


Chapter 22

Research Findings From the American Muslim Women's Health Project (MWHP)

Aarin Palomares

University of Alabama at Birmingham, USA

Kristine Ria Hearld

 <https://orcid.org/0000-0002-0501-874X>
University of Alabama at Birmingham, USA

Henna Budhwani

University of Alabama at Birmingham, USA

ABSTRACT

Understanding the health of American Muslims remains a neglected topic in public health research with even fewer empirical studies conducted with American Muslim women. To address persistent knowledge gaps related to the health behaviors and health outcomes of this population, in 2015, the University of Alabama at Birmingham (UAB) School of Public Health (SOPH) funded the Muslim Women's Health Project (MWHP) through its Back of the Envelope (BOTE) mechanism. The purpose of the MWHP was to collect exploratory, self-reported data on health indicators, beliefs, behaviors, and experiences from American Muslim women through online social networks. In this chapter, the authors summarize published findings from the MWHP that may serve as case studies to inform further discussions among health practitioners and public health researchers who seek to improve population health through healthcare delivery and equity research.

INTRODUCTION

The United States is home to a multitude of ethnicities and cultures; currently, ethnic and racial minorities comprise approximately one-third of the United States population (Pew Research Center, 2012; US Census Bureau, 2018; US Department of Homeland Security, 2007). With a growing number of individuals identifying as an ethnic or racial minority, it is critical to understand their health profile and associated health behaviors, as these inform overall population health.

Muslims are one of the fastest-growing religious groups globally, and in the United States, the Muslim community has developed due to higher fertility rates and continued migration (Pew Research Center, 2017; Lipka, 2017; Pew Center, 2007). Currently, there are an estimated 3.45 million Muslim Americans, yet they remain an understudied population due to a range of factors including language barriers, perceived and internalized stigma, and experiences with discrimination that make this population skeptical of researchers and governmental projects (Pew Research Center, 2012; Budhwani, Anderson, & Hearld, 2018; Budhwani & Hearld, 2017). For these exact reasons, Muslim women's health remains a neglected topic in public health research (Budhwani & Hearld, 2017; Ahmed et al., 2016). Available literature on health-related knowledge, behaviors, and attitudes of American Muslim women remains limited, making it challenging for many health professionals to address their unique health care needs. This gap in knowledge is unfortunate, but also unsurprising, considering American Muslim women are not only part of a religious minority, but also experience countervailing factors related to their religion, culture, and gender that likely limit their participation in scientific studies.

In 2015, the Muslim Women's Health project sought to bridge this knowledge gap. In this chapter, the authors aim to provide case studies of findings to offer a glimpse into select health indicators, behaviors, and experiences. The authors hope that this will initiate a dialogue among health practitioners who are seeking to improve population health and spark discussions on how to engage these populations in future research, interventions, and policies.

BACKGROUND

Previous health disparity and equity research has examined numerous health outcomes among racial and ethnic minority populations in the United States. A study conducted by Karlsen and Nazroo (2002) found that racism (experienced or perceived) among ethnic minorities was associated with negative health outcomes; experienced assault had a positive association with cardiovascular disease and psychological distress (Karlsen & Nazroo, 2002). Frost, Lehavot, and Meyer (2015) found a general negative impact of minority stressors, such as self-reported every day discrimination, on physical health among sexual minorities. Previous studies have typically grouped individuals by race, ethnicity, and socioeconomic status, assuming that relevant health-related beliefs, social experiences, and cultures are mostly reflected by these categories (Aspinall & Chinouya, 2008; Karlsen & Nazroo, 2010; Nazroo & Karlsen, 2001).

While these studies provide insight on ethnic and racial minorities, American Muslim women have an intersectional cultural profile – being a religious, racial, and ethnic minority, possibly identifying as an immigrant, while also being American. Consequently, their health behaviors and outcomes likely do not align with previous research focused on American women, Muslim women living abroad, or racial and ethnic women in the United States (Budhwani, Anderson, & Hearld, 2018). It is therefore important to better understand their unique needs by defining factors that impact their health choices. This section

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