



Muslim Women and Health Services



Muslim Women's Network UK



The Muslim Women's Network (MWNUK) is an independent national network of individual Muslim women and Muslim women's organisations across the UK. Membership is open to women living and working in the Muslim community and is not focused on a specific ethnic community, religious sect within Islam, political allegiance or geographical affiliation. Members work in voluntary sector groups that provide support services for women; within the government sectors of education, health and local government; and is independent researchers, academics and business women.

The vision of MWNUK is of a society where Muslim women can have an effective voice and the opportunity to contribute equally and positively to wider society. The aim is therefore to provide a channel between Muslim women and the government through which MWNUK will bring the diverse views of Muslim women to Government on issues of importance to them, and ensure Muslim women are involved in national policy and decision-making processes relevant to their lives. Network also provides a platform for Muslim women to network and share knowledge, skills and experiences on a wide range of issues by working together to bring about positive change in their lives and in their communities.



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Section 1: Introduction

On 7 December 2006 the Women's National Commission (WNC) and the Muslim Women's Network (MWN) launched the report 'She Who Disputes – Muslim Women Shape the Debate'. The report was the result of a year long exercise which took place across 5 cities in England, where Muslim Women themselves set the agenda.

During the listening exercises a number of issues were raised in relation to the health services including GP confidentiality, access to interpreters, sexual and reproductive health, communication and access to faith sensitive services.

This report builds on the findings of the broader listening exercises and its purpose will be to listen and develop solutions to the issues in conjunction with local PCTs and to build on their existing outreach work.

The report seeks to lay out the unmediated and authentic voices of Muslim women but with a focus on developing solutions and highlighting best practice. The women's voices and concerns have been thematically grouped into 5 sections.



A number of people deserve to be thanked for their hard work and commitment to this project. In particular The Forum for Advocacy, Training and Information in a Multicultural Arena (FATIMA), the Muslim Women's Network UK (MWN UK) and the Women's National Commission should be thanked for their commitment in bringing the concerns of Muslim women to the fore. Thanks are also due to the facilitators of the workshops: Dr Bano Murtuja, Sabiha Rashid, Firoza Patel, Leyla Hussain and Komal Adris.

Most importantly, thanks are due to all the women that so generously gave up their time to attend the workshops and contributed to this document. Finally thanks is due to Dr Bano Murtuja for writing the report.

Section 2: Methodology

Building on the She Who Dispute listening exercises and concerns raised MWN carried out a series of small facilitated workshops in Blackburn and Bolton with a wide variety of Muslim women. These workshops saw Muslim women themselves set the agenda, based on agreed ground rules and respect for others.

Muslim women were invited to the workshops through a series of methods including direct communication via pre-established links and networks, local partners and women's organisations, posters and leafleting.

Blackburn and Bolton were selected as appropriate towns because of the size of the Muslim populations, health indicators and pre-existing networks.



Two half day workshops were held in Blackburn and Bolton January, with over 40 women. The workshops were broken down into a series of small focus groups that provided women with the opportunity to discuss, often sensitive and personal issues in a safe and comfortable environment.

In keeping with the agenda setting methodology the workshops were divided

into 4 parts with no further direction on what the conversation should entail.

The 4 parts were:

- Women's Health Concerns?
- Concerns specific to Muslim Women?
- Concerns specific to you?
- Solutions?

Each focus group was joined by a facilitator. The role of the facilitator was to take notes of the discussion as well as ensuring everyone had an opportunity to put their opinions forward and the principle of respecting one another and not speaking for one another were adhered to.

Notwithstanding the safe space in which to discuss concerns, and the open agenda there remain issues and concerns women will not feel completely comfortable in addressing, or even

raising, in public. In order to ensure that these issues, which are often the least dealt with because of their covert nature, a suggestions box and a suggestions Dictaphone were employed. Women were encouraged to put any such concerns either in writing or to speak them onto the Dictaphone – so as not to presume written literacy. This method proved to be very popular, not only with women present but also with women who wanted

to attend but were unable to due to personal circumstances. A number of women came to the event only to drop off written concerns that they wished to air. All of the suggestions have been incorporated in the report below.

The workshops were attended by women of different ethnicities: Pakistani, Indian, Somalian and East African Indian. The youngest woman attending was 19 and the eldest over the age of 60. 4 of the women had a declared impairment.

Section 3: Health Care Provision

3.1 Infrastructure

Women spoke extensively about the difficulties caused by the health care structures. Many felt measures to improve health care services such as specialist 'super' hospitals and 'efficient appointments' have resulted in a disproportionately negative impact upon Muslim women who may not have the means to travel to hospitals in different towns or cities or to communicate their needs effectively within over-complicated systems.

It was felt that the consultations that take place before putting into place structural changes within the health care system did not make adequate provisions to hear the voices of women from Black and Minority ethnic heritage, many of whom, in areas such as Blackburn and Bolton, are also of the Muslim faith. Such neglect from the outset of policy development results in a pervasive gap within the capacity of services to meet the needs of diverse Muslim populations. There is also a sense that failures within the system are more pronounced in areas where there are greater BME communities.

Almost all the women mentioned the failure of religious institutes within

communities such as Mosques or Madrassas to act as service providers, conduits to service providers, or even to assist in signposting. The lack of community provision is being compounded by the increasing inaccessibility of community centres.

Accessing Health Care Services

"GPs have open surgeries now, but people jump the queues because they know people. It's a poor service"

Blackburn

"Its really difficult accessing health care workers like doctors. I understand that we're running out of money, but even when your making an appointment, they give you an appointment next week and then don't listen when you tell them. They just say go home and have paracetamol".

Blackburn

"They built this huge hospital and its just a shell, there's nothing in it. We travel to Bolton. The majority of dialysis patients are Asian and are here in Blackburn and we have to travel to Preston and Bolton".

Blackburn

"They didn't ask us about all these changes. They told everyone they had but they hadn't"

Blackburn

Healthcare **do** have some good services but GP's don't always offer options.

Bolton

Lack of child care facilities for in health services.

Blackburn

Declining Standards

"Doctors don't care anymore, they don't even check, they won't look to see what you may need. They just say come back in 6 months. No explaining, nothing".

Blackburn

"The merger is awful, the so called merger, it's put a lot of pressure on doctors. If you have an accident here you have to go to Blackburn for A & E and by then you could be dead"

Bolton

"Language is a barrier to accessing health care"

Blackburn

"My dentist hit a bone when he was doing a filling and it caused internal bleeding. My cheek swelled up, I can't hear, still have problems. I've been to dentist and doctor and nothing has happened. Need properly qualified doctors and dentists".

Blackburn

"Health and education was the backbone of this country. The system we have put into our whole lives is not working anymore. Schools with BME kids are failing. Hospitals where there are many BMEs are failing. Other areas are perfect.

Why?"

Blackburn

"We find it difficult to get appointments and diagnosis on time for things like anaemia, thalassaemia. These are higher in South Asian women than others, and can lead to depression, feeling down. But diagnosis is very late"

Bolton

Community Infrastructures

"Community centres are not suitable location"

Blackburn

"There is no support for women's health and their health concerns in mosques"

Blackburn

There are some facilities for women in mosques, activities, fundraising, hajj classes, bayan's¹ but these aren't linked to health.

Bolton

¹ Religious talks

““CVS wanted to ask women about cervical screening but found it hard to get in touch with them. They tried to go through mosques, but no luck; the men aren’t interested because they feel uncomfortable with sexual connotations”

Bolton

“We have enough community centres and we can’t use them. They are charging people. We wanted to do a charity day and they charged us. We had to come out of the community”.

Blackburn

“There are no women’s groups at the Mosque, only at one of the Mosques”

Bolton

“We used to have a toddler group at the NSPCC, but there is nowhere for us to go now, because there is not enough staff to man it. So there is this beautiful building that is empty and they won’t let us use it just because of staff. No one is interested.

Blackburn

3.2: Health Concerns

Women highlighted a wide spectrum of health concerns from Mental Health to the impact of sanitation. Although common to women from all communities the women drew attention to particular dimensions specific to Muslim women. A great deal of the discussion was dominated by concerns over Mental Health – what it means, why it is so

prevalent amongst women of South Asian heritage and the obstacles to gaining support or help.

Another major concern was that around lifestyle, particularly diet and weight. Some of the women highlighted the difficulty in making lifestyle changes when still occupying very traditional familial roles that required changes through out the family. The lack of external support, resources or services simply compounded difficulties in living a healthy life.

Drugs, alcohol and smoking were all highlighted as major sources of concern, particularly for young Muslim women. The stigma attached to drugs and alcohol within the Muslim community generally leads to drugs and alcohol not only being a health concern, but also one that impacts upon the inclusion of young people within the community.

A lack of knowledge around health concerns was cited by the vast majority of women as a major contributory factor to ill health and misdiagnosis. This lack of knowledge led to an inability to access services, difficulty in understanding ones’ own condition and how women could help themselves.

Mental Health

“There is a lot of stigma around mental health”

Bolton

“There is a lack of awareness around mental health issues – self harm, suicide, depression. There are still people saying it’s the evil eye or Jinn²”

Bolton

“Mental health is a taboo issue within the community”.

Bolton

“Depression within South Asian women is a huge problem but due to culturally related issues women find it very difficult to be able to do anything about this as they have important roles within the household. They are the ones who have to cook, clean look after the family children, and so most of the time put themselves as the least of the priority. Men don’t tend to understand much about depression and so therefore talking to husbands is just as difficult and so they tend to leave the problem until it becomes unbearable”.

Blackburn

“The majority of people suffer [mental health] in silence. ‘Izzat’³ is a huge barrier to addressing the problem. We should make more of an effort to access health services”.

Bolton

Lifestyle

² Supernatural beings

³ Familial and individual honour and reputation

“Our lifestyles are less healthy than they were before. There is less exercise, poor diet and more convenience foods”

Bolton

“We’re very concerned about our children’s diets. Children don’t appreciate home cooked meals”.

Bolton

“There is not enough resources for physical activities”.

Bolton

“ There are problems around weight issues and also difficult to find help because there are no free activities like exercise for both teenagers and older women”.

Blackburn

“Diet can be difficult to maintain around other members of the family it could be expensive making changes within cooking and also accepting changes which could affect the whole family”.

Blackburn

Knowledge

“Not enough awareness on health issues affecting within the community”

Blackburn

“There is a lack of knowledge about how to limit passing on germs, or preventing colds and flu”

Bolton

“We know very little about things like menopause, even PMT. Parents have little input in telling you about these things”

Bolton

“There are different types of depression post natal, menopause but find it very difficult to understand because of the lack of knowledge and awareness. This affects how we get help and support from health professionals and even help ourselves”

Blackburn

I was suffering from endometriosis, a condition that affects women only there is a huge lack of awareness and understanding of the disease. Due to not knowing what was happening I went to see doctors or consultants it was very difficult to communicate, understand, jargons and also due to language barrier. This had a huge impact on the length of the diagnosis that eventually I was told after extensive visits to both hospital and GP about condition.

Blackburn

“We have high prevalence of this disease and yet not enough awareness, we need more awareness between type1 and type 2. Health professionals should explain what type of diabetes patients have e.g. inherited”

Bolton

Drugs and Alcohol

“This is becoming a problem in the community – but they name and shame people in the mosque – especially girls away at university”

Bolton

“Drugs is a huge problem within our community. We need to open up more with our children and teenagers, talk to them need more activities, centres and essentially more ethnic workers who is qualified to do jobs and knows how to handle sensitive issues around drugs were its more culturally appropriate”.

Blackburn

“Women smoking is a disadvantage to the whole family as she is a role model, child bearing and looks after the house and also influences the children and so therefore will be more likely to be a secret smoker”.

Blackburn

“Girls are getting into drugs and alcohol College – university. At schools girls are suspended for drugs/alcohol. These serious issues are not being dealt with. We’re finding out from taxi drivers”

Bolton

“Mothers organised a drugs event in conjunction with the local police”

Bolton

“Community suffers more from drug and substance misuse. Drug dealers are coming in their cars to the mosques to sell drugs t young kids but you can’t bring these topics into the

mosques. I've been complaining to the mosques for years"

Bolton

Sanitation

"Blackburn is a deprived area. There is a lack of hygiene, dirty streets. Bin's are a huge problem. Bin's are taken every 2 weeks. Bin's filling up is leading to rats and bad smells in the streets"

Blackburn

3.3 Breaking the Taboo

Taboo subjects such as sexual health, sexuality, sexual abuse and domestic violence were all raised as concerns. It should be noted that the mention of these in an open, albeit safe environment, is an indication of significant concerns precisely because they are taboo. The stigma and silence associated with all of these concerns makes accessibility of services even more difficult and the need for culturally sensitive services imperative. It was in the context of these concerns that many participants raised confidentiality as a concern, elaborated upon further in the report below.

Many of the issues that result from domestic violence or sexual abuse remain hidden because of the unwillingness of the community to engage with the problems. Such denial can lead to increasing the vulnerability of those affected to the extent they are taken

advantage of further. The women were also keen to highlight the role of stigma within the community in contributing to the perpetuation of the problems.

Sexual Health

"There is a huge ignorance on sexual health within our community. Parents find it difficult to talk around these issues to their children and there should be more interaction between health professionals more communication should be made available in schools, nurses and parents regarding child development. Why focus on just 0-5 years olds it is just as important to maintain that during 5-16 yrs of age especially during puberty. Due to our culture south Asian children find it more difficult to communicate with parents at home when growing up! This leads to teenagers and behavioural problems etc."

Blackburn

"In schools youth are not allowed to attend sexual health classes"

Bolton

"Abortion is growing within the community and there is a fear within the community to tackle it or confront it"

Bolton

"Cervical screening isn't taken up because of embarrassment"

Bolton

“The community is in denial on HIV/AIDS”.

Bolton

Sexuality

“There are gay relationships in our community – mostly in London – but they are hidden”

Bolton

“Islam acknowledges homosexuality – but you need to suppress it, not act on it”

Blackburn

Domestic Violence

“Domestic violence is a personal problems – within the home. The government can’t do much if it’s a personal matter. Most people think it’s a personal problem so they don’t want any exposure. Muslim women are too scared to go out and share their problems”.

Blackburn

“Domestic violence is a big problem. Families are breaking down but you hide the problem because you’re scared of the community and their authority”

Bolton

Domestic violence is hidden within the community.

Bolton

Sexual Abuse

“Vulnerable women are being groomed by men in the family. They are being pimped out to feed things like drug habits”

Bolton

“I was seduced by a married man and forced to terminate my baby and get married because it was a teenage pregnancy”

Bolton

“Rape is a big issue – it may even be reported by the girls are not taking up the support offered because of stigma and shame”

Bolton

Am very concerned about pedophilia

Blackburn

3.4 Gender

Almost all the women raised concerns linked directly to gender. A lack of gender specific services went beyond preventing access to actually endangering lives – particularly in relation to pregnancy and child birth – where concerns around male health care professionals prevented some women from seeking advice for potential problems faced by unborn children.

Gendered roles within society gave rise to increasingly pressurised situations where some women felt they had to occupy multiple roles perfectly. Other women spoke of traditional gendered roles that

meant men continued to dominate public space that led to feelings of suppression and scape-goating in the private sphere. Women's own understanding of gendered roles also contributed to their own ill health.

Gender Specific Services

"Need to see more women doctors and nurses – need female health professionals"

Bolton

"Very difficult to talk about intimate problems with a male GP"

Bolton

"Ladies that wear the purdah won't go to the doctor because they are mostly male"

Blackburn

"There is much more pressure on women these days"

Bolton

There is a poor availability of female practitioners. If your request this, you have to wait for months.

Bolton

Maternity Care

"Child birth is about women but there are still so many men and male doctors. Sometimes you cant get a woman. I didn't go to many [appointments] because of this"

Blackburn

"There is a lack of awareness if your unborn child has a medical issue"

Bolton

"There needs to be preventative measures to tackle mental health – things like women's drop in or women's only swimming which will stop things getting too bad – give you a place away".

Bolton

Gender Discrimination within the community

"Men dominate the community, so, everything is seen as the women's fault – infertility, miscarriage, women are blamed for it"

Blackburn

"Women in the community feeling suppressed. Men in the community need to be educated about women's health".

Bolton

"Issues around drugs, bereavement, and divorce affect women's health that has the main role in the house. She looks after everyone but when something happens to her it affects the entire family".

Blackburn

"There are a lot of stereotypes attached to disability. And if you're a disabled

women you can't have a life. Already you can't have a life if your not married, but if your disabled too its worse"

Bolton

3.5 Communication

Communication between health professionals, between professionals and individuals within communities and within the Muslim community makes up the backdrop that give rise to many of the health concerns raised. Many of the women felt a lack of communication within the community and between health professionals compounded stereotypes, misunderstandings and limited accessibility. The women spoke of the need to have more informed professionals, a lack of which detracted from the level of service that could be provided.

Confidentiality was by far one of the biggest obstacles in the access of services for Muslim women. Prevailing strong networks within the Muslim community means a breach of confidentiality has significant potential for negative impact on social networks, lifestyle and reputation of the individual or even families concerned. Reference to confidentiality was raised by a number of women as the reason services were not accessed at all.

Communication within the community also has an important role to play, both in

terms of facilitating access to services and in dispelling misconceptions. A number of the women cited a lack of Islamic knowledge as being detrimental to the take up of services and of failing to counteract stereotypes and myths about health concerns.

Confidentiality

"Difficult to go to get health advice for personal issues because of confidentiality. There is gossiping in the community and if parents find out it would be difficult"

Bolton

"Muslim girls are uncomfortable to turn up/access knowledge because of confidentiality/taboo/communication"

Blackburn

"For things like STIs, young people can't access the clinics because someone might find out. Confidentiality is a huge issue"

Bolton

The staff at my mothers surgery rang me and told me all of my mums test results over the phone without even checking who I was. When I told her it was out of order because they were personal results she just hung up on me. I complained to the practice manager and all she did was write an apology. That doesn't stop my mums results from having gone round though does it? I could have been anyone. Lots of people answer the phone in my house.

Blackburn

Informed Professionals

“There is a lack of communication between staff. The key workers won’t talk to each other which makes it difficult”

Bolton

“We need more Asian health professionals which enables the understanding of barriers of cultural issues easier between parents and professionals e.g communication understanding of the stigma how the problem can be addressed”.

Blackburn

“Rather than family members I would rather talk to independent professionals about mental health, they can be vitally important to talk to”.

Bolton

Service provision

“We need a carers service – and like, I didn’t even know there was one”.

Bolton

“No resources for women who can’t read English or their home language. So can’t find anything out”.

Blackburn

“There is poor information about alternative treatments”

Bolton

Knowledge of Islam

“There is a rejection of some services due to faith”

Bolton

There is a lack of knowledge in Islam within women and this has an effect on them accessing women’s health services in their community. Things like STIs and family planning clinics, we don’t know if Islam says its ok”

Blackburn.

“There is a lack of communication by the community leaders. There is a lack of communication within the youth and older generation. This affects brides from abroad the most, they are the most suppressed as they have no knowledge of their rights”.

Bolton

Section 4: Solutions

The solutions identified by the women spanned a broad spectrum of actions. A number of the women spoke of the approach the health professionals should have to the provision of health care. In particular it was felt this should be more holistic, more informed and better able to challenge the stereotypes that exists within the media, within the health sector itself and also within the community. The women feel health care professionals need to be better trained in order to achieve this.

A number of the women also felt that solutions required action from outside of the remit of the health sector and thus made suggestions for actions by the media, schools and parents.

The women made suggestions for improved community provision – with particular reference to Mosques and Madrassas. It should be noted that whilst Mosques and Madrassas may not be resourced for the provision of health care they are a visible institution within the community, and many of the women felt needed to take on a more proactive role to meet the needs of the community they sought to serve. Here too, women highlighted the importance of maintaining confidentiality for effective service provision. The call for a community response to health care needs was echoed

in the suggestion for more localised formal services that allowed for more accessible services.

Given the discussions on gender, accessible services links in seamlessly with gender specific services, and not just in relation to those health concerns deemed to be 'private'. Gender specific services also extended to areas women could go to gain information such as health centres and to live healthier lives.

Concerns related to lack of knowledge were supplemented with a host of practical solutions on how to improve marketing and publicity of health provisions to access as wide an array of Muslim women as possible. The women discussed the need for health professionals not to pander to the stigma and discuss things in hushed tones, but to be open about their discussions to pass information within the community, and perhaps remove some stigma in the process. Women also suggested a partnership approach that incorporated key stakeholders within the Muslim community to ensure the message was appropriately conveyed.

The importance of supplementing knowledge with better communication between health providers and the community is self evident. The women made suggestions of multi-lingual provisions as well as more culturally

appropriate communication. Most importantly the women spoke of the need for confidentiality measures to be supplemented with transparent and independent accountability measures.

The women were keen to point out that they too had a role to play in the improvement of their own health. Both Islam and their own capacity played a large role in this and to this end final recommendations related to the improvement of Islamic knowledge and sustained capacity building measures that improved services through direct Muslim professional involvement as well as provided role models and capacity builders from within the community.

Approach of Health Providers

“Need to have a holistic approach – many problems impact everyone in the family – not just one person in isolation so need men on board”

Bolton

“Need to treat Muslim women the same as other women – we are the same”

Bolton

“There should be a neighbourhood management approach that combines top down and bottom up provision”

Bolton

“There needs to be one co-ordinator that does a mapping exercise and has an overview of the services”

Bolton

“Health providers need to recognise cultural differences and the complications and barriers within this for example the dominance of men”

Blackburn

“The media perceptions of Muslim women needs to change. The media should highlight positive role models that have made an impact in their communities and should challenge stereotypes”.

Blackburn

“If you want kids to be healthy, support families with benefits so that they could buy healthy food. Something like ‘Fruit vouchers’. Unemployed people get a lot of support. What about people on low incomes?”.

Blackburn

“Schools need to do more. Secondary schools – should give out free fruit. It’s the parents fault that kids have a poor diet”.

Blackburn

Informed Professionals

“There needs to be consideration given to taboo subjects and the emotional difficulties faced in trying to deal with these”

Bolton

“Services needs to be educated on cultural differences”.

Blackburn

“Muslim women are not a homogenous group”

Bolton

“Needs to be training for health professionals and practitioner re: cultural sensitivities”

Blackburn

Community Provision

“Provisions for women such as women only health centres need to have dialogue with mosques and mosque councils to make sure there is accountability, funding and to avoid duplication”.

Bolton

“Madrassas and Mosques should take a proactive role in helping both boys and girls regarding teaching children around puberty, illnesses, problems at home, drugs, marriage etc. Individual lessons and confidentiality is extremely important building trust between students and professional staff”.

Blackburn

Accessibility of services

“Existing services should be accessible to all”.

Blackburn

“Services should be within a location for the women’s reach”.

Blackburn

“If it’s Clinical non clinical or may need to talk to someone, counselling we need more Asian Muslim counsellors who are easy accessible”

Blackburn.

“There needs to be better support services for women with mental health – for them to have someone with them to make sure they don’t hurt themselves”

Bolton

“There should be a helpline for homosexuals (like refuge) that’s anonymous”

Bolton

Gender Specific Services

“We need female doctors and professionals that are available, and that want to help. Its too difficult to see them. You have to wait for weeks to get an appointment. For women’s personal things, and even when its not, you don’t want to be touched by a man so I don’t go. We need more female doctors”.

Blackburn

“There should be easy access women's services”.

Bolton

“Should be centres for women in the community to access information they need, e.g. local clinics”.

Bolton

“We need more women’s health club that caters for south Asian women to go to”

Blackburn

“We need to have women’s only swimming sessions on the weekends where the staff are women too”

Blackburn

Marketing and publicity

“Have to promote services via things like newspapers, internet, the council newsletter”.

Blackburn

“Should have posters at GP surgeries”

Bolton

“Should acknowledge the issues affecting the community in an open forum”.

Bolton

“Need posters to explain how to deal with certain health issues such as breast cancer, flu or depression in the following areas.....

- -Schools
- -Community centers.
- -Public toilets.
- -grocery shop.
- -Mosques.

Bolton

“Raise awareness within the Muslim community through appropriate channels such as women’s groups and women’s centres”

Blackburn

There needs to be greater information on things like smear test and breast cancer.

Many of us shy away from touching ourselves so things are missed”

Bolton

“Women need to be educated how their body works”.

Bolton

“Need to raise the awareness of mental issues”.

Bolton

“Educate community on mental health issues. It can be prevented”

Bolton

Communication

“There needs to be language support – especially key workers”.

Bolton

“Clear and simple information when needing advice on certain health issues”.

Blackburn

“There needs to be more communication between doctors and patients to help

them understand the levels of depression
e.g clinical or non clinical. Health
professionals should able to define
depression in more detail to patients for
their understanding whether its
temporary or permanent. Mental could
mean they have gone mad?"

Blackburn

"There also needs to be more education
for parents such as leaflets which can be
accessed from mosque, community
centres. Our mosque Imams should work
in partnership with police about drug
awareness they should have training etc"

Blackburn

"There needs to be strict control on
confidentiality. If doctors or their staff
breach confidentiality complaints
shouldn't just go to that surgery. There
should be independent people you can
complain too that have power to do
something".

Blackburn

Knowledge of Islam

"Women need to be re-educated in their
faith".

Bolton

Increases in the knowledge of Islam such
as teaching the right Islam in madrassas is
important".

Bolton

Capacity building

"Women need follow up workshops on
(empowering or leadership)"

Blackburn

"More women lead services. Professional
Muslim women should support in leading
the services".

Blackburn

"There should be more conferences and
meetings where community women
members to lead these kind of discussions
in order to improve services".

Bolton

Section 5: Conclusion

Muslim women do not speak with one voice, they do not form one group, have one ethnic origin or ascribe to one identity. In fact it is difficult to think of any box – even those of faith or gender – that one could place Muslim women in and feel sound in the knowledge that their multiple facets have been fully encapsulated. Though this is common knowledge it is far more difficult to practice, especially when developing policy or seeking to meet the needs of a particular ‘group’ when doing so. It is also difficult to convey these multiplicity of voices in the format of a report, as we have tried to do here.

This report puts forward a few voices that identify themselves as Muslim women. The women that took part in these workshops have highlighted a wide spectrum of concerns related to their own health, the wellbeing of the communities in which they live and the suitability of the provisions that are available to them.

The women came to the workshops with a clear sense of hope that they were contributing to potential change and a sense of cynicism that their voice may not be heard – as has happened so much in the past. This report and their voices have been collated with the firm commitment

from MWN to stand by the voices of the women and to strive for change wherever possible.

To this end we hope the recommendations put forward in this report will be taken up in the spirit they were intended – to improve the services of all residents within the UK, and particularly for those who identify themselves or share the needs, of Muslim women.

Appendix 1: Feedback on the workshops

“Everyone was very friendly, that encouraged me to talk about my concerns”

“I enjoyed this event because I found out about places I did not know about and met new people”

“Enjoyed the food, sharing ideas, meeting new people, namaz facility – great”

“Enjoyed discussing what problems ladies are going through”.

“Needs to be more ladies taking part”.

“Enjoyed group discussion with women I didn't know and which I could express myself”

“I thought this was going to be based on discrimination in general faced by Muslim women but the health issues raised were just as important”

“Would have like to see different ethnicities of Muslim women, not only Asians because then it would be nice to see the issues and concerns raised”

“The time was very short”

“Would like to see more of these happen”

“Interesting”

“Eye opening – a lot of debate”

“Maybe needs a few more delegates”

“Lots of debate, though provoking, well facilitated”

“Would be good to have more educated and religious people from different communities”

“Enjoyed hearing from other women, and different experiences and feelings. Useful because I'm very worried about young people in our communities”

“Would like to have seen discussion of other issues relating to women if time permits”

“Could have represented more diversity of women”

“I enjoyed the discussion as it was possible to be open and honest”

“It was a very general topic so it was possible to go off tangent”

“More variation on the women attending, for example some women who are part of the community but who generally don't

have access they may have had more issues”

“I would like to see some feedback on the results”

“Good social gathering, I opened my feelings, nice to talk about what’s needed in the community”

“Can you get back to us on when the results will be finalised ASAP”

“I talked about my personal and family feelings – good get together”

“Should regularly network”

“It was great, the people were lovely, I had a really good time, thank you very much”



Muslim Women's Network UK