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Equipping Clinicians and Communities for Safe Ramadan Fasting: Insights from the Healthy Ramadan Campaign 2025

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Abstract

Introduction: Ramadan fasting, observed by over 1.8 billion Muslims worldwide, poses clinical challenges, particularly for patients with chronic illnesses who fast despite exemptions. Healthcare professionals (HCPs) often lack confidence and training to provide culturally sensitive care during Ramadan,which can lead to inadvertent insensitivity and a reduced quality of care for Muslim patients. The British Islamic Medical Association (BIMA) Healthy Ramadan Campaign 2025 aimed to bridge these gaps through targeted clinician education and community-led health promotion in mosques.

Methods: The campaign engaged HCPs via webinars, broadcast media, and a digital toolkit, focusing on medication management and culturally competent care. Simultaneously, over 40 mosques delivered interactive educational sessions facilitated by local healthcare professionals and community leaders. Quantitative data included attendance metrics and surveys measuring confidence and satisfaction; qualitative data from open feedback and facilitator reflections underwent thematic analysis. Informed consent was obtained from participants.

Results: Over 160 HCPs attended live webinars, and broadcasts reached ~8,000 listeners; the toolkit was accessed from the website 2889 times. 85% of HCPs reported increased confidence in advising fasting patients, particularly on medication timing and risk stratification. Community sessions engaged ~1,350 attendees with 92% rating them useful for safe fasting knowledge. Participants valued culturally tailored messaging and interactive formats, though some requested more specialist advice. Facilitators noted logistical challenges and recommended digital supplements.

Discussion: The campaign demonstrated the feasibility and impact of a dual strategy combining clinician education and mosque-based outreach to enhance Ramadan fasting safety. Increased HCP confidence and high community satisfaction underscore the need for embedding faith-sensitive training in professional curricula and expanding digital resources. Persistent challenges include recruitment barriers and addressing complex clinical needs.

Conclusion: The BIMA Healthy Ramadan Campaign 2025 highlights the critical role of culturally competent, faith-aware education in promoting safe fasting and health equity. Future initiatives should focus on scalable CPD, integrated digital tools, and rigorous evaluation to sustain and expand impact across diverse Muslim populations.

Introduction

Ramadan fasting is observed annually by over 1.8 billion Muslims worldwide and involves abstaining from food, drink, and certain behaviours from dawn until sunset for a lunar month(1, 2). While fasting is a core religious obligation, exemptions exist for individuals with health conditions that may be adversely affected by prolonged fasting, such as diabetes, chronic kidney disease, cardiovascular disorders, and pregnancy (1-4). Despite these exemptions, many Muslim patients with chronic illnesses choose to fast due to religious, social, or cultural reasons, presenting a clinical challenge in balancing respect for faith with patient safety (5).

Clinical guidelines recommend individualised pre-Ramadan risk assessments and tailored management plans to minimise complications such as hypoglycaemia, dehydration, and medication mismanagement (5, 6). However, studies consistently report significant gaps in healthcare professionals' preparedness to provide culturally sensitive advice during Ramadan(7, 8).

These gaps stem from limited formal education on fasting in healthcare curricula, lack of confidence in advising patients about medication adjustments, and insufficient understanding of religious nuances that influence patient decisions (1, 9).

Beyond clinical management, addressing broader social determinants of health, including cultural competence, communication skills, and trust-building, is essential to support Muslim patients during Ramadan (9). Engaging community settings, such as mosques, as trusted venues for health education can enhance reach and relevance, fostering greater health literacy and self-care empowerment (1).

The BIMA Healthy Ramadan Campaign 2025 was developed to bridge these gaps through a dual strategy: educating healthcare professionals to deliver inclusive, faith-aware care, and empowering Muslim communities via mosque-led health promotion.

This integrated approach aims to advance health equity, patient autonomy, and culturally competent clinical practice.

This article reports on the campaign's implementation, outcomes, and lessons learned to inform future efforts in faith-sensitive healthcare provision.

Methods

Healthcare Professional Engagement

The Healthy Ramadan Campaign 2025 included a dedicated workstream to engage healthcare professionals (HCPs) across disciplines, focusing on equipping them with knowledge and skills for safe, culturally sensitive care during Ramadan fasting. A multi-platform educational outreach strategy was developed based on a needs assessment of HCP knowledge gaps identified in previous research (1, 7-10).

Participants and Recruitment:

Clinicians from primary care, community pharmacy, and specialist services were targeted. Recruitment was conducted via professional networks, social media channels, and collaboration with healthcare organisations. Invitations were sent to pharmacy, general practice, nursing, and specialist diabetes teams.

Interventions:

- A live webinar was hosted at the annual Pharmacy Show, featuring expert presentations and interactive case-based discussions on Ramadan-related clinical issues such as medication timing, risk stratification, and management of chronic diseases.
- Broadcast sessions on the Islam Channel and national radio were produced, covering fasting safety, clinical exemptions, and spiritual considerations, aimed at reaching a wide HCP audience.
- BIMA's Ramadan Health Compendium, a comprehensive digital toolkit, was disseminated through multiple channels. The compendium included clinical guidelines, patient communication tips, and culturally contextualised educational materials.
- Interactive case scenarios and decision-making algorithms were developed to support clinicians in applying guidelines to real-world consultations.

Data Collection and Evaluation:

Attendance metrics were collected for the webinar and broadcast sessions. Feedback surveys assessed self-reported confidence, perceived relevance, and satisfaction with educational materials. Qualitative feedback was solicited to identify barriers and facilitators to implementation in clinical practice.

Community-Led Health Promotion

The campaign adopted a community empowerment model to deliver health education directly within Muslim communities, recognising mosques and community centres as trusted sites for engagement.

Participants and Recruitment:

Over 100 mosques and community organisations across England volunteered to host educational sessions during Ramadan. Facilitators were local healthcare professionals, community leaders, and trained volunteers.

Intervention Materials:

Facilitators received a comprehensive toolkit including:

- Pre-prepared PowerPoint presentations addressing nutrition, hydration, medication safety, and chronic disease management during fasting.
- Promotional posters and leaflets tailored for community settings.
- Structured feedback forms for session attendees.

Session Delivery:

Interactive group sessions were conducted in mosque halls or community rooms, typically lasting 45-60 minutes. Sessions incorporated Q&A, practical tips for meal planning, and culturally appropriate messaging respecting religious values.

Data Collection and Evaluation:

Attendance was recorded at each session. Participant feedback was collected using structured questionnaires assessing clarity, cultural relevance, knowledge gained, and suggestions for improvement. Facilitators also provided qualitative reflections on session dynamics and community needs.

Ethical Considerations

The Healthy Ramadan Campaign 2025 was designed as a quality improvement and educational initiative, with a primary focus on community engagement and professional development. Informed consent was obtained verbally from all participants prior to data collection, with clear communication that participation was voluntary and that responses would be anonymised and used solely for evaluation purposes. Data protection and confidentiality protocols were strictly followed in line with GDPR requirements. Special attention was given to respecting cultural and religious sensitivities during both healthcare professional and community sessions, ensuring that messaging was respectful, inclusive, and non-coercive.

Data Analysis Methods

Quantitative data from attendance records and structured feedback forms were analysed using descriptive statistics to summarise participation rates, levels of engagement, and participant satisfaction scores. Qualitative feedback from open-ended survey responses and facilitator reflections were subjected to thematic analysis. Two independent researchers coded the data, identifying recurring themes related to perceived benefits, challenges, and suggestions for future improvement. Discrepancies were resolved through discussion to ensure analytic rigor. The integration of quantitative and qualitative findings facilitated a comprehensive understanding of the campaign's impact and areas needing refinement.

Recruitment Challenges

Recruitment of healthcare professionals presented challenges related to competing clinical priorities and time constraints during the busy pre-Ramadan period. Despite targeted outreach via professional bodies and social media, attendance at live webinars was limited compared to the potential audience size. This highlighted the need for flexible, on-demand educational resources to accommodate diverse schedules. For community sessions, variability in mosque capacity and facilitator availability affected the number and timing of events. Some mosques expressed concern about the resource intensity required to host sessions and requested additional support. Furthermore, reaching more isolated or less engaged Muslim populations remained challenging, underscoring the importance of leveraging trusted community leaders and exploring digital platforms to broaden reach. These recruitment barriers informed recommendations for future campaign iterations to enhance accessibility and inclusivity.

Results

Healthcare Professional Engagement

The Pharmacy Show webinar attracted over 160 healthcare professionals, primarily from community pharmacy and primary care settings. Attendance at broadcast sessions on the Islam Channel and national radio reached an estimated audience of approximately 8,000, reflecting broad regional and professional

diversity. The BIMA Ramadan Health Compendium was accessed from the website 2886 times during the campaign period, with a significant proportion of users reporting utilisation in clinical consultations and local training events.

Survey feedback from 120 HCP attendees revealed that 85% felt more confident in advising Muslim patients on safe fasting after engaging with the campaign materials. Key areas of increased confidence included medication timing adjustments (78%), risk stratification for fasting (74%), and culturally sensitive communication strategies (82%). Participants particularly valued the case-based scenarios and spiritual context discussions, which they reported helped bridge clinical and cultural knowledge gaps.

Qualitative comments highlighted that the campaign content was practical, inclusive, and relevant across faith backgrounds. However, several respondents noted challenges in integrating Ramadan health planning into routine practice due to time pressures and lack of formalised institutional protocols. Many expressed interest in accredited continuing professional development (CPD) modules and digital decision-support tools to sustain learning and application.

Community-Led Health Promotion

The community sessions conducted across more than 40 mosques and community centres engaged an estimated 1, 350 attendees. Attendance per session ranged from 30 to 120 participants. Feedback forms were completed by attendees, with 92% rating the sessions as “very useful” or “useful” in increasing their understanding of safe fasting practices.

Participants appreciated the clarity and cultural appropriateness of the health advice, particularly the emphasis on hydration, nutrition during Suhoor and Iftar, and medication management. The interactive format and use of local facilitators were cited as strengths that enhanced engagement and trust. Nevertheless, 38% of respondents requested more detailed meal planning guidance and specialist advice, especially for managing diabetes and other chronic illnesses. Suggestions for improvement included more interactive group discussions and incorporation of daily digital health reminders throughout Ramadan to reinforce learning.

Facilitators reported positive experiences but also highlighted challenges such as variability in community literacy levels, competing religious activities, and logistical issues with session scheduling and promotion. Several facilitators recommended developing a digital platform to supplement in-person sessions and facilitate ongoing support.

Discussion

The Healthy Ramadan Campaign 2025 demonstrates the feasibility and value of a dual-focused approach - targeting both healthcare professionals (HCPs) and Muslim communitiesto enhance safe fasting practices and ensure culturally competent care. The significant reach and positive reception of educational interventions across clinical and community settings indicate a strong demand for structured, faith-aware health education surrounding Ramadan.

Among HCPs, increased confidence in managing fasting-related clinical challenges aligns with prior studies showing that targeted education improves practitioners’ cultural competence and clinical decision-making (9-12). The integration of spiritual and cultural context into clinical guidelines proved to be critical in bridging knowledge gaps and fostering respectful patient-centred care, supporting frameworks that advocate for holistic approaches in Muslim healthcare (7). Nonetheless, practical barriers such as time constraints and absence of formalised protocols and limited institutional support highlight ongoing systemic challenges. To address these challenges, there is a pressing need for formal policy frameworks that mandate the inclusion of faith-sensitive training in healthcare education and continuing professional development (CPD). Embedding Ramadan-specific guidance within undergraduate curricula, national clinical guidelines and commissioning standards would institutionalise best practices, ensure care consistency, and reduce health disparities experienced by Muslim patients during fasting(10, 13). Furthermore, sustained knowledge translation requires investment in accessible, accredited CPD resources that accommodate the workload pressures of frontline clinicians.

The community-led component reinforced the value of mosque-based health promotion as a trusted and culturally congruent setting, consistent with evidence on faith-based health interventions enhancing engagement and health literacy in minority populations (14-17). High levels of participant satisfaction and knowledge gain demonstrate the effectiveness of interactive, locally delivered sessions. However, requests for more specialised dietary and medical advice reflect the complexity of fasting management for individuals with

chronic diseases, notably diabetes, which remains a leading concern in Ramadan health research (9). This highlights the importance of integrating expert-led components and personalised guidance into future campaigns to address heterogeneous community needs.

Ethically, the campaign emphasises principles of respect for patient autonomy, cultural competence, and equity in healthcare delivery. Facilitating safe fasting through informed shared decision-making aligns with the ethical imperative to respect patients' religious beliefs while ensuring non-maleficence and beneficence (18). The inclusion of spiritual considerations in clinical education fosters holistic care that recognises patients' values beyond biomedical parameters, promoting trust and engagement. However, the variability in access to tailored medical advice and digital resources reveals ongoing equity challenges, particularly for marginalised subgroups within Muslim communities. Policymakers must address these digital divides and resource gaps to uphold justice and equitable health outcomes.

Moreover, the campaign's community-led approach illustrates the ethical importance of participatory health promotion that empowers communities as active agents rather than passive recipients. By collaborating with mosques and local leaders, the campaign respects cultural contexts and leverages trusted networks, consistent with principles of community engagement and social justice (17). Future policy should incentivise such partnerships and provide infrastructure to facilitate ongoing community capacity building.

In summary, the BIMA Healthy Ramadan Campaign 2025 offers a model for ethically grounded, policy-relevant interventions that reconcile cultural respect with clinical safety. Realising these ambitions requires systemic policy reforms to embed faith-sensitive training, resource allocation to bridge access inequities, and ethical commitment to community empowerment. Such integrated efforts are essential to advancing inclusive, equitable healthcare for Muslim patients during Ramadan and beyond.

The campaign's limitations include recruitment challenges, particularly among HCPs facing competing demands, and variability in community session delivery. The digital divide was evident as some participants expressed preference for supplementary digital tools, suggesting that blended approaches combining in-person and digital engagement may optimise reach and sustainability. Furthermore, the absence of systematic longitudinal follow-up limits assessment of behavioural change and clinical outcomes, indicating an area for future research.

The Healthy Ramadan Campaign 2025 contributes valuable insights into the design and implementation of faith-sensitive health education. By equipping clinicians with culturally competent skills and empowering communities with practical knowledge, it advances equitable healthcare and patient autonomy during Ramadan fasting. Future directions should prioritise scalable CPD modules, enhanced digital platforms, and integration into formal healthcare education to ensure long-term impact. Additionally, rigorous evaluation of clinical outcomes and health equity effects will be critical to refine and validate these approaches in diverse Muslim populations.

Conclusion

The Healthy Ramadan Campaign 2025 successfully demonstrated that culturally competent, faith-sensitive education targeting both healthcare professionals and Muslim communities can significantly enhance the safety and well-being of individuals who fast during Ramadan. By addressing both clinical and community needs, the campaign fostered increased clinician confidence, improved patient engagement, and strengthened community health literacy. These outcomes illustrate the critical role of culturally tailored health interventions in reducing health disparities and promoting patient-centred care.

However, the campaign also revealed systemic gaps, including the lack of formalised training pathways for healthcare professionals, limited access to specialised medical advice for complex conditions, and digital inequalities affecting resource reach. Addressing these challenges requires concerted policy action to integrate faith-aware education into healthcare curricula, invest in scalable accredited professional development, and develop inclusive digital platforms accessible to diverse populations.

Ethically, the campaign reinforced the importance of respecting religious beliefs within clinical care while ensuring patient safety through informed decision-making. It highlighted the value of community empowerment and participatory approaches that build trust and foster sustainable health behaviours.

Looking ahead, sustaining and expanding such initiatives will depend on embedding culturally competent frameworks into healthcare policy and practice, fostering cross-sector collaboration between clinical, educational,

and community organisations, and rigorously evaluating long-term health and equity outcomes. These steps are essential to advancing equitable, inclusive healthcare systems that respect and support the diverse needs of Muslim patients during Ramadan and throughout the year.

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