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Faith and Culturally-Aware Women's Health Education: Insights from Community and Healthcare Engagement

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Background

Women from ethnically diverse communities frequently face barriers to preventative healthcare, including stigma, low symptom awareness, and limited access to culturally relevant health information.[1,3,4]Faith and community settings may provide trusted environments for delivering health education and improving engagement with healthcare services, particularly among underserved populations.[3,4]

- Low awareness of NHS prevention services in the community.[6]
- Core20PLUS5 highlights the need to reduce health inequalities.[2]
- Closing the women's health gap represents a $1 trillion global opportunity.[5]

The project explored how culturally-aware women's health education can improve awareness, trust, and healthcare engagement among women from community and faith-based settings.

Methods

ThriveHer.Clinic delivered culturally and faith-aware educational initiatives between August 2025 and February 2026.

Activities included:

- Community workshop at Oadby Community Centre (n = 50)
- Women's health workshop at Al-Falah Mosque, Birmingham (n = 25)
- Online Ramadan Roots women's health webinar (n = 110)
- Healthcare Professional (HCP) webinar in collaboration with MAPAS, UK & USA (n ≈ 30)

Evaluation included pre/post surveys and a "Your Voice Matters" community needs assessment survey.[6]Approximately 280womenparticipated across all activities.

Results

Key findings from surveys and feedback included:

- 83.3% planned to make a health behaviour change after sessions.
- 80.6% most requested feature: Islamic health perspective.
- 54.8% requested culturally sensitive health information.
- 100% wanted health checks offered during sessions.
- 56.5% reported feeling dismissed or misunderstood by a healthcare professional.
- Participants reported increased confidence in recognising red-flag symptoms after workshops.
- Awareness of NHS health checks improved following educational sessions.

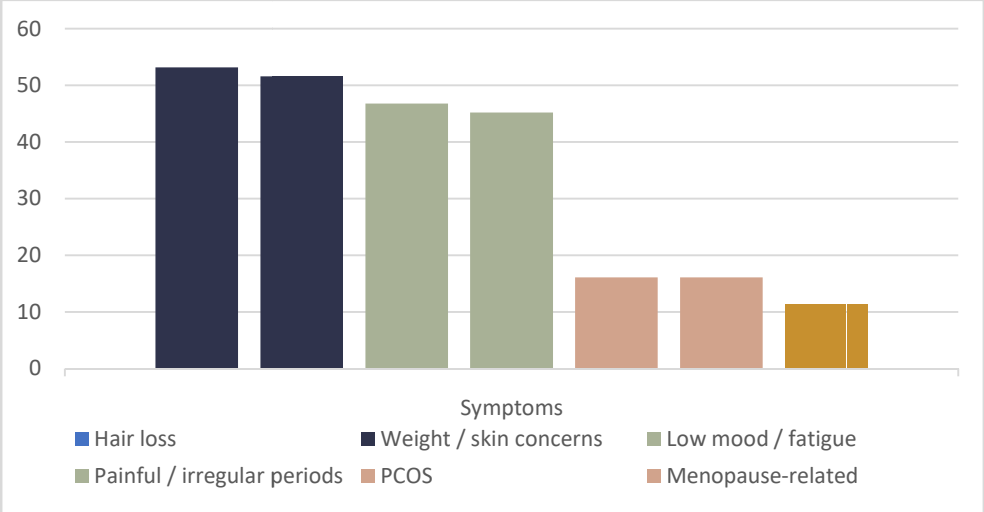

Figure 1. Symptom burden reported in the community survey (n=62)

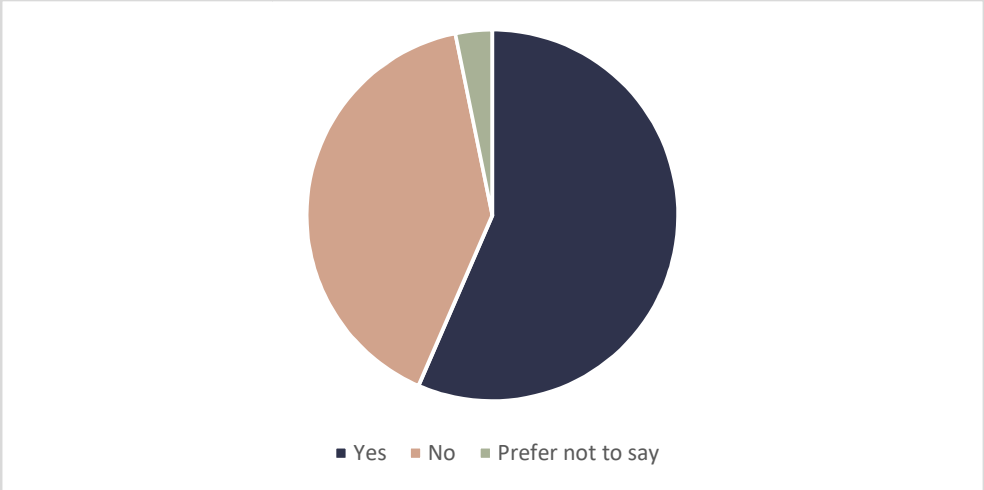

Figure 2. Proportion who felt dismissed or misunderstood by a health professional (n=62)

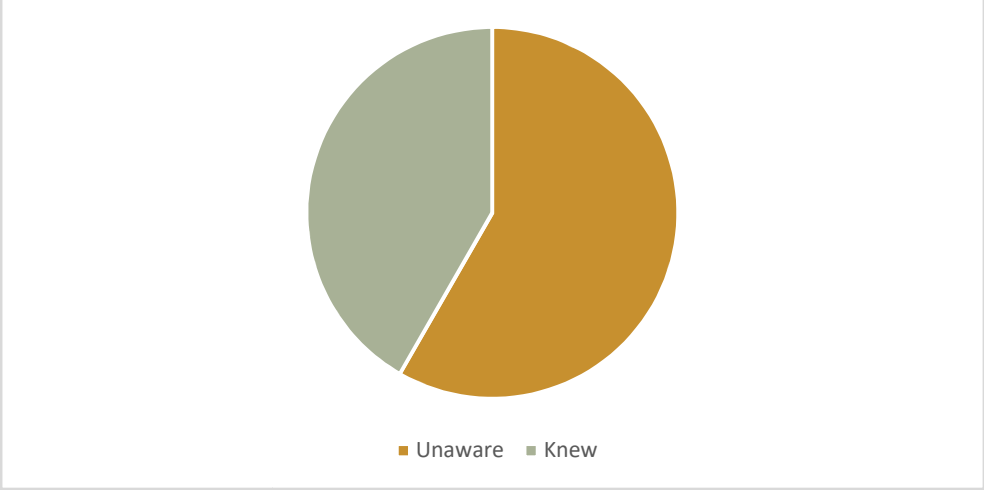

Figure 3. Awareness of NHS Health Checks before the session (n=12)

Community Voices

Selected responses from post-session surveys: [7,8]

"Women's health concerns are too often dismissed."
"Listen to the patient better."
"Training needed for culturally appropriate care."
"Do not dismiss Muslim women – hear them."
"Equal access to funding for awareness and health promotion is needed."

Healthcare Professional Webinar Feedback

Participants described speakers as

- "Competent, credible and confident in delivery".
- "Very informative webinar – topics directly applicable to clinical practice".
- "More webinars to provide up-to-date evidence-based practice guidance."

Service Demand

Requested services and support included:

- Islamic health perspectives(80.6%)
- Doctor-led guidance (64.5%)
- One-to-one consultations (64.5%)
- Mobile health platforms (56.5%)
- Culturally sensitive information (54.8%)

Key Message

Culturally and faith-aware women's health education improves trust, awareness, and engagement with preventative healthcare in underserved women. The findings highlight both an awareness gap regarding NHS services and a trust gap related to dismissal and lack of cultural relevance.

NHS Relevance

The findings support NHS Core20PLUS5 priorities by:

- Improving prevention engagement. [1,3,4]
- Highlightingthe NHS Health Check awareness gap. [6,8]
- Supporting future models combining community education with health checks and digital follow-up.
- Providing scalable community-based models for preventive healthcare delivery.

Future Directions

Future recommendations include:

- Scaling the model through community and digital delivery.
- Integrating simple health checks into future workshops.
- Evaluating long-term impact on service awareness and health behaviours.
- Supporting future grant and NHS partnership applications using this evidence base.

Conclusion

These findings suggest that culturally and faith-aware women's health education delivered through community, faith, and professional networks is feasible, well-received, and may support behaviour change, knowledge dissemination, and awareness of preventative healthcare pathways among underserved women.

References

1. Department of Health and Social Care. Women's Health Strategy for England. London: DHSC; 2022.

2. NHS England. Core20PLUS5: An approach to reducing healthcare inequalities. London: NHS England; 2021.

3. Joo JY, Liu MF. Culturally tailored interventions for ethnic minorities: a scoping review. Nurs Open. 2021;8(5):2078–2090.

4. Singh H, Cummings E, Mohiuddin S, et al. Community-based culturally tailored education programs. Int J Equity Health. 2023;22:226.

5. McKinsey Health Institute. Closing the women's health gap: a $1 trillion opportunity. McKinsey; 2024.

6. ThriveHer Clinic. Your Voice Matters community needs-assessment survey (n=65). ThriveHer Ltd; 2025.

ISSN 2634 8071

7. ThriveHer Clinic. Post-session feedback: From Menstruation to Menopause workshop (n=14). ThriveHer Ltd; 2025–2026.

8. ThriveHer Clinic. Post-session feedback: Ramadan Health Workshop (n=12). ThriveHer Ltd; 2026.