realms or levels (*khands*) of spiritual experience as one traverses the path to union with God. The five vices are *Kam* (Lust or Desire), *Krodh* (Anger), *Lobh* (Greed/Covetousness), *Moh* (Attachment), and *Ahankar* (Ego or Pride). The five *Khands* (realms) described in the Guru Granth Sahib (*Japji Sahib*) are *Dharam Khand*: the realm of righteous action (*pauri*, 35); *Gian Khand*: the realm of knowledge (*pauri*, 36); *Saram Khand*: the realm of spiritual endeavour (*pauri*, 36); *Karam Khand*: the realm of grace, (*pauri*, 37), and *Sach Khand*: the realm of Truth (*pauri*, 37). The final level, the realm of Truth, leads to the realization of the ultimate Truth and complete harmony with God. These *khands* represent a kind of evolutionary process in the development of consciousness and the steps to removing the shackles of *haumai* and hence illness.
- <sup>12</sup> *Haumai* can be compared to the concept of *ahamkara* in Hinduism, as it is similar to the veil of ego that separates the divine and the soul. The Sikh Dharam recognizes *ahamkara* within the five vices and considers *haumai* to be the sum of all egotistic tendencies.
- <sup>13</sup> McLeod, W.H. 1989. *The Sikhs: History, Religion and Society*. New York: Columbia University Press.
- <sup>14</sup> Jhutti-Johal, J. 2017. ‘Sikh Dharma’, in Veena R. Howard and Rita D. Sherma (eds.), *Dharma: The Hindu, Buddhist, Jain and Sikh Traditions of India*. London: I.B Tauris.
- <sup>15</sup> Guru Granth Sahib, at 415. Since the ang/page numbers of the scriptures correspond with a digitized version, all citations are from the following digital version - <http://www.srigranth.org/servlet/gurbani.gurbani> [Accessed 14<sup>th</sup> February 2018].
- <sup>16</sup> McLeod, W.H. 1989. *The Sikhs: History, Religion and Society*. New York: Columbia University Press.
- <sup>17</sup> McLeod, W.H. 1989. *The Sikhs: History, Religion and Society*. New York: Columbia University Press.
- <sup>18</sup> Kalra, G., Bhui, K.S. and Bhugra, D., 2012. Sikhism, spirituality and psychiatry. *Asian journal of psychiatry*, 5(4), pp.339-343.
- <sup>19</sup> For more reading see:  
Bhugra D, Bhui K. 2018. *Textbook of cultural psychiatry*: Cambridge University Press;  
Cinnirella M, Loewenthal K,M. 1997. Religious and ethnic group influences on beliefs about mental illness: A qualitative interview study. *Psychology and Psychotherapy: Theory, Research and Practice*. 72(4), pp.505-24;  
Bhui K, Bhugra D. 2002. Explanatory models for mental distress: implications for clinical practice and research. *RCP*. pp. 6-7;  
Koelkebeck K, Uwatoko T, Tanaka J, Kret M, E. 2017. How culture shapes social cognition deficits in mental disorders: A review. *Social neuroscience*. 2017;12(2), pp.102-12.
- <sup>20</sup> *Djinn* in Islam is a spirit, lower than the angels, which is able to appear in human and animal forms, and has power over people. See Morgan, Diane. 2009 *Essential Islam: A Comprehensive Guide to Belief and Practice*, Greenwood Press Publishing.
- <sup>21</sup> SGPC, Sikh *Rehat Maryada*. Amritsar: Shiromani Gurdwara Parbandhak Committee, 1950.
- <sup>22</sup> McLeod, W.H. 1997. *Sikhism*. London: Penguin; and Cole, W.O. and Sambhi, P.S. 1985. *The Sikhs: Their Beliefs and Practices*. London: Routledge and Kegan Paul.
- <sup>23</sup> <https://www.independent.co.uk/news/uk/crime/sikh-man-turban-ripped-off-parliament-hate-crime-police-london-portcullis-house-a8222376.html> [Accessed 2<sup>nd</sup> April 2018].
- <sup>24</sup> Kumar, Anusha, Castelli, Aidan & Syal Chayya. 2018. The unspoken alcohol problem among UK Punjabis’ <http://www.bbc.co.uk/news/uk-43505784> [Accessed 3<sup>rd</sup> April 2018].
- <sup>25</sup> [https://www.drugsandalcohol.ie/15771/1/cheers\\_report\[1\].pdf](https://www.drugsandalcohol.ie/15771/1/cheers_report[1].pdf) [Accessed 12<sup>th</sup> March 2018].
- <sup>26</sup> <https://www.theguardian.com/mental-health-research-matters/2017/jan/20/young-women-are-now-a-high-risk-group-for-mental-illness> [Accessed 12<sup>th</sup> March 2018].

- <sup>27</sup> A conversation has been started about the cultural stigma and societal pressure around reproduction and its impact on mental health by Neelam Heera who set up *Cysters* [www.cysters.co.uk/home](http://www.cysters.co.uk/home), also see <https://twitter.com/neelamheera>, and @cystersbham. Cysters is a grassroots charity, dedicated to supporting women and improving the health, education and welfare of women living with reproductive health issues. It is culturally sensitive and inclusive of everyone because it recognises that reproductive issues affect women of all communities. Its aim is to educate the public about reproductive health issues, educate women about their diagnosis so that they can make informed choices, and challenge the societal, cultural and misogyny behind women's reproductive health. It aims to change perceptions about women's health, making it okay to put women first and dispelling the myths surrounding the sexualized topics of gynaecological health and also its effect on mental health. Neelam Heera, the founder of Cysters is a Sikh
- <sup>28</sup> Wittkowski, A., Zumla, A., Glendenning, S. and Fox, J.R.E., 2011. The experience of postnatal depression in South Asian mothers living in Great Britain: a qualitative study. *Journal of Reproductive and Infant Psychology*, 29(5), pp.480-492.
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- Savarimuthu, R.J.S., Ezhilarasu, P., Charles, H., Antonisamy, B., Kurian, S. and Jacob, K.S., 2010. Post-partum depression in the community: a qualitative study from rural South India. *International Journal of Social Psychiatry*, 56(1), pp.94-102.
- Edhborg, M., Nasreen, H.E. and Kabir, Z.N., 2015. "I can't stop worrying about everything"—Experiences of rural Bangladeshi women during the first postpartum months. *International journal of qualitative studies on health and well-being*, 10(1), p.26226.
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- Goyal, D., Murphy, S.O. and Cohen, J., 2006. Immigrant Asian Indian women and postpartum depression. *Journal of Obstetric, Gynecologic, & Neonatal Nursing*, 35(1), pp.98-104.
- Bina, R., 2008. The impact of cultural factors upon postpartum depression: a literature review. *Health Care for Women International*, 29(6), pp.568-592.
- Harpreet Kaur Sihre, PhD student at The Institute of Applied Health Research, University of Birmingham, Researching lived experiences of South Asian women diagnosed with severe postnatal psychiatric illnesses.
- <sup>29</sup> Jhutti-Johal, Jagbir. 2017. Sikh Dharam – Gender Equality, Cultural Change and 'Breaking Glass Ceilings'. <http://www.britishsikhreport.org/wp-content/uploads/2017/03/British-Sikh-Report-2017-Online.pdf>.
- <sup>30</sup> <https://www.independent.co.uk/voices/comment/fear-of-missing-out-may-be-a-latter-day-anxiety-but-we-all-need-to-embrace-it-10267703.html> [Accessed 15<sup>th</sup> March 2018].
- <sup>31</sup> Like many other religious communities, sexuality within the Sikh community is viewed from a hetero-normative perspective - marriage between a man and a woman only, and having children. Those who are lesbian, gay, bisexual, or transgender (LGBT) can find themselves either alienated from their family, or living double lives due to the cultural stigma of 'coming out'. This in turn creates invisibility of LGBT Sikhs. Keeping your sexuality a secret from others, and feeling that you cannot be a 'true' Sikh if you are LGBT, can lead to mental illnesses such as depression, anxiety, suicidal tendency, and self-harming. See Manjinder Singh Sidhu, 2016. *Bollywood Gay: 'A help yourself book to living an authentic life'*. My Spiritual Soul; and 'I'm gay, Sikh and getting married' BBC Radio 4 [www.bbc.co.uk/programmes/articles/4vgywz0jWvRMIHnRSGmNd/im-gay-sikh-and-getting-married](http://www.bbc.co.uk/programmes/articles/4vgywz0jWvRMIHnRSGmNd/im-gay-sikh-and-getting-married).
- <sup>32</sup> Sanghera, S., 2012. *The boy with the topknot: A memoir of love, secrets and Lies in Wolverhampton*. Penguin UK.
- <sup>33</sup> Kalwinder Singh Dhindsa., 2016. *My Father & The Lost Legend of Pear Tree - Part One*. CreateSpace Independent Publishing Platform.
- <sup>34</sup> <http://www.bbc.co.uk/sport/cricket/36381370> [Accessed 12<sup>th</sup> February 2018].
- <sup>35</sup> Banerjee, Rohan. 2018 Paul Chowdhry: "Mental health problems aren't really discussed in the Asian community." The stand-up on stereotypes, grief and taking the piss out of ignorance. <https://www.newstatesman.com/culture/music-theatre/2018/03/paul-chowdhry-mental-health-problems-aren-t-really-discussed-asian> [Accessed 3<sup>rd</sup> April 2018].
- <sup>36</sup> <https://www.sikhhelpline.com/>
- <sup>37</sup> Sikh Press Association 'Is the Sikh community dealing with mental health issues?' Wednesday 22<sup>nd</sup> November 2017. <http://www.sikhpa.com/is-the-sikh-community-dealing-with-mental-health-issues-sikhmentalhealth/>. [Accessed 12<sup>th</sup> February 2018].
- <sup>38</sup> British Sikh Report 2013 [http://www.britishsikhreport.org/wp-content/uploads/2013/06/BSR\\_2013\\_FINAL.pdf](http://www.britishsikhreport.org/wp-content/uploads/2013/06/BSR_2013_FINAL.pdf) p35
- <sup>39</sup> Taraki, can be found at Facebook: <https://www.facebook.com/taraki1/>; Twitter: @taraki\_\_
- <sup>40</sup> Barfi Culture. 2017. This new campaign wants Punjabi men to be more open about mental health issues <https://barficulture.tv/culture/86>.
- <sup>41</sup> Kaurageous (@kaurageousuk) and Kaur's Life (@KaurLifeOnline).
- <sup>42</sup> <https://youngminds.org.uk/>
- <sup>43</sup> <https://www.time-to-change.org.uk/about-us/about-our-campaign/time-to-talk>
- <sup>44</sup> <https://www.royalfoundation.com/heads-together-duke-duchess-cambridge-prince-harry-working-eliminate-stigma-around-mental-health/>
- <sup>45</sup> Like <http://derbyrecoverynetwork.org/>
- <sup>46</sup> England N. Five year forward View. 2014 <https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf>; and 2016 <https://www.england.nhs.uk/wp-content/uploads/2016/05/fyfv-tech-note-090516.pdf> [Accessed 12<sup>th</sup> March 2018].

# BRITISH SIKH REPORT 2018: SURVEY INTRODUCTION



This is the sixth annual British Sikh Report (BSR), which has now become an established snapshot describing the lives of Sikhs in Britain, and collecting their views on topical issues. This year's questionnaire again saw over 2,000 respondents spread across the United Kingdom, making this our largest sample to date. The survey was primarily conducted online, as in previous years, but there was a concerted effort to supplement that sample with a paper questionnaire to reach those without internet access. Responses were monitored and particular areas of shortfall were targeted to ensure that the overall sample is representative of Sikhs in Britain in terms of age group, gender, marital status and region. All responses were scrutinised and validated by applying a range of checks, and more than 200 were rejected because they were assessed to be false. The resultant sample of just over 2,000 is considered to be a very robust and reliable representation of all British Sikhs. The final sample has also been assessed against the information on British Sikhs available from the 2011 Census. After allowing for expected changes between 2011 and 2016, the sample distributions by age, gender and region are very close to the Census. There is a small shortfall in the sample of the elderly, but this is not considered to have any significant effects on the results more widely.

The BSR aims to collect British Sikhs' views on various aspects of life. This year's questionnaire has again focused on a range of issues that are particularly affecting the lives of British Sikhs now, asking questions about topics such as physical and mental health, issues that affect older British Sikhs, management of Gurdwaras in Britain, and views about caste-related issues. In addition, the questionnaire again sought data on identity, ethnicity, and observance of the five Kakaars, wearing of the Dastar, and about whether respondents are Amritdhari Sikhs. This information will now be collected annually to determine trends over time. The BSR continues to collect basic demographic information on age, gender, marital status, disability and place of residence, as well as on employment and qualifications. Last year, we started to collect information on place of birth and first arrival to Britain if not born here, and this will continue to be collected. The following sections summarise the results of the BSR questionnaire.



# DEMOGRAPHICS

The questionnaire underpinning the BSR 2018 received over 2,000 valid responses, and there was an almost equal split between male and female respondents – 52 and 48 per cent respectively - and just seven persons choosing not to disclose their gender.

Figure 5 shows the breakdown by age group and gender. The distribution is broadly in line with the 2011 Census, allowing for some change between 2011 and 2017. While the overall numbers of Sikh men and women in Britain are similar, there are larger differences within age groups, and these differences are also consistent with the 2011 Census. There is some under representation in the older age group compared with the Census. However, this is not considered to have any significant impact on the findings of the survey in terms of views on the topics covered.

**Figure 5: Age & Gender - Percentage of gender totals**

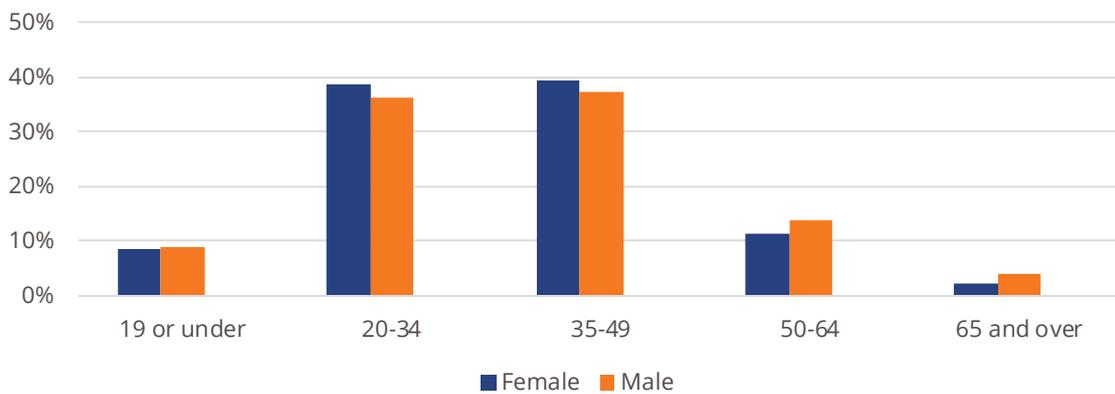


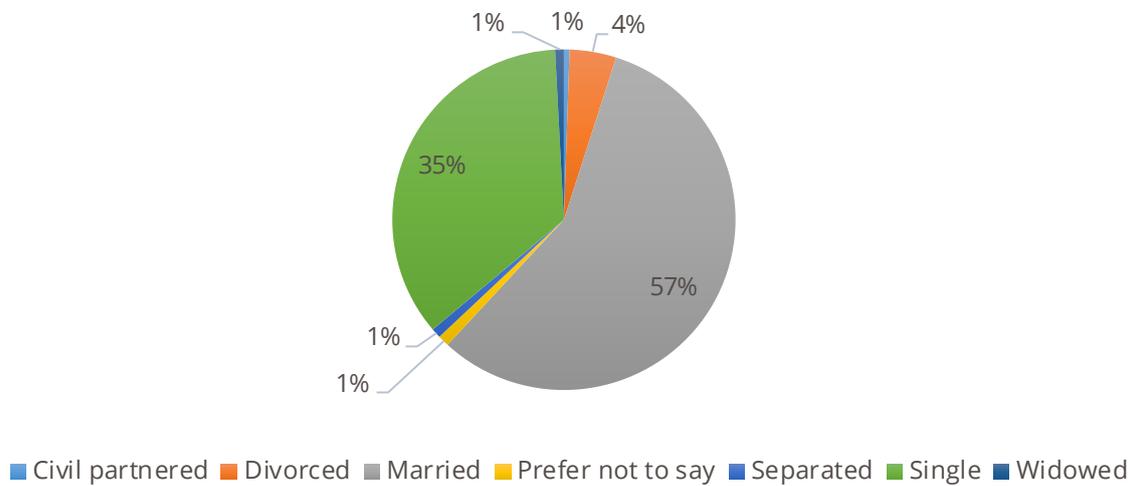
Figure 6 shows the distribution of the BSR sample across the regions and countries of the United Kingdom. About a third of Sikhs responding live in London, a similar figure to that shown by the 2011 Census. The region with the next largest population of Sikhs is West Midlands, at about 25 percent.

**Figure 6: Region of Residence - Percentage of gender totals**



Figure 7 shows the marital status of respondents. About 57 per cent are married, and another 35 per cent are single. About 4 per cent of Sikhs in Britain are divorced. Population estimates from the Office for National Statistics (ONS) for England and Wales in 2016 show that about 51 per cent of the population aged over 16 were married, and about 8 per cent were divorced.

**Figure 7: Marital Status - Percentage of total**



# IDENTITY AND ETHNICITY

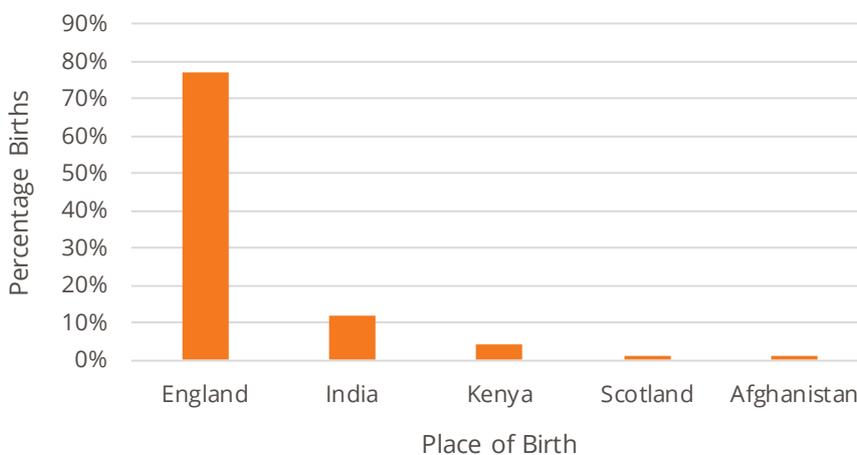
About 2.8 per cent of British Sikhs overall consider themselves to be disabled. However, the percentage increases with age, and nearly 9% of those aged 50 and over consider themselves to be disabled.

This year's BSR shows that identity continues to be an important part of life for the community in the UK. In using "Sikh" and "British" as equally important categories, Sikhs in 2018 further reinforce their community and society markers. In addition to this, the increasing diversity of answers to questions of ethnicity and self-identification place them at the forefront of identity changes in the UK. This is no surprise as most Sikhs are now UK-born and are one of the nation's youngest communities.

## Place of Birth

England remains the birthplace of most Sikhs (77%), which is a fairly significant increase from last year (71%). India and East Africa are next highest, albeit with reduced figures. Scotland remains the fourth most popular birthplace amongst Sikhs in the UK. After these places, a smaller and dwindling list shows the community is now very much a British one. Furthermore, with a large majority (72%) of these British Sikhs under the age of 50, this is a trend that is set to continue as the community grows.

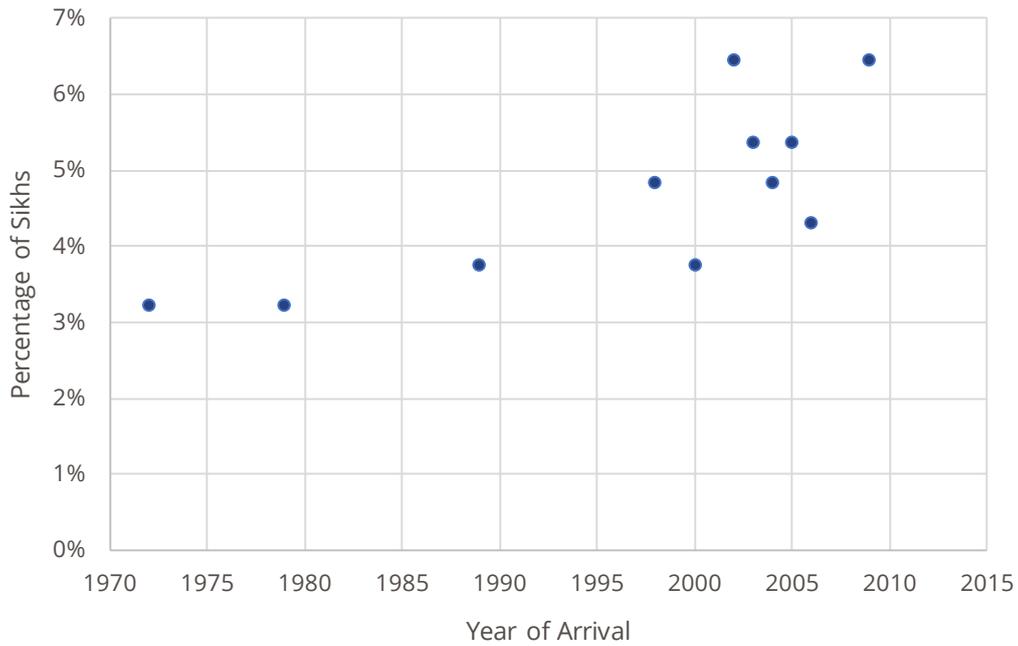
**Figure 8: Place of Birth**



## Arrival in the UK

Closely connected to the majority British-birth of Sikhs is the low number of respondents who are arrivals to the UK. This was only 8.8% which is lower than last year when the question of arrival was first introduced. As in the previous report, there is a recent increase of Sikhs arriving since the 2000s which may be linked to European migration pattern. A sudden increase in 2016 could be linked to the UK's exit from European Membership, although it is too early to state this for certain.

**Figure 9: Year of Arrival**



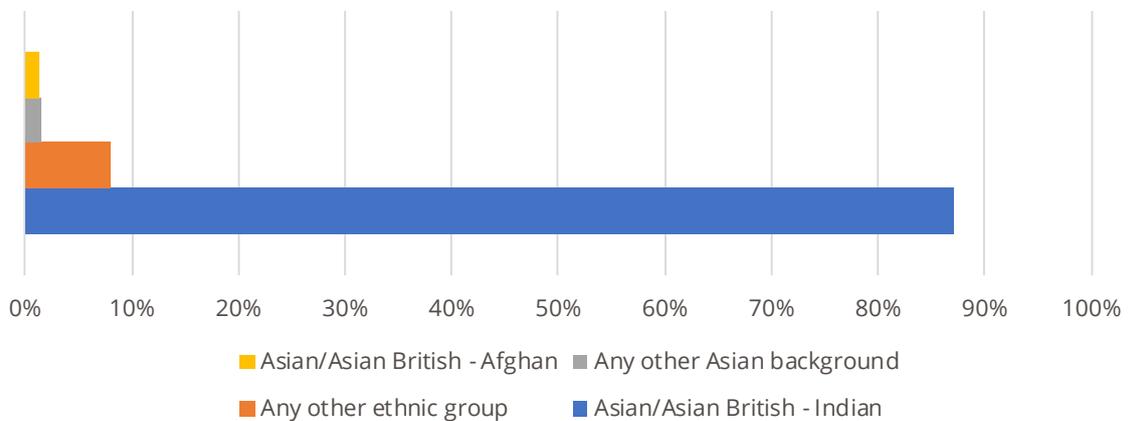
### Sexual Orientation

A large majority of Sikhs in the UK are heterosexual. This group accounted for over 93% of this survey's respondents. A sizable percentage (3.3%) of those surveyed again preferred not to state their sexual preference. Gay, Lesbian and Bisexual respondents accounted for nearly as many as those who left the question unanswered (3.0%).

### Ethnic Group

Sikhs by the majority still place themselves in the "Asian/Asian British - Indian" category. Despite a small reduction from 92% to 87%, this still remains the most popular Sikh ethnic group in this survey. There has been an increase in those selecting the "Other" category and choosing to write in "Sikh" as their ethnicity. This could be linked to the campaign by some British Sikhs for a separate ethnic tick box in the 2021 Census of Population.

**Figure 10: Sikhs and Ethnicity**

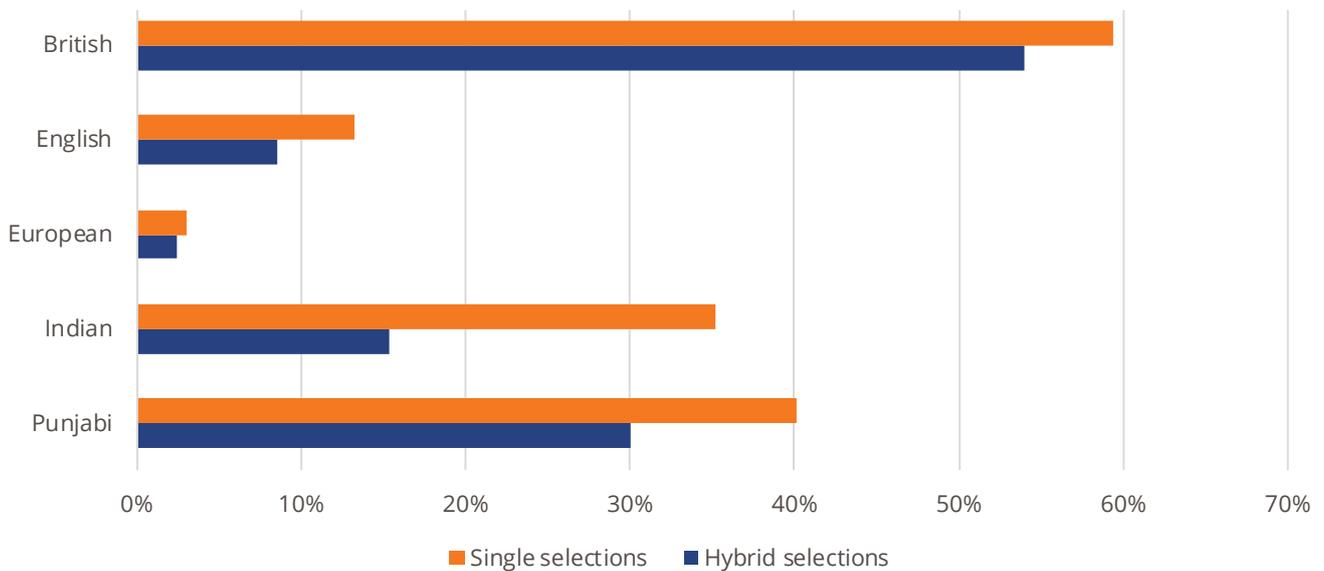


## How do you identify yourself?

The overall trend remains the same as previous years whereby Sikhs continue to select “British”, “Sikh”, “Punjabi” or a combination of these categories. As an identity “English” remains a choice for a very small percentage (13%) of Sikhs, even though most are born in England. This eschewing of place of birth as self-identity is also prevalent in Sikhs who are born in Scotland and Wales. This could indicate that nation-region identities are yet to appeal to the Sikh community.

However, a comparison between these single and conjoined replies yields interesting reading. As this was an open question with multiple reply choices provided, the results show that Sikhs in the UK do not consider themselves to be a hybrid community. Singular labels such as “British”, “Sikh”, “Indian” or “Punjabi” are much more popular than combination categories such as “British-Sikh” or “Punjabi-Sikh”.

**Figure 11: Sikh Self Identification - Percentage of all Sikhs**



# SIKHI AND OBSERVANCE OF THE FIVE KAKAARS



Sikhs have five articles of faith to signify their commitment to living by the principles of the Sikh religion. These are known as the “Five Kakaars”, often referred to as the “5Ks”. These include: Kara (metal bangle), Kesh (uncut hair), Kacchera (breeches), Kanga (wooden comb) and Kirpan (ceremonial dagger).

Respondents were asked which of the 5Ks they observed:

**Kara:** In total, 86% of all respondents wore the Kara, with more than 80% in each age group and gender category.

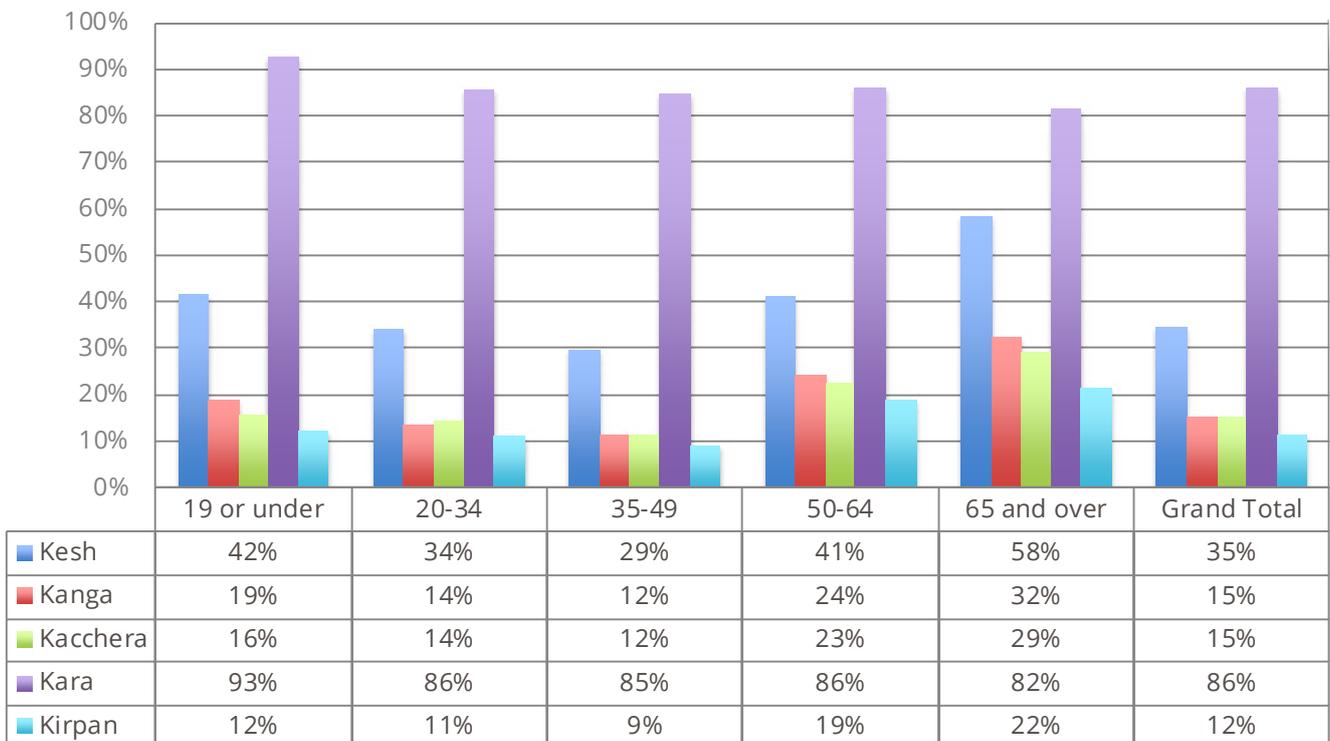
**Kesh:** This formed the second highest rate of observance, with 35% of all respondents having uncut hair. More than twice as many men (46%) than women (22%) observed this Kakaar. Older age groups also observed this more than the younger age groups.

**Kanga:** This was observed by 15% of respondents with a greater observance by men and older age groups.

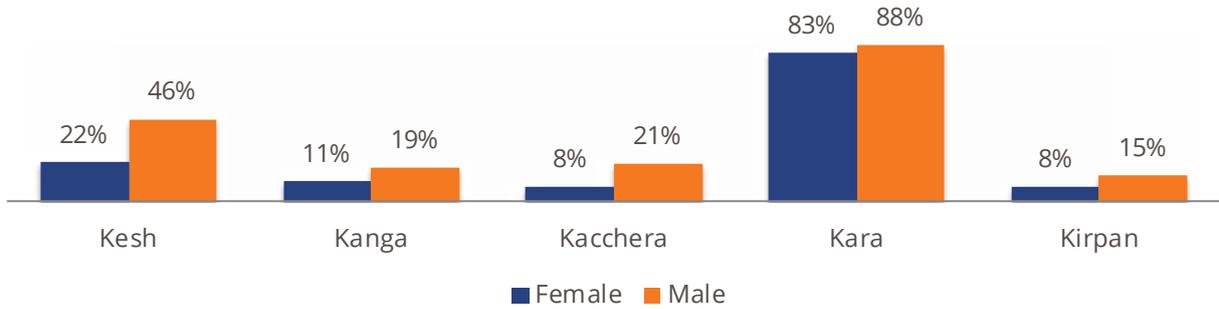
**Kacchera:** Also observed by 15% of respondents and again observed by more men and older age groups.

**Kirpan:** Observed by 12% of respondents, with a higher observance by men and older age groups.

**Figure 12: Observance of individual Kakaars by age - Percentage of total**

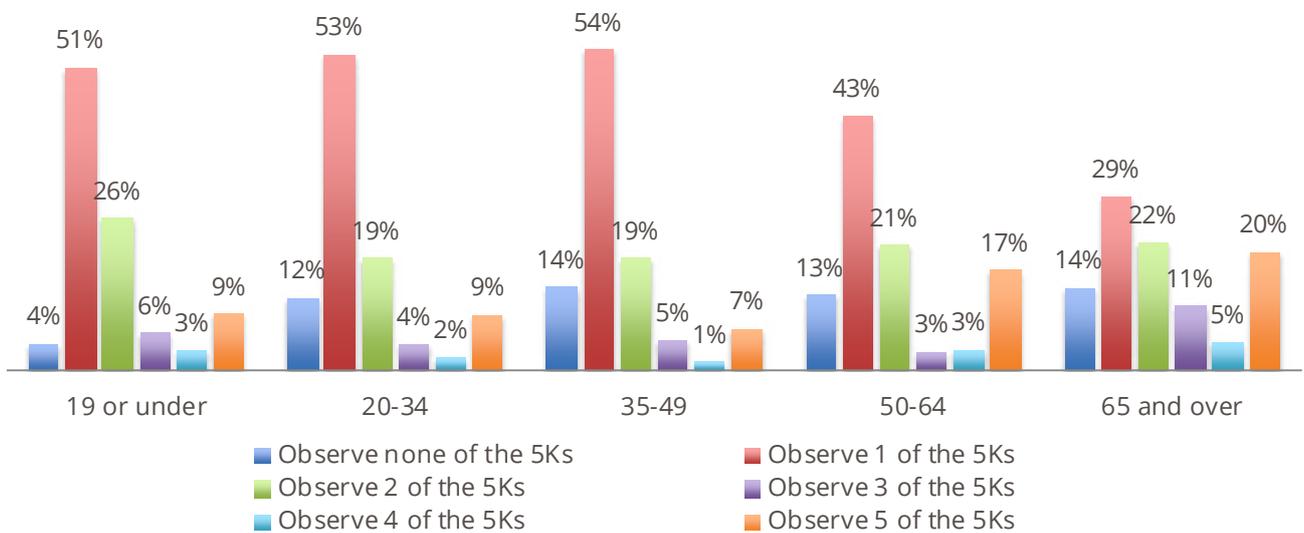


**Figure 13: Observance of individual Kakaars by gender - Percentage of total**



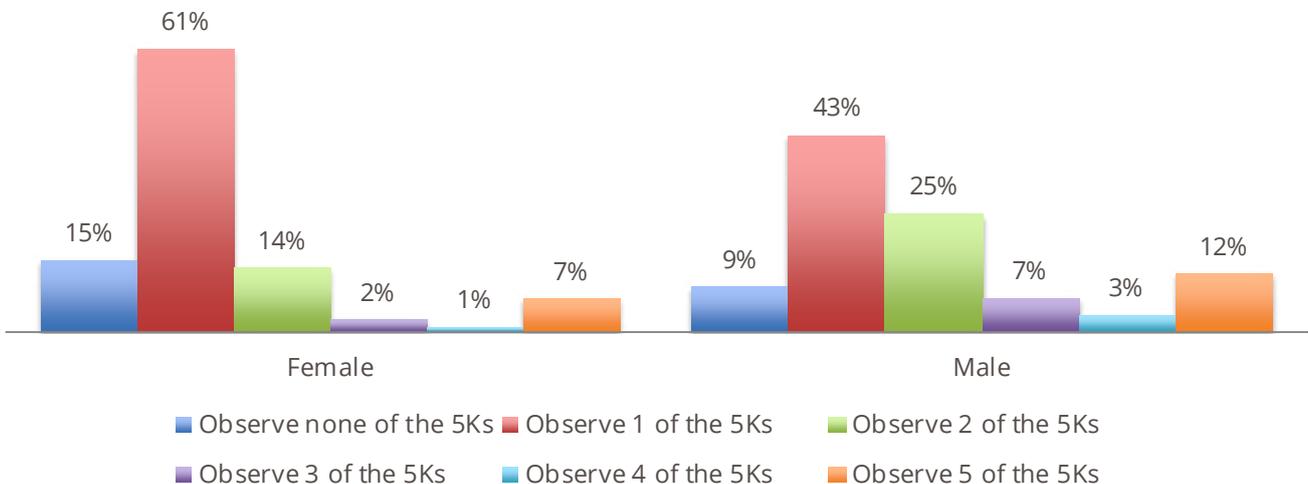
In terms of how many of the 5Ks people observed, observing only one Kakaar was the most common with more than half of all respondents (51%), followed by observing two Kakaars the second most common (20%). The 65 and over age group had the greatest observance of all 5Ks (20%).

**Figure 14 : Numbers of Kakaars observed by age - Percentage of total**



Men were more likely than women to observe two or more Kakaars, with observing only one Kakaar being represented by 61% of women, the single highest percentage across both genders. Significantly more women observed none of the 5Ks (15%) compared with men (9%).

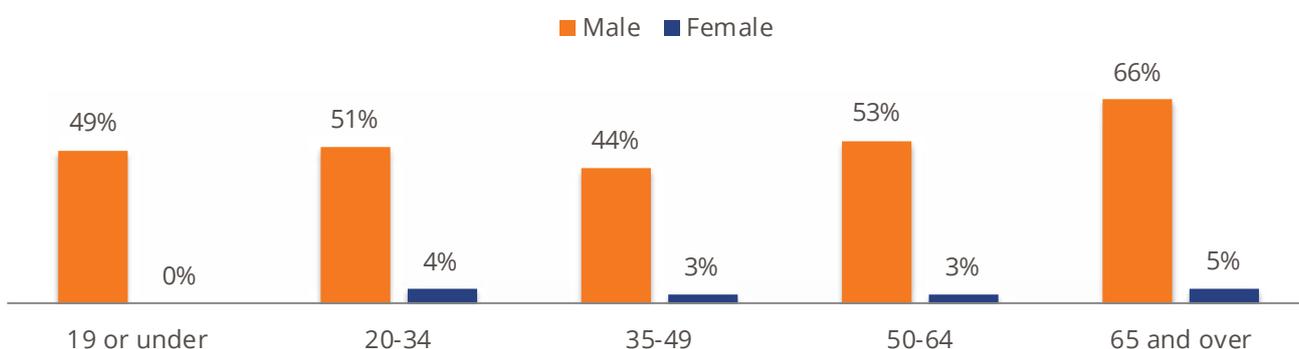
**Figure 15: Numbers of Kakaars observed by gender - Percentage of total**



The Dastaar (Turban) is a key symbol of Sikh identity and is worn by both men and women to cover their Kesh, although the majority of women opt to cover their Kesh by a Chunni (long scarf). As can be seen by the data, many Sikhs prefer to have shorter cut hair, affecting the Sikhi tradition of keeping Kesh and wearing the Dastaar. This can be attributed to a variety of reasons, from convenience, social pressures of having to fit into the mainstream society and sadly due to racial discrimination and overt racism.

As expected the survey revealed that wearing of the Dastaar differed greatly by gender, with almost 50% of men wearing the Dastaar, compared to only 3% of women. Females in the age group 65 years and over represented the highest percentage of Dastaar wearing for the gender (5%), with no female respondents to the survey aged 19 or under stating that they wore the Dastaar. For male respondents the survey showed that those aged 65 years and over formed the largest group who wore the Dastaar (66%), whereas the 35 - 49 age group represented the lowest total (44%). Almost half of Sikh male respondents from the youngest age group of 19 or under wore the Dastaar.

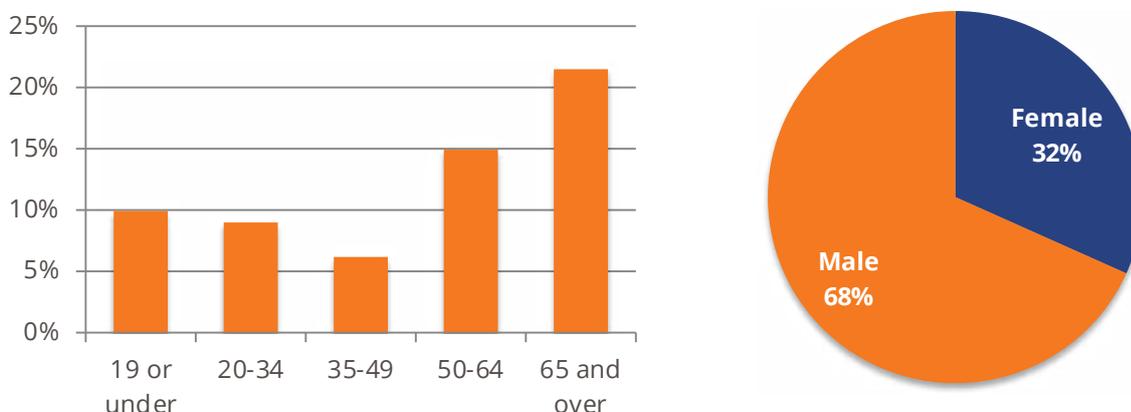
**Figure 16: Dastaar wearing by age and gender - Percentage of total**



Amritdhari Sikhs are those that have been initiated into the Khalsa (community of initiated Sikhs) by taking Amrit (holy water) as part of Amrit Sanchar (ceremony of initiation). Amritdhari Sikhs fulfil their commitment by observing all 5 Ks and following the teachings of the Sikh Gurus for a moral, pure and spiritual life.

Amongst all of the respondents, almost 10% had taken Amrit. The highest percentage was as expected in the 65 and over age group at 22%. It was, however, surprising that 10% of those in the 19 or under age group had taken Amrit. The lowest percentage of 6% across the 5 different age groups belonged to the 35 - 49 age group.

**Figures 17 and 18: Amritdhari by age and gender - Percentage of total**

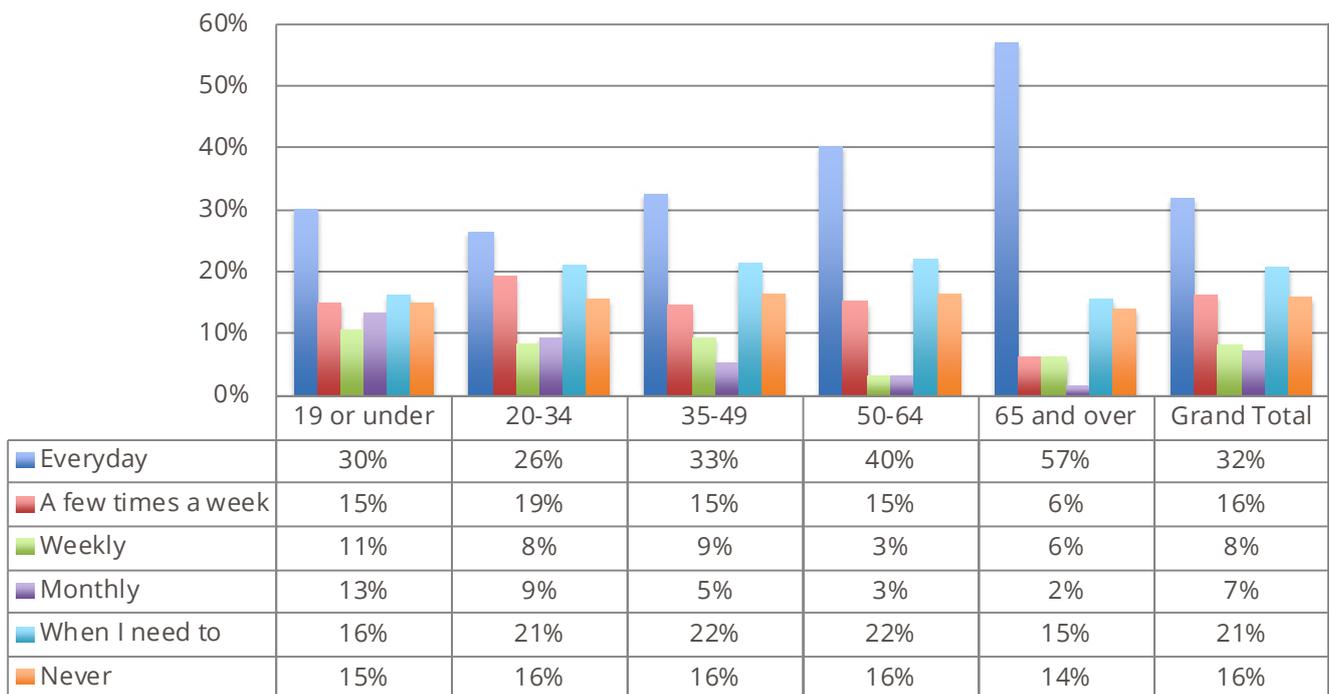


There were twice as many practising Amritdhari men (12%) than women (6%).

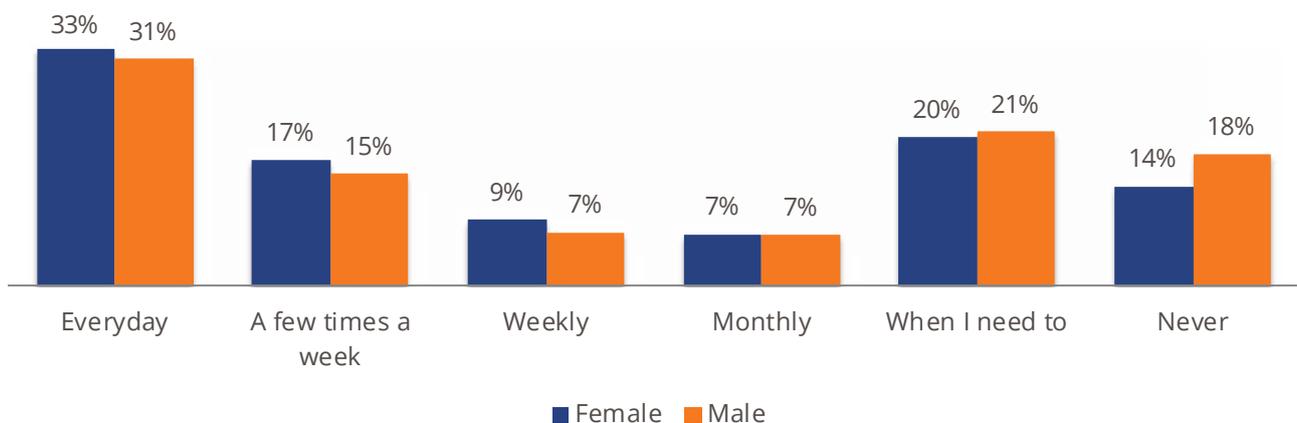
The Japji Sahib is the prayer at the beginning of the Sri Guru Granth Sahib (Sikh holy scriptures) and was composed by Guru Nanak Dev Ji (first of the Sikh Gurus). It is regarded by many Sikhs as the most important Bani (verses), as it contains the Mool Mantar or the root statement of the faith.

Respondents were asked, “How often do you undertake some form of spiritual practice such as reading Japji Sahib or other Bani?” Twice as many respondents (32%) performed some form of spiritual practice every day compared to those who never practiced any (16%). It was interesting to learn that there was an almost even split between men and women across all the different frequencies of spiritual practice. People in the 65 and over age group made up the highest percentage (57%) of those who undertook some form of spiritual practice every day. Over 20% of respondents said they practiced spirituality when they needed to.

**Figure 19: Frequency of spiritual practice by age - Percentage of total**



**Figure 20: Frequency of spiritual practice by gender - Percentage of total**

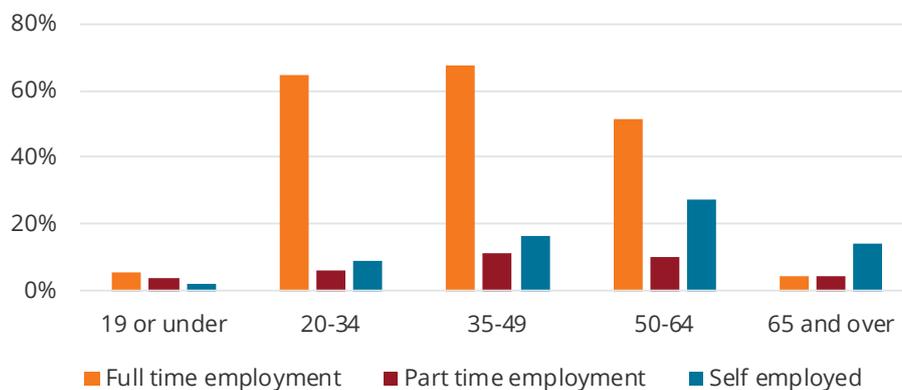


## Employment type by age group

The majority of the respondents were in full time employment (57%) with those in the 35 - 49 age group having the highest proportion of full time workers (67%). The second highest category was those that are self-employed (14%). The proportion in self-employment increased with each age group (16% in the 35 - 39 age group and 28% in the 50 - 64 age group).

The majority of the 65 and over age group classed themselves as retired (77%), with those choosing to work favouring self-employment (14%) and an equal proportion choosing full time (5%) and part time (5%) employment.

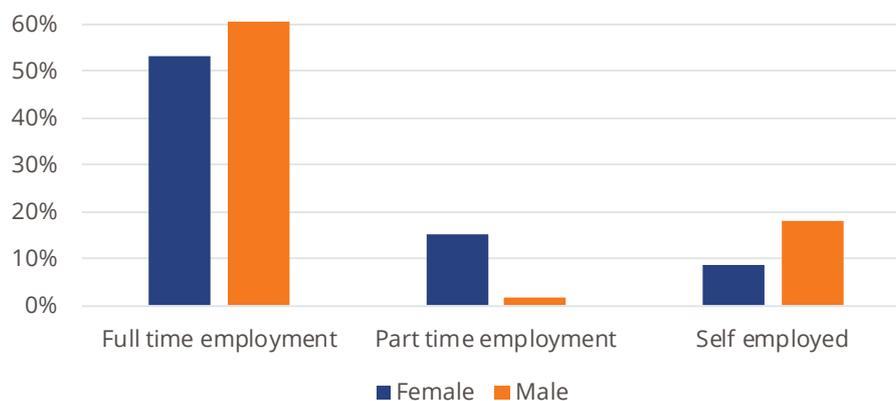
**Figure 21: Employment type by age group**



## Employment type by gender

Women (15%) were more likely to be in part time employment than their male counterparts (2%), and men (18%) were more likely to be self-employed than women (9%). The levels of full time employment were slightly higher for men (61%) than women (53%).

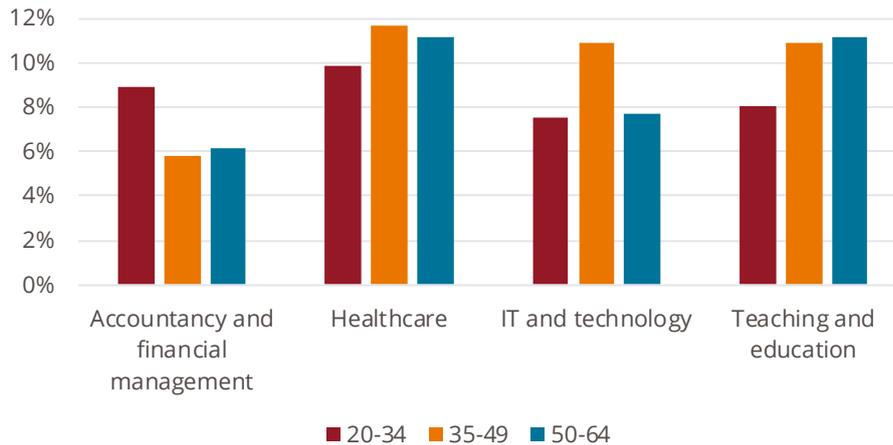
**Figure 22: Employment sectors by gender**



## Top employment sectors by age group

The most popular sectors for those that responded to the BSR were: Healthcare (10%), IT and Technology (8%), Teaching and Education (9%), Accountancy and Financial Management (7%). This demonstrates that Sikhs tend to favour professional and technical employment sectors compared with others. Healthcare was a popular sector for all age groups. Teaching and Education was more popular with the 35 - 49 and the 50 - 64 age groups than other groups, whereas accountancy and financial management was more popular with the 20 - 34 age group (9%) compared with 6% respectively for both the 35 - 49 and the 50 - 64 age groups.

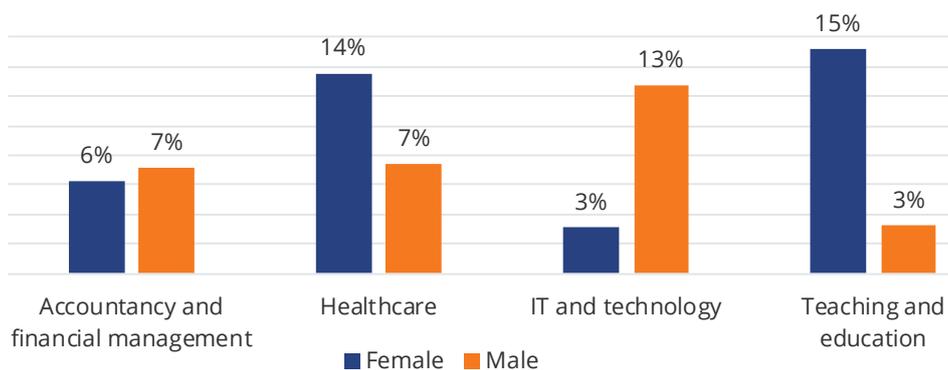
**Figure 23: Top employment sector by age group**



## Top employment sectors by gender

The top career choices for women are Healthcare (14%) and Teaching and Education (15%). Healthcare also proved a joint second most popular choice for men along with Accountancy and Financial Management, the most popular sector was IT and Technology (13%).

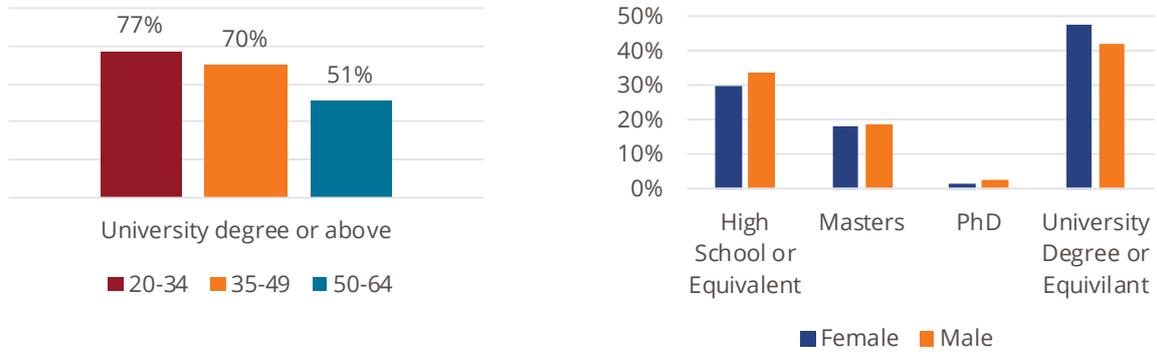
**Figure 24: Top employment sectors by gender**



## Graduate or post graduate qualifications

65% of all respondents have a graduate level qualification or above. Respondents in the 20 - 34 age group had the highest level of graduates (55%). The highest level of post graduate Qualifications of Masters degrees (22%) was in the 35 - 49 age group. 8% of respondents aged 65 and over had a PHD, possibly reflecting a higher response rate to the survey from the highly qualified in this age group compared with others.

**Figures 25 and 26: Graduate or post graduate qualifications by age and gender**



The split of formal education between women and men was roughly equal, with slightly more women holding a university degree or equivalent (48% of women, 42% of men).

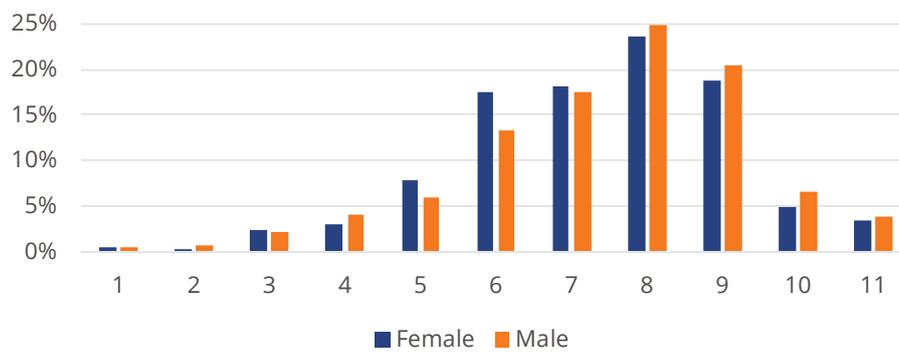


# HEALTHY LIVING

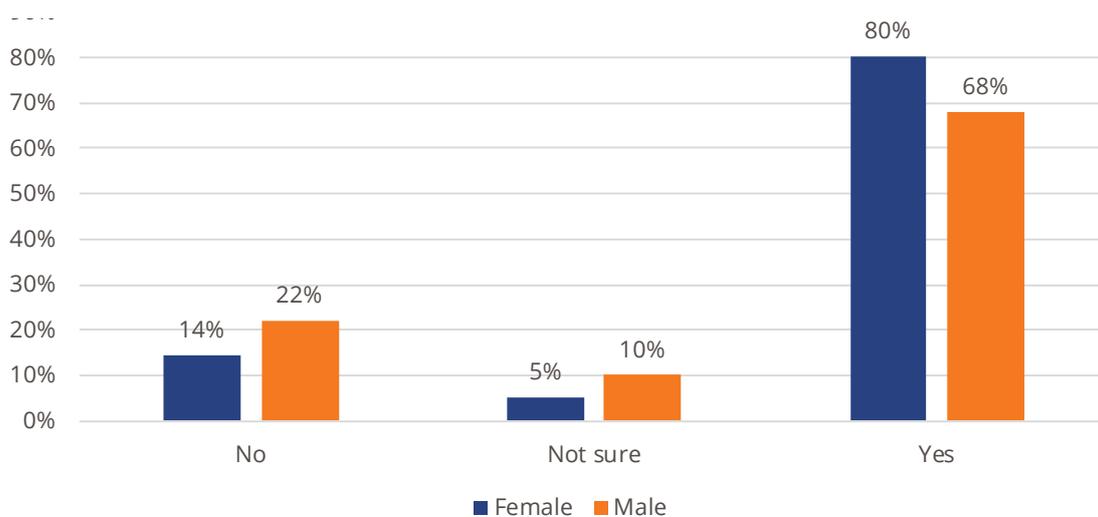
Maintaining good physical health is a central part of the Sikh way of life, though the stresses and obligations of a modern lifestyle can make this difficult to achieve. In the UK, it is recommended that everyone performs at least 150 minutes of moderately vigorous activity per week, which can result in the reduction of prematurely developing type 2 diabetes, heart disease, dementia, and some cancers. However, 25% of the general British population performs less than 30 minutes of exercise per month, with 41% of those aged between 40 and 60 (over 6 million) walking at a brisk pace continuously for 10 minutes less than once a month.

The survey suggests that there is a strong correlation between respondents' perception of a healthy lifestyle, and a healthy diet, as results show almost identical scores for each category. The most respondents rated their lifestyle and their diet as a 7/10, with women considering themselves to be healthier than men up to that score; more men than women rated their lifestyle and their diet between 7 and 10 out of 10.

**Figure 27: Healthy lifestyle perception**



**Figure 28: Healthy diet perception**



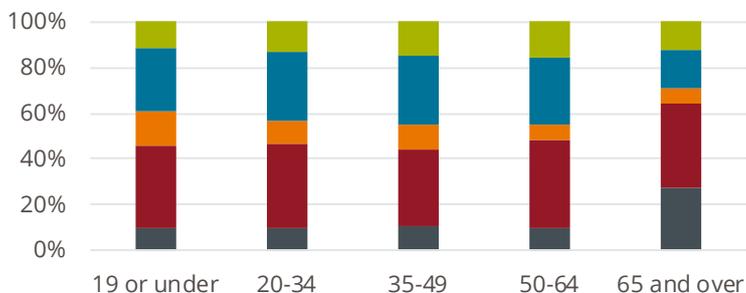
46% of respondents set aside time for exercise at least a few times per week, with those aged 65 and over most likely to set aside time every day; this may suggest that extra time available after retirement affords older Sikhs the opportunity to exercise more regularly. However, the 54% of respondents who do not exercise more than once a week are putting themselves at greater risk of illnesses, many of which have a greater propensity to occur within the South Asian diaspora.

**Figure 29: Exercise frequency**



- Yes - every day
- A few times a week
- Once a week
- Sometimes
- Never

**Figure 30: Exercise frequency by age**



- Yes - every day
- A few times a week
- Once a week
- Sometimes
- Never



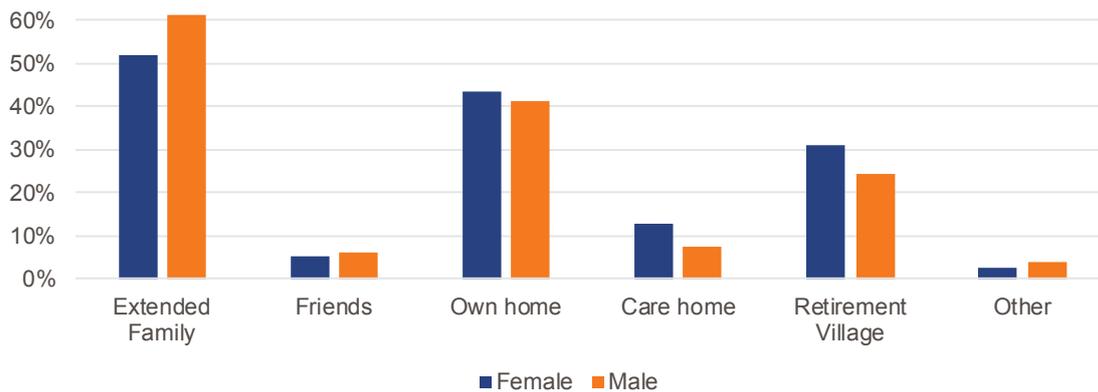
# LIFE AS AN OLDER PERSON FOR BRITISH SIKHS

We live in an ageing society, and British Sikhs who migrated to Britain in large numbers during the 1950s and 1960s are now part of the increasing retired population. While Asian households have traditionally been comprised of several generations living together as extended families, many have now transitioned into the Western pattern of the young moving away from parents and building their own families. The questionnaire underlying this report asked questions about people’s plans for their old age in order to gain insight into the scale of change that is occurring within Sikh households.

## Care of the Elderly

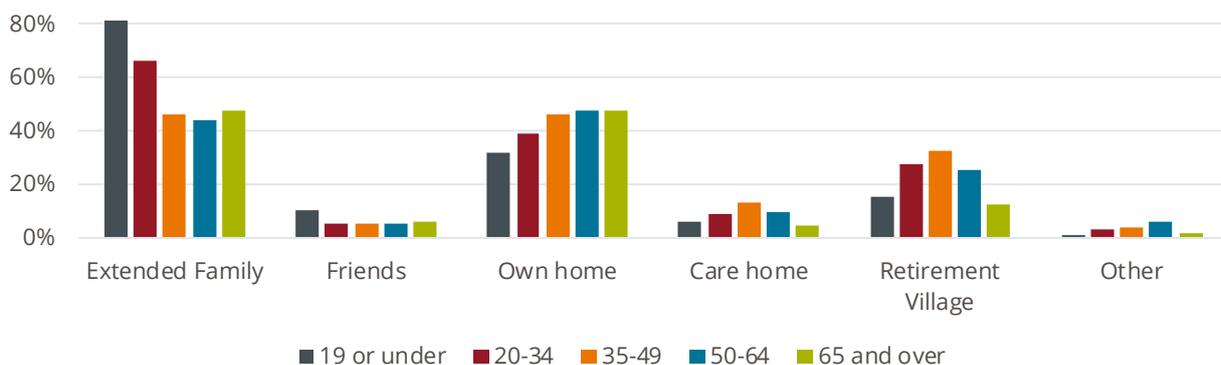
The survey asked respondents what they thought their situation was likely to be in old age if they needed care. There is a tradition that Asian families tend to live together in extended households, and the survey found that the majority of Sikhs preferred to live with extended family as they grow older - 61% of males and 52% of females. The second highest preference was in their own home (44% males and 41% females) and the third preference was in a retirement village with 31% females and 24% males wanting to live in a retirement village.

**Figure 31: What is likely to be your situation in old age? Percentage of gender total, multiple choices possible**



The desire to live within their own home increased with the ages of respondents. In terms of age, young people were most likely (81%) to want to live with extended family but this desire decreased as they got older with only 44% of those aged between 50 and 64 years of age expecting this outcome.

**Figure 32: What is likely to be your situation in old age? Percentage of age total, multiple choices possible**



## Financial provision for retirement

The survey asked respondents what provision they had made for when they retired. The majority of respondents had occupational pensions to provide for their retirement (54% of males and 53% of females) and the number of respondents who had occupational pensions increased with age. Nearly half (43% of female and 49% of males) had property investments.

**Figure 33: What type of financial provision have you made for after retirement?**



**Figure 34: What type of financial provision have you made for after retirement? (by age)**



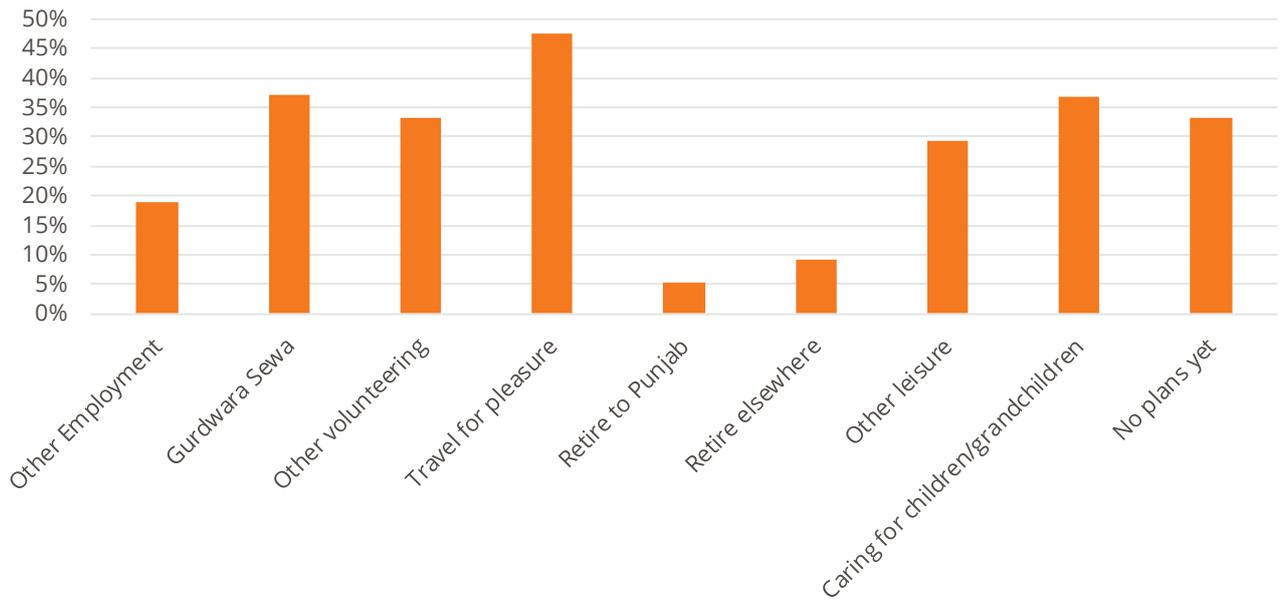
## Caring for the elderly

The survey asked whether any elderly family members lived in a care home. Only 2% of respondents said that elderly family members were in care homes. This is a reflection of ongoing tendency within Sikhs and other Asian communities to look after their own elderly relatives.

## Post retirement activities

The survey asked what plans Sikhs had to spend their time after retirement from their current occupation. The most popular choice of respondents was to travel for pleasure (48%). The next highest preferences were to volunteer in Gurdwaras and to care for children or grandchildren (both 37%), followed by other volunteering. Just 5% wanted to retire to Punjab and 9% elsewhere.

Figure 35: What are your plans for after retirement?





Wherever Sikhs have settled across the world, they have established Gurdwaras so that they can gather in the form of Sangat (a congregation) and have a focus for faith and community related activities. The UK has around 300 Gurdwaras which can be found in almost every city or town where there are significant numbers of Sikh residents. Management of Gurdwaras can take various forms, and can also be the subject of mixed views from different sections of the Sangat. The BSR questionnaire sought to collect respondents' views on issues related to British Gurdwara.

## Connection with the Gurdwara

The BSR questionnaire asked respondents how often they visited their local Gurdwara. Over a quarter (28%) visited the Gurdwara less than once a month or on special occasions such as weddings, whilst 26% visited on a monthly basis and 19% on a weekly basis. Only 4% said that they went to their local Gurdwara daily. In spite of this, a large number of the respondents wanted to volunteer in the Gurdwara as they got older.

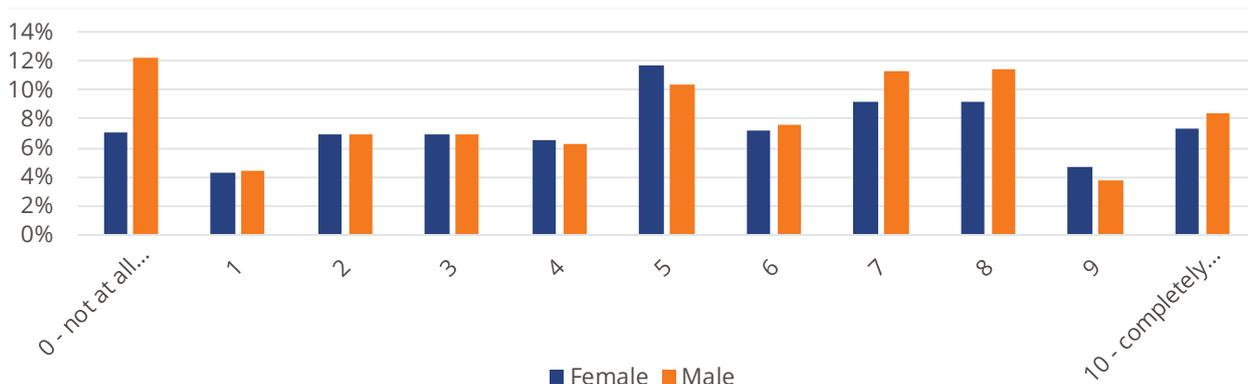
**Figure 36: How often do you go to the Gurdwara?**



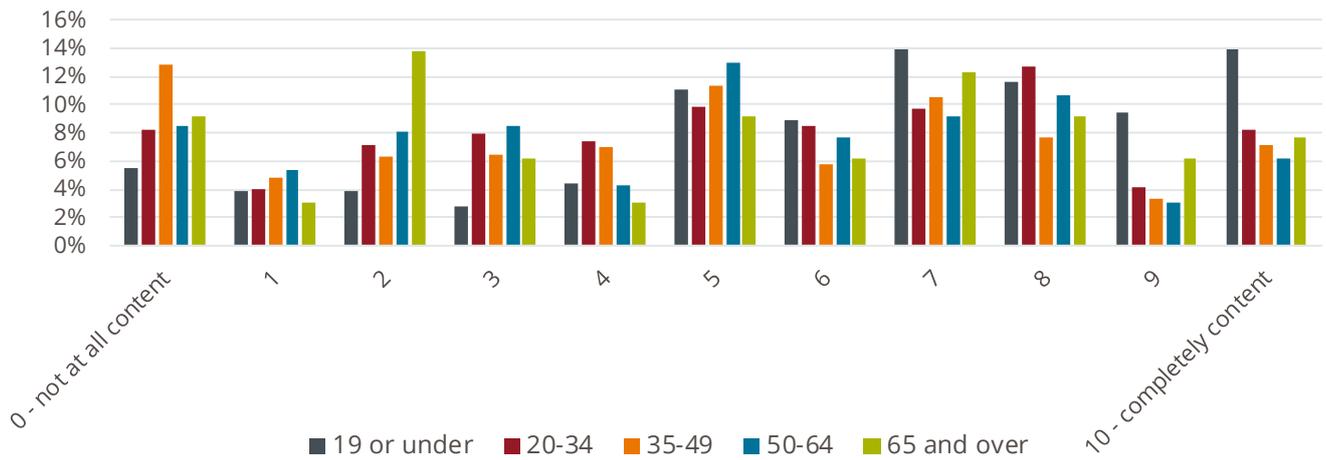
## Satisfaction with management of Gurdwaras

Satisfaction with the management of the Gurdwaras varies with views ranging from 'not at all content' to 'completely satisfied'. However, when you look at the results by age group, there seems to be more dissatisfaction from the elderly and more acceptance of the management from younger Sikhs.

**Figure 37: How content are you with management of your Gurdwara? (by gender)**



**Figure 38: How content are you with management of your Gurdwara? (by age)**

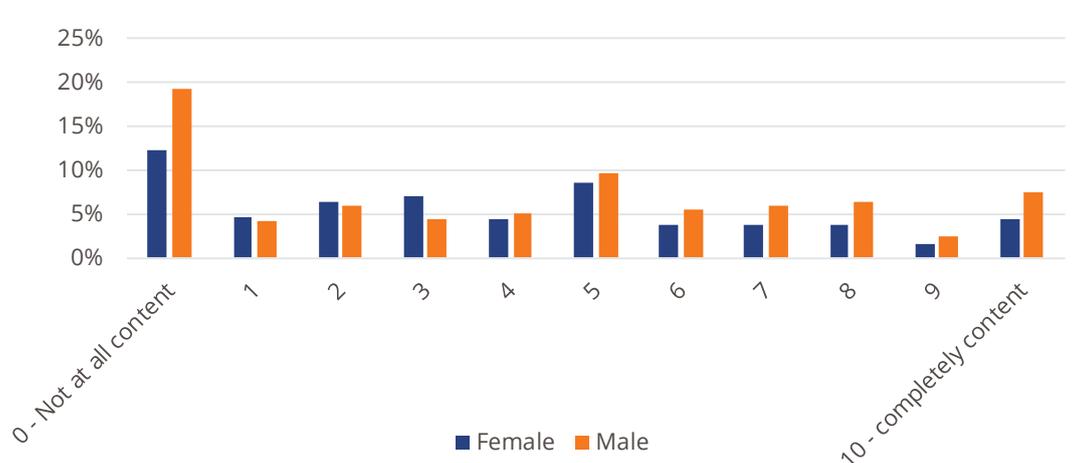


### Election and Selection Processes for Gurdwaras

Most Gurdwaras have a process of appointing their management teams through either “Election” or “Selection”. “Election” is where the Sangat of a Gurdwara register and vote for a management committee in an election. “Selection” is where people are chosen and appointed to positions on the management committee of a Gurdwara without having an election.

A high number of respondents were not at all content with the selection or election process (19% of males and 12% of females). Overall, fewer respondents scored the selection processes favourably than not, reflecting a balance of dissatisfaction with current processes.

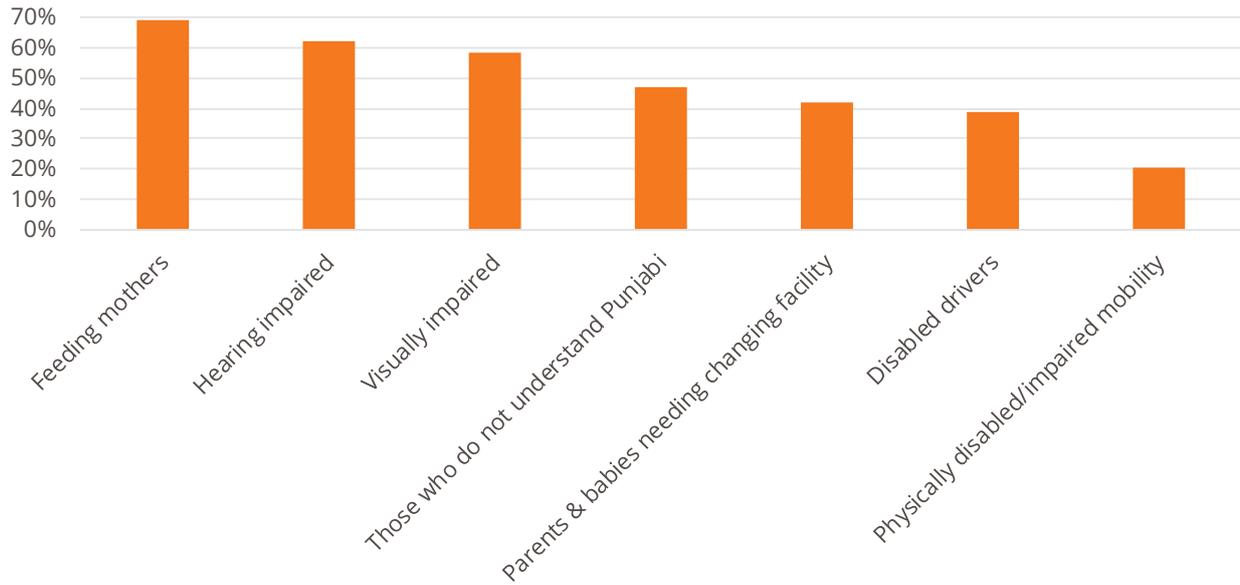
**Figure 39: How content are you with the selection process for your Gurdwara management?**



### Disadvantaged Groups

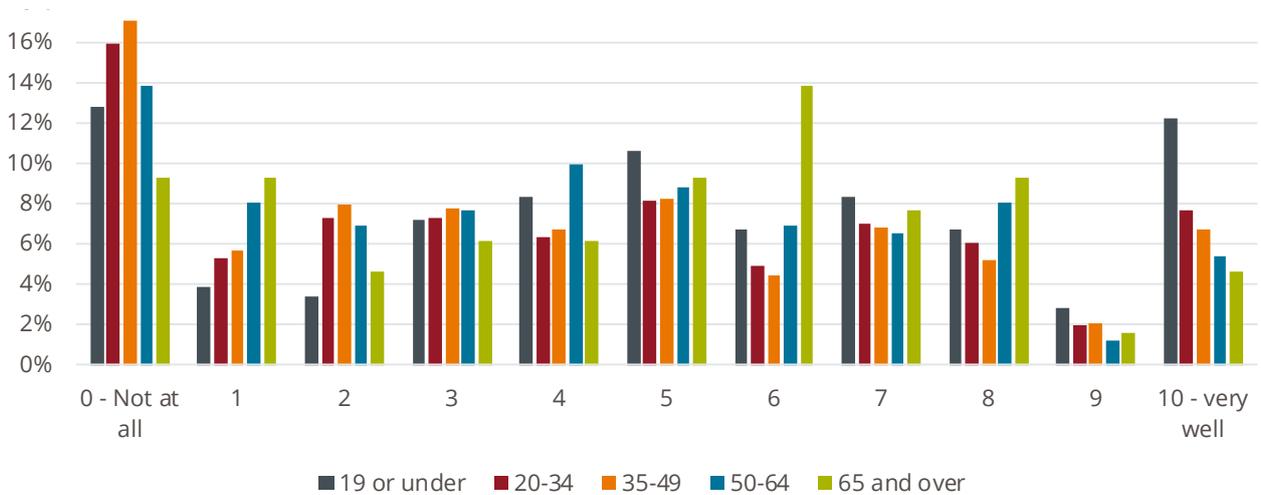
The survey asked whether Gurdwaras were equipped to provide services for people with different needs. 69% of respondents did not feel that the Gurdwara catered for feeding mothers, 62% the hearing impaired and 58% the visually impaired. Also a large number of people (47%) did not feel the Gurdwara was equipped for people who did not understand Punjabi or had adequate changing facilities. Only 21% felt that the Gurdwara did not cater well for physically disabled or those with impaired mobility, and 39% felt that the needs of disabled drivers were not met.

**Figure 40: Is your Gurdwara suitably equipped for these services? - No**



Overall, respondents felt that their management committee did not fully reflect the Sangat in terms of women, young people or the disabled, although there was a wide spread of views. The range of opinions probably reflects new and more effective committees that are now in control of some Gurdwara, while others are continuing to do things less well and in the way they have always done it.

**Figure 41: Does your Gurdwara committee reflect the Sangat in terms of young people?**

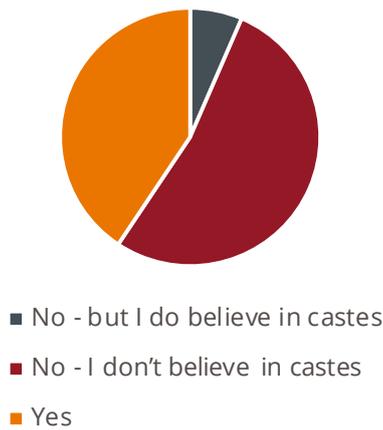


# ATTITUDE TOWARDS CASTE ISSUES

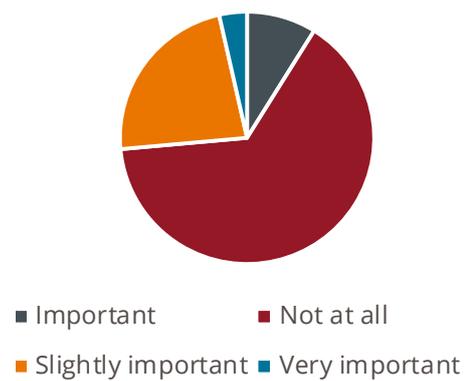
When Guru Nanak Dev Ji first espoused his version of the ideal spiritual path, one of its primary aims was to ensure that all people were viewed as equal, be it on the basis of gender, caste, social status, or race. While this noble intention remains a basic tenet of Sikhi, as evidenced by the concepts of Seva, Langar, and the Khalsa, Punjabi cultural norms still lead many British Sikhs to identify with a caste, usually based upon the occupation of previous generations; this is evidenced by the fact that 81% - as opposed to 100% - of Amritdhari respondents did not identify with a caste, and of those, 7% still believed in a caste system.

Results of our survey overall are encouraging, showing that over half of all respondents do not believe in a caste system, and almost two-thirds do not consider it to be important; only 13% considered caste to be important, or very important. Women were more likely than men to identify with a caste (46% of women and 35% of men respectively), but the results became more equal when considering its importance. Somewhat surprisingly, those aged 50 – 64 were least likely to identify with a caste, or to consider it important.

**Figure 42: Identification with a caste**

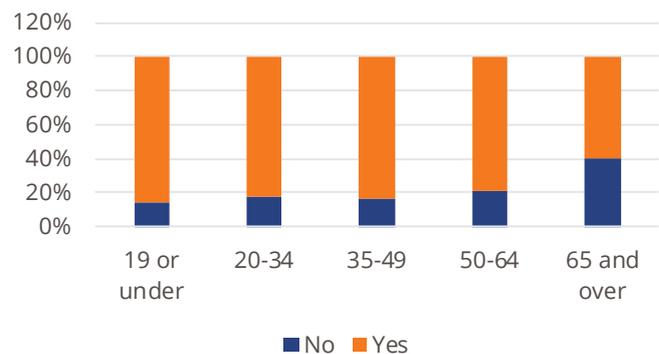
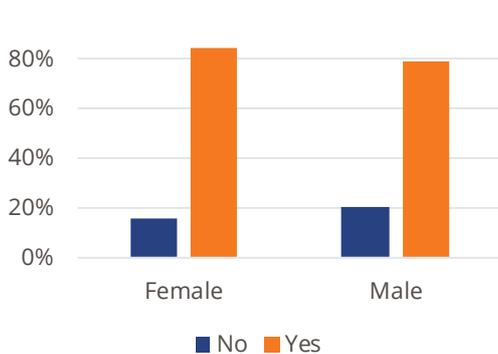


**Figure 43: Importance of caste**



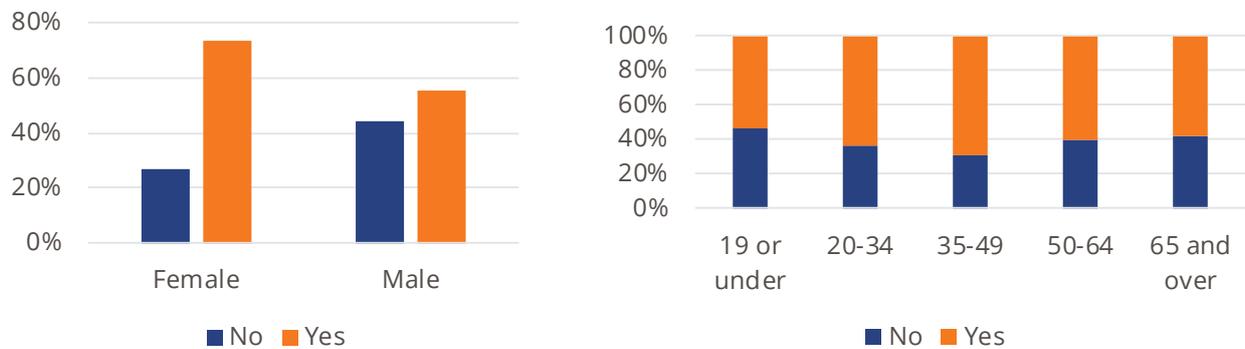
Women are more likely than men to be comfortable with someone they know marrying someone of a different caste (85% of women and 79% of men respectively), but both genders are overwhelmingly in favour. Unsurprisingly the older the respondents, the less likely they were to be in favour, but 60% of those aged 65 and over were still comfortable with the idea.

**Figures 44 and 45: Comfort with marriage someone of a different cast, by gender and by age**



When it comes to marrying someone from a non-Sikh background, there is a drop of almost 20% when compared to those in favour of marriage outside of caste (82% vs 64% respectively); 55% of men, and 73% of women are comfortable with the idea. Those aged 19 or under are the age group least likely to be comfortable with marriage to someone from a non-Sikh background. One would expect modern attitudes to prevail in the younger generation, but this result suggests there has been a trend towards religious affiliation that is opposed to the idea of marriage outside of the religion.

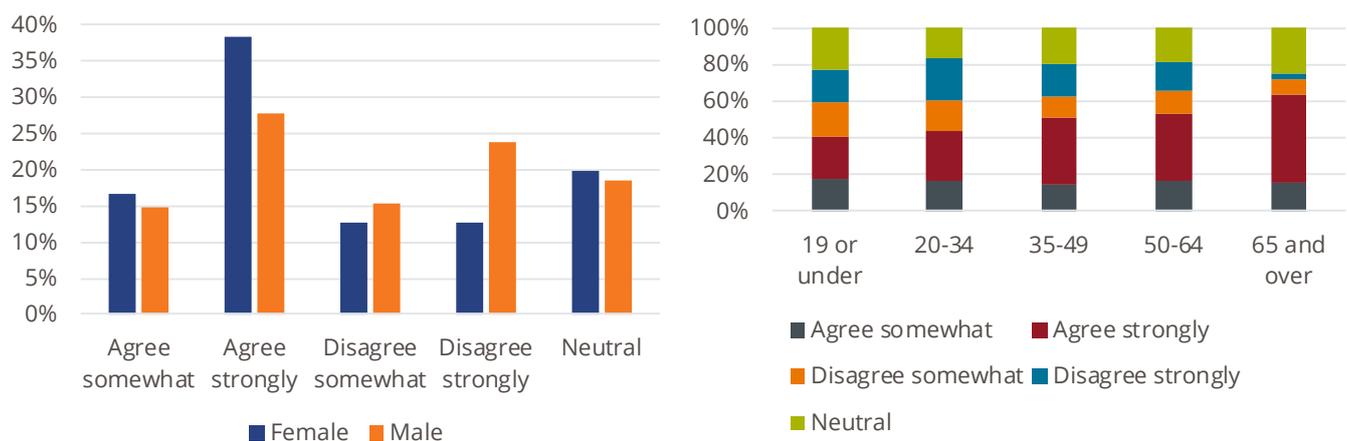
**Figures 46 and 47: Comfort with marriage to someone of a non-Sikh background, by gender and by age**



While 64% of respondents overall who expressed an opinion would be happy for a relative to marry a non-Sikh, only 48% of them would be happy for this to happen with an Anand Karaj, with women more in favour than men. Interestingly, the older the respondents, the more likely they were to be comfortable with an Anand Karaj between a Sikh and a non-Sikh; this may perhaps reflect the thought that the non-Sikh will be introduced to Sikhi, or that the Sikh partner is maintaining an attachment to his/her religion.

28% of all respondents were not comfortable with a close relative marrying someone of a non-Sikh background. However, 38% of Amritdhari Sikhs, who comprise 10% of all British Sikhs, were not comfortable. Furthermore, while only 32% of all British Sikhs disagree somewhat or strongly to such a couple having an Anand Karaj in a Gurdwara, 62% of Amritdhari British Sikhs have such views.

**Figures 48 and 49: Comfort with Anand Karaj to someone of a non-Sikh background, by gender and by age**



# ACKNOWLEDGEMENTS

Thank you to all of the members of the BSR Team, without whom the BSR would never have come to fruition. Particular thanks for in-depth research and analysis go to: Gurbachan Singh Jandu, Gurmit Kaur, Hardeep Singh Sagoo, Harminder Kaur, Hartej Singh, Kirandeep Kaur Grewal, Meeno Kaur Chawla, Tejinder Sahota.

Thank you to Dr Jagbir Jhutti-Johal for her thought-providing article.

Thank you to our partner organisations for their support in the promotion of the report, including City Sikhs, Sikh Council UK, and Akaal Channel amongst many others.

Thank you to Raj Singh Tattal for allowing us to use one of his drawings, on page 11.

Thank you to Gagan Sadana and Jagdev Singh Virdee for providing us with images.

Thanks also to all of our many supporters for insight, assistance and inspiration over the past year.

Finally, special thanks go to Jagdev Singh Virdee, our Editor, for his much valued guidance and direction on the continuous improvement of the BSR.



# BRITISH SIKH REPORT 2018

The British Sikh Report (BSR) has been published annually since 2013. It is based on a survey of Sikhs living in the UK, gathering information about views on their faith, and on topical British issues – political, economical, social and cultural.

**British Sikh Report website: <http://www.britishsikhreport.org>**

Previous reports:



# How British Sikhs identify themselves





Akaal