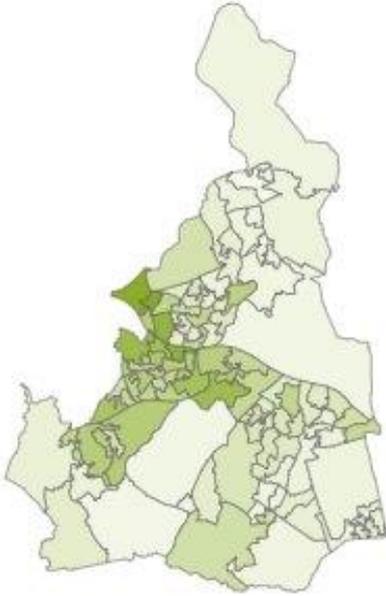# South Asian Women's Health

South Asian Women's Health
Project, Wokingham, 2026

healthwatch
Wokingham Borough

Introduction

Population count - Asian

South Asian population
count across
Wokingham Borough

Health inequalities – South Asian communities in Wokingham

South Asian communities are the largest minority group in Wokingham, making up to 45% of residents in some wards. Yet their voices are strikingly absent from local health engagement.

In our GP access project, only 7 participants came from ethnically diverse communities, despite these groups forming 20% of the population. This persistent underrepresentation means their needs are not reflected in service planning.

Introduction

We chose to focus on women because they face some of the most significant and layered health inequalities in the area:

- Lowest screening rates: Pakistani and Bangladeshi women have cervical screening uptake as low as 40%, far below the national expectation of 80%

- Higher disease burden: South Asian communities are 2–4× more likely to develop Type 2 diabetes and have a 40% higher mortality rate from coronary heart disease

- Gendered and cultural barriers: Women often act as health decision-makers for their families but face additional barriers such as limited culturally appropriate information, stigma, language challenges, and lower confidence navigating the NHS

By focusing on South Asian women, we are targeting a group with high need, low representation, and significant potential for positive impact. This aligns directly with the National Women's Health Strategy and the Marmot Principles, ensuring our work drives equitable, community-informed change.

Summary of findings from South Asian communities

We heard from **115** local women in Wokingham. The survey questions were optional; the findings reflect the number of respondents who answered each question.

- **56 out of 113 (50%)** respondents selected the listed **diagnosed long-term conditions,** requiring ongoing access to healthcare services and treatment, **30** respondents **(27%)** also specified **'other long-term conditions.'**

- Nearly half, **37 out of 79 (47%),** wanted the option of requesting a **female practitioner**

- **70 out of 79 (89%)** wanted **'a wider choice of appointment times'** for **evenings/weekends**, flexibility to fit around other commitments and responsibilities

- **43 out of 79 (54%)** wanted **additional locations** to receive care/treatment to allow for flexibility and ease of access

- **Easy to understand** was cited as the top reason for the most useful healthcare information sources, **77 out of 94 (82%)**

- **45 out of 79 (57%)** wanted **more time during consultation** to understand and ask questions

- **41 out of 80 (51%)** of women agreed or strongly agreed with the statement that they did **not feel confident booking** appointments online.

How we did it

A combination of

- Online survey in English & Urdu
- Paper surveys in English & Urdu
- Online Focus group

Methodology

To understand the unique challenges faced by South Asian women in accessing healthcare services and information, we implemented a targeted outreach programme designed to capture both breadth and depth of experiences.

Data Mapping

Working with Public Health, we identified key Asian demographic groups and priority areas within the borough for targeted focus.

Surveys (Online and In-Person)

To ensure the survey was accessible to everyone, we tackled issues of digital exclusion through paper surveys and provided these in both English and Urdu to support the Pakistani community.

Online Focus Group

Online focus group to dive deeper into the challenges women face when accessing healthcare and discuss ideas for improving services.

Local Engagement
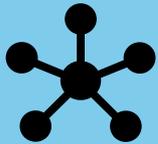
A combination of

Community Groups

Faith centres

Third Sector organisations

GP surgeries

Social media platforms

Engagement:

- Muslim Community Connect Wokingham- Community Connect event

- Wokingham Muslim Society- Friday prayers

- Aisha Masjid- Friday prayers
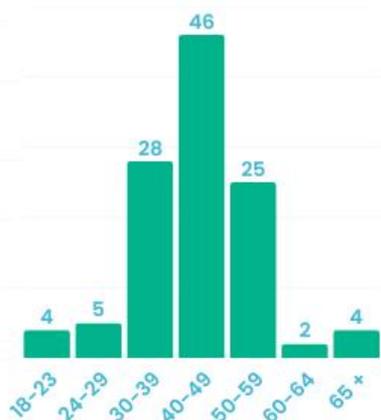
- CAB Mobile van

Sharing through partners & networks:

- Support from third sector organisations
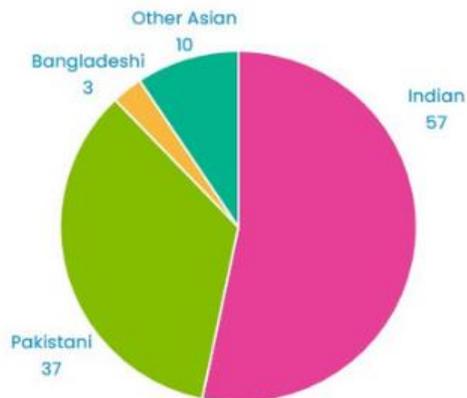
- GP surgeries

- Social media

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Wokingham Borough

115 South Asian women took part in the project

Age

46
28
25
4 5
2 4

18-23 24-29 30-39 40-49 50-59 60-64 65 +

Ethnicity

Other Asian 10
Bangladeshi 3
Indian 57
Pakistani 37

Employment status

● Full time ● Part time ● Unemployed/looking for work
● Unemployed due to health issues ● Retired
● Stay at home parent ● Carer to member of household
● Student ● Unpaid/volunteer ● Other

56
28
8 4 3 11 3 1 2 1

Please note, these are not mandatory survey questions. Not all survey respondents are included in the demographic data and it may not add up to 100%

72%

(83 out of 115) Were born outside of the UK with 85% (71 out of 83) having moved between the ages of 18-50

95%

Felt English levels (understanding, speaking, reading and writing) were good or very good

50%

(56 out of 113) Have known long term health conditions requiring ongoing healthcare access

Story-A South Asian woman's experience of primary care

She shared the difficulties of getting a female GP, booking appointments, and the lack of consistent care — often leading her to avoid seeking treatment unless absolutely necessary.

"I'd like to see the same person. It lacks consistency."

The 8 a.m. rush for appointments, long waits for callbacks, and missed calls created stress — especially when juggling caring responsibilities. These challenges are heightened with the unpredictable needs of a child with special needs. Appointments are only offered same-day when she insists, and routine care — like menopause discussions — gets pushed aside.

"I booked a routine appointment to talk about menopause, but I had to cancel twice because something came up — once my daughter was unwell. It's not that I don't want to go. Life just gets in the way."

What struck her most was the inconsistent attitude of staff.

"Sometimes the admin staff can be quite abrupt — and you feel intimidated. But sometimes you get someone friendly, and it makes the world of a difference."

She admitted that most of her family, apart from her daughter with special needs, don't go to the GP unless absolutely necessary.

"It's such a complication getting an appointment that I don't bother now — unless someone in the family really insists they need to see a doctor."

Findings

What local South Asian women are saying

Access- Appointments

- long phone wait times,
- difficulties booking appointments,
- not having enough time at the appointment,
- need for out of hours/weekend appointments and
- access provided at additional locations.

Access- Female Practitioner

- Just under half of the respondents felt that being able to be seen by a female practitioner would make access easier for them

Long term health conditions

- Half of respondents reported long term health conditions defining the need for continuous health service access.
- Reported conditions prevalent within South Asian communities.

Health Literacy

- Lower level of understanding of health information
- More time at appointments to ask questions, easy to understand information, communication which shows cultural understanding, limited confidence of digital tools
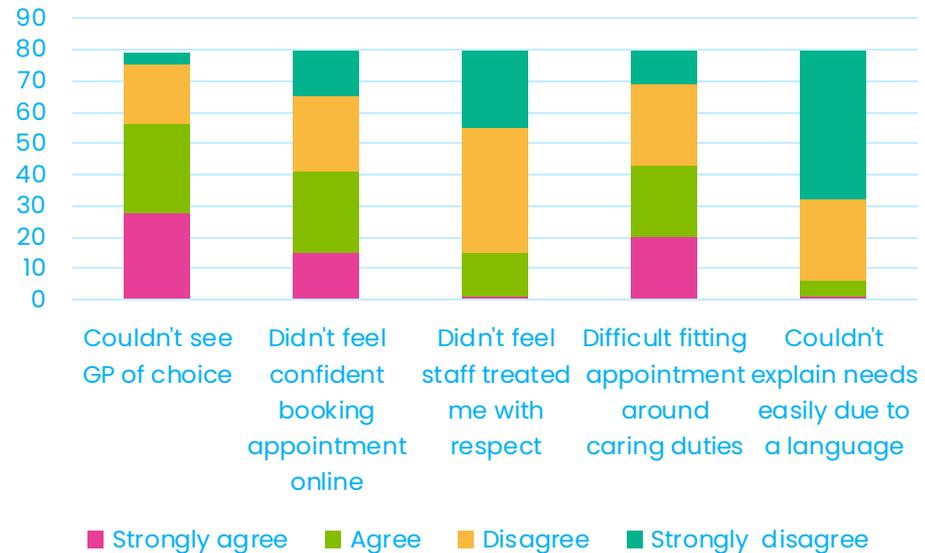
Accessing services

"A major issue women of colour face in my view is that they would prefer a female doctor or nurse"

"Very hard to get an appointment. I have a few things to check and have been avoiding it as I can never get a convenient appointment."

"Online appointment was not easy especially as I am new to UK"

Appointment difficulties

Legend: ■ Strongly agree ■ Agree ■ Disagree ■ Strongly disagree

Categories: Couldn't see GP of choice; Didn't feel confident booking appointment online; Didn't feel staff treated me with respect; Difficult fitting appointment around caring duties; Couldn't explain needs easily due to a language

Practitioner of choice
Over 70% (56 out of 79 respondents) reported difficulty seeing the GP they wanted. This challenge appears linked to a strong preference among South Asian women for female practitioners, underscoring the need for gender-sensitive healthcare options.

Digital Literacy
A significant proportion—51% (41 out of 80)—agreed or strongly agreed that they did not feel confident booking appointments online.

Accessing Appointments
While 54% (43 out of 80) reported difficulty scheduling appointments due to caring responsibilities, only 3% (3 out of 111) identified themselves as carers.

Accessing services

95% (76 out of 80)
felt they were treated with dignity and respect

"NHS is really great and efficient when reactive and an illness/condition is extreme or emergency situation.."

"I want to be spoken to in an unpatronising manner, it's my body and I would like to be heard and understood"

Appointment experience

| | Strongly agree | Agree | Disagree | Strongly disagree | Don't know |
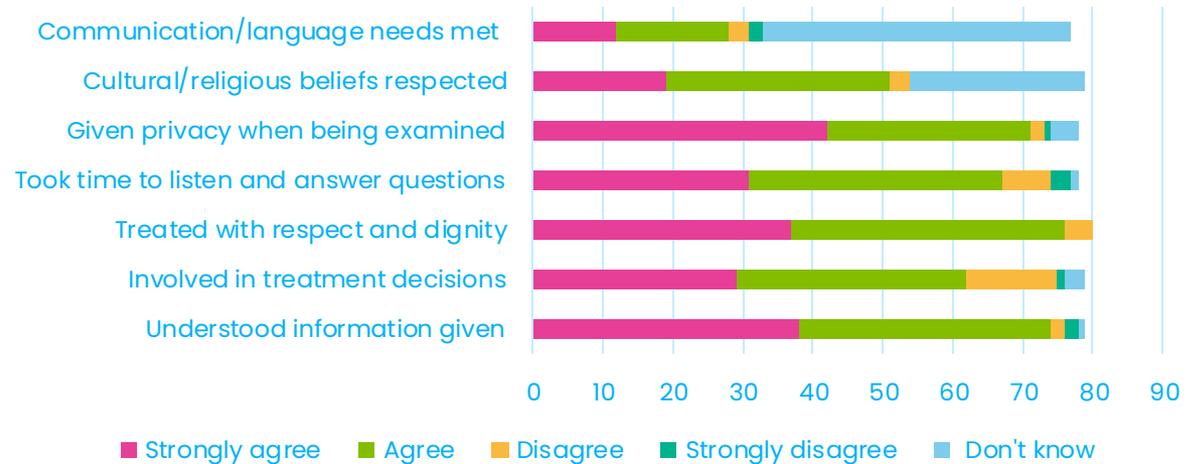
When asked what went well during their last GP or hospital appointment, most women reported a positive experience overall. However, some expressed a desire for greater involvement and better communication.

18% (14 out of 79 respondents) did not feel they were involved as much as they wanted in decisions about their treatment.

13% (10 out of 78) felt that the healthcare practitioner did not take enough time to listen to their concerns or answer their questions.

*Figures based on how many respondents completed the survey question

Accessing Services

89% *(70 out of 79) of* women want more evening and weekend appointments

"It's very hard to access healthcare when you work full time 9-5. When I call my GP, they only ever seem to be able to offer one slot and get frustrated when I don't accept it. My work is unfortunately not flexible"

"Once you get the appointment the doctors don't diagnose the issue thoroughly"

54% (43 out of 79) would like additional locations to seek care treatment

What would make accessing health services easier
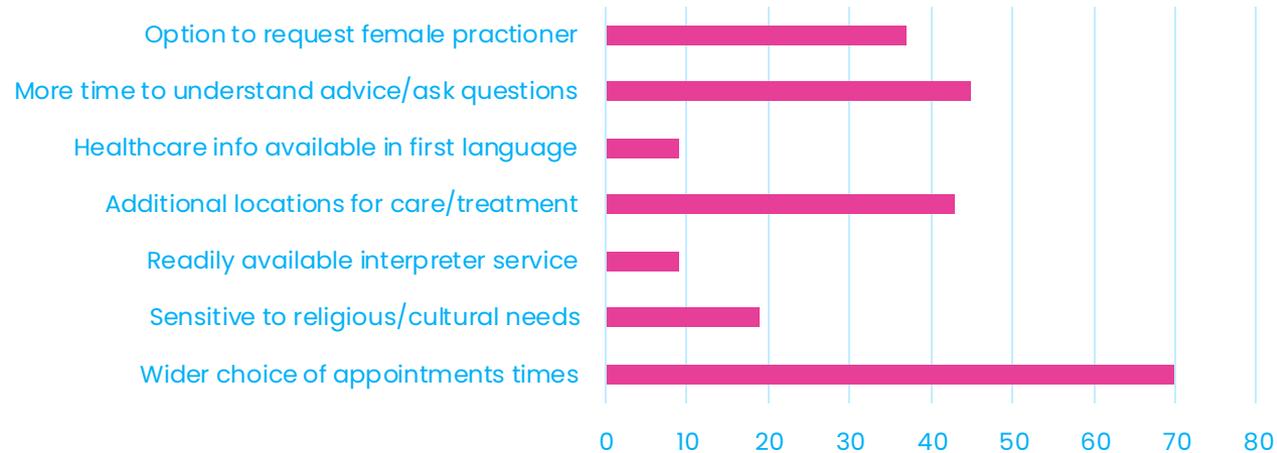
- 89% (70 out of 79) of women expressed the need for more evening and weekend appointments to accommodate other responsibilities.

- Over half (43 out of 79) suggested having more locations for receiving care, such as community centres, mobile units, and home testing would provide more flexibility and ease of access.

- Length of appointments was also a concern with 57% (45 out of 79) wanting longer consultation times to better understand and ask questions about their health.

*Figures based on how many respondents completed the survey question

Accessing Services

Recommendations

1. **Joint awareness campaign**
   - Collaborate with service providers, community leaders, and trusted local organisations to deliver culturally tailored awareness campaigns about existing healthcare services on:
     - Extended hours services
     - Patient rights to choose a preferred practitioner
     - Accessing interpreters and language support

2. **Establish a Women's Health Hub in Wokingham**
   - Support the creation of a Women's Health Hub offering flexible appointment times, culturally sensitive care, and access to specialist services.

3. **Reasonable Adjustments for Diverse Communities**
   - Offer longer appointment times for patients from diverse backgrounds to allow for thorough explanations and questions.

4. **Digital Appropriateness Flag**
   - Introduce a flag on patient records indicating whether digital services are suitable. For those with limited digital literacy, provide telephone and face-to-face booking options.

5. **Culturally Tailored Carer Identification Campaign**
   - Launch an outreach initiative using community connectors and culturally relevant messaging to help individuals recognise unpaid caring roles and access Carers Assessments.

Story- The need to be seen by a female practitioner

A mother (49) is facing ongoing difficulties accessing female GPs for herself and her teenage daughters. For her, seeing a female doctor is not just a preference but an important need. This stems from religious values as well as personal comfort especially when it comes to sensitive health issues and physical examinations. She believes female doctors are more likely to understand and relate to these concerns from lived experience.

"As my children are growing older, I feel the need to use female doctors especially as [it's] awkward discussing menstruation etc. with a male. A female has experienced [it] herself. But also, being Muslim, for any examination, would prefer a female"

"Sometimes if we want to see [a] female will try to book for that appointment either a female doctor or nurse but sometimes don't have anything to hand so either have to wait for later date or then compromise and be seen by a male"

They often end up with a male doctor, which can feel awkward and uncomfortable, and in a few instances, has led her to delay or avoid seeking care altogether. She would prefer to wait longer for an appointment if it guaranteed seeing a female doctor. This preference is now becoming intergenerational, as her daughters are growing up with the same need and expectation for access to female healthcare professionals.
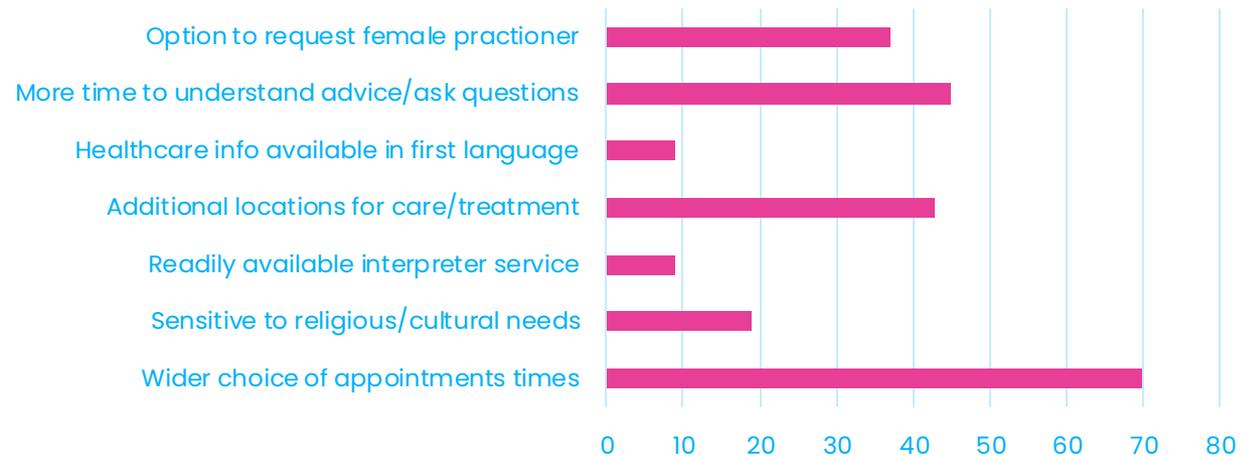
Access Female Practitioner

"I would not go to a smear test or breast screening with a man (XY) however the way they identify doing it. It is already a humiliating experience, and you don't want it to be even worse with a man being present"

"A major issue women of colour face in my view is that they would prefer a female doctor or nurse"

What would make accessing health services easier

- Option to request female practioner
- More time to understand advice/ask questions
- Healthcare info available in first language
- Additional locations for care/treatment
- Readily available interpreter service
- Sensitive to religious/cultural needs
- Wider choice of appointments times

0 10 20 30 40 50 60 70 80

When asked what would make accessing healthcare services easier, 47% of respondents (37 out of 79 participants) said they wanted the option to request a female practitioner.
Several respondents shared experiences where their requests for a female practitioner were ignored or unmet, which discouraged or delayed them from accessing services—particularly for screening and women's health issues.

*Figures based on how many respondents completed the survey question

Access Female Practitioner

Recommendations

1. **Promote and disseminate Patient Rights information**
   ➢ Raise awareness of patients' rights under the NHS Constitution, which allows individuals to request a practitioner of their choice.
   ➢ Share information via primary care channels: Onsite posters and leaflets in community languages, appointment letters, Online booking systems and patient portals
   ➢ Use culturally tailored messaging in multiple languages
   ➢ Community-led awareness sessions by Community Connectors: host community workshops and webinars in partnership with local cultural organizations to explain patient rights, practitioner choice, and available services

2. **Provide Culturally Sensitive Training**
   ➢ Deliver cultural competence training for frontline healthcare staff, including care navigators, to ensure they proactively inform patients of their options
   ➢ Training Focus: Gender sensitivity, Cultural norms around practitioner choice, family-focused intergenerational themes, Communication strategies for diverse communities

3. **Include Practitioner Preferences in System Coding**
   ➢ Update primary and secondary care systems to record patient preferences for a female practitioner

4. **Make Preferences Visible at Point of Booking**
   ➢ Ensure practitioner preference flags visible to staff during appointment scheduling
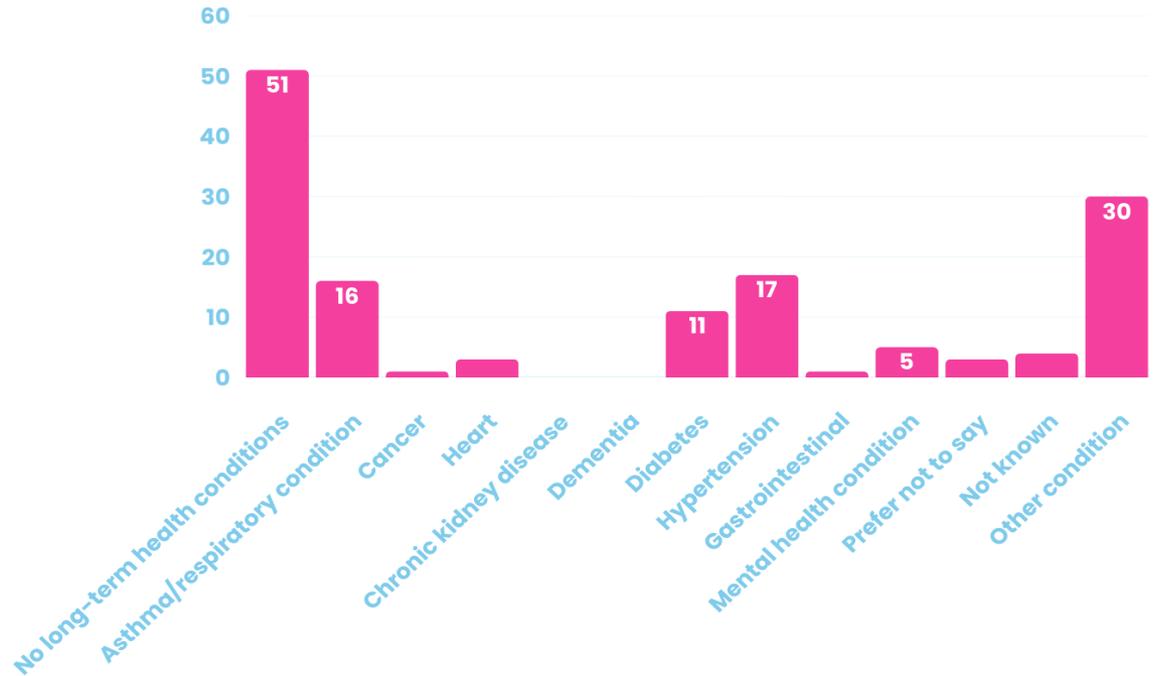
Long term health conditions

Top common conditions
Hypertension (High blood pressure)
Asthma/Respiratory
Diabetes
Thyroid

"I suffer from anaemia and hypothyroid, it's very common within my circle, but overall checks are not easy to get in one go"

Number of Women with Long Term Health Conditions

Condition	Number
No long-term health conditions	51
Asthma/respiratory condition	16
Cancer	1
Heart	3
Chronic kidney disease	
Dementia	
Diabetes	11
Hypertension	17
Gastrointestinal	1
Mental health condition	5
Prefer not to say	3
Not known	4
Other condition	30

50% (56 out of 113) participants reported a listed long term health condition while 30 reported 'Other long-term conditions' of which Thyroid was the leading health disorder at 30% (9 out of 30)

*Figures based on how many respondents completed the survey question

Long term health conditions

Recommendations

1. **Expand NHS Health Checks to Include Hormonal Screening**
   ➢ Integrate blood testing for hormonal conditions (e.g., thyroid disorders, PCOS) into NHS community health checks. Delivery should be facilitated by Community Wellness Outreach teams to ensure accessibility and early detection.

2. **Lower Health Check Eligibility Age for High-Risk Ethnic Groups**
   ➢ Reduce the NHS Health Check eligibility age from 40 to 25 for ethnic groups experiencing higher health disparities, particularly those with hereditary predispositions to hormonal conditions.

3. **Broaden Women's Health Hub Scope to Address Ethnic Inequalities**
   ➢ Ensure Women's Health Hubs include services for conditions disproportionately affecting women from ethnically diverse backgrounds.

4. **Community-Led Health Literacy Campaigns**
   ➢ Develop impactful, culturally tailored health literacy initiatives for South Asian communities. Campaigns should focus on myth-busting, promoting lifestyle changes, and improving understanding of hormonal and related health conditions.

Accessing Information

72% **(70 out of 97)** visit the NHS website for healthcare advice and information
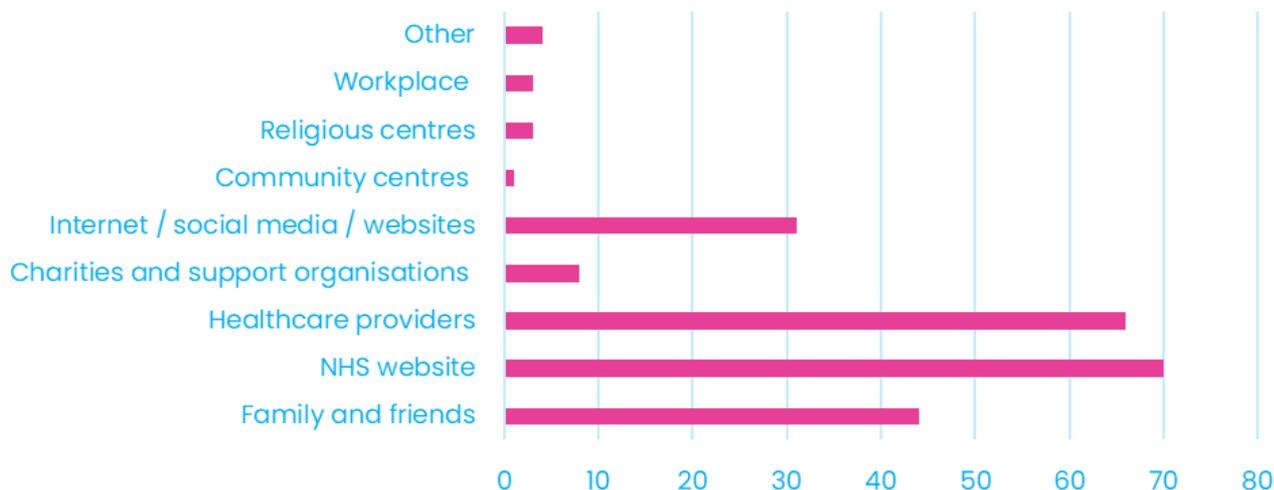
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68%

(66 out of 97) go to healthcare providers such as GP surgeries, pharmacies for healthcare advice and information

45%

(44 out of 97) Would consult family and friends

"I would contact a friend I went to school with or family member/ cousin who is a Consultant"

Trusted sources of information

The NHS website was selected as the most trusted source for healthcare advice, followed closely by GPs and pharmacies, indicating a strong preference for verified medical information.

Family and friends accounted for 45% (44 out of97 respondents), showing the significant role of personal networks in health decision-making.

Online and social media were cited by 33% (31 out of 94) as another top source of information, highlighting the growing influence of digital platforms.
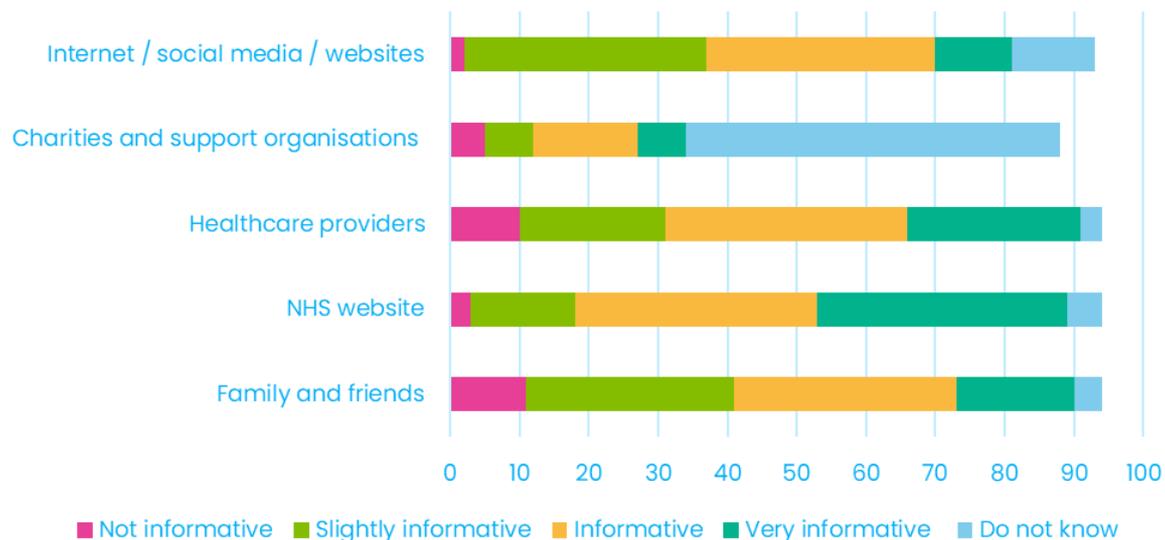
Accessing Information

76%

(71 out of 94) felt the NHS website was informative/ very informative for healthcare advice and information
.

64%

(60 out of 94) Found information from GP/Pharmacy informative or very informative

How informative are the trusted sources

The graph displays the most significant response categories and does not include all sources. The full raw dataset is available for reference

The NHS website and GPs/pharmacies were identified as top trusted sources, however:

Nearly 20% of respondents (18 out of 94) found the NHS website "not informative" or "slightly informative"

Similarly, one-third of respondents (31 out of 94) did not find GP/pharmacy information very informative

*Figures based on how many respondents completed the survey question

Accessing Information

49% (46 out of 94)
Convenient to access around my other responsibilities

"I get information on-line when unable to see GP"

Why are the trusted sources useful

Chart "Why are the trusted sources useful" (horizontal bar chart, x-axis 0–90):
- Helps self manage illness: ~39
- Understanding of cultural values/ religious beliefs: ~7
- Convenient to access around responsibilities: ~46
- Allows time to get information/advice needed: ~42
- I feel heard and respected: ~25
- Access to trusted healthcare professional: ~40
- In language which I am confident in: ~31
- Easy to understand: ~77

When asked why the selected trusted sources of healthcare information were useful to respondents, the importance of being easy to understand, time and convenience along with access to trusted healthcare professionals were among the top reasons.

- 82% (77 out of 94) Easy to understand
- 45% (42 out of 94) Can take the time in getting the information and advice I need
- 43% (40 out of 49) Access to trusted healthcare providers

A significant 42% (39 out of 94) also reported finding it useful to self-manage illness including traditional remedies and treatments which could lead to delayed professional care and reliance on unverified sources.

Accessing Information

Recommendations

1. **Enhance Women's Health Content on the NHS Website**
   - Expand coverage to include conditions that disproportionately affect South Asian women, such as thyroid disorders, diabetes, and hypertension
   - Present information in plain language, supported by videos, infographics, and multilingual options to ensure accessibility for diverse communities.

2. **Improve Patient Care Information to boost Health Literacy**
   - Develop simplified, culturally sensitive resources for primary care settings to help patients understand diagnoses, treatments, and preventive measures.
   - Introduce verified online profiles for healthcare professionals and collaborate with them to share accurate, evidence-based health information across platforms.

3. **Dedicated Health Promotion and Support Sessions**
   - Offer drop-in clinics, workshops, and online webinars where patients can ask questions and learn about conditions prevalent in diverse communities.
   - Ensure these sessions are interactive, culturally tailored, and available in multiple languages to maximize engagement and understanding.

Health Literacy

72% **(83 out of 115)** of respondents were born outside the UK, with

85% **(71 out of 83)** having moved between the ages of 18 and 50, making **English a second language** for the majority with **stronger cultural ties**

"It would be more difficult to explain my needs due to a language barrier when I feel sick"

Health literacy is more than language

95% of respondents reported good levels of English literacy, however:

- 82% (77 out of 94) said healthcare information provided in a way which is **easy to understand** was most useful
- 57% (45 out of 79) wanted more time during consultation to **understand advice** given or to **ask questions to clarify**
- Over 50% (41 out of 80) did not feel confident booking an appointment online
- Over a third of respondents (31 out of 94) selected information sources in the **language they are confident in** as most useful
- 11% (9 out of 79) wanted **healthcare information available in native language** to make access easier for them
- 11% (9 out of 79) also wanted **access to readily available interpreter services** to make service access easier for them

*Figures based on how many respondents completed the survey question

Health Literacy

Recommendations

1. **Enhance Healthcare Coding for Equity**
   - Strengthen coding systems in both primary and secondary care to capture key patient information that supports equitable care delivery
   - Include fields for language preferences and interpreter requirements to ensure communication needs are met
   - Improve ethnicity coding to identify patients from diverse backgrounds who may need extended appointment times for thorough explanation and informed decision-making

2. **Co-Develop Cultural Cue Guides**
   - Collaborate with community groups and connectors to create practical 'cultural cue' guides for clinicians and frontline staff. These guides should help professionals tailor communication and treatment approaches to ensure patients fully understand their care

3. **Simplify Medical Communication**
   - Use plain language during consultations and supplement explanations with visual aids, models, and videos to improve comprehension and reduce health literacy barriers

4. **Embed Cultural Sensitivity in Communication**
   - Train healthcare staff to recognise and respect cultural norms, language preferences, body language, and traditional healthcare practices. Fosters trust and improves patient engagement

Lessons Learnt

Simplify Survey Language

Use clear, concise wording to reduce ambiguity and enable independent participation across varying language abilities.

Expand Outreach by leveraging Community Connectors more effectively

Engage isolated individuals who have limited or no access to digital platforms and community groups/networks.

Using trusted Community Connectors to build rapport, address cultural nuances, and reach niche groups that may otherwise remain underserved.

Engage more with younger cohorts

Targeted outreach to younger cohorts for wider demographic input

Acknowledgements

Thank you to everyone who completed the online survey and shared their personal stories.

Thank you to our partners, contacts, networks and the community organisations across Wokingham Borough who shared our project and survey to help generate a strong level of interest and feedback.

Special thank you to our Healthwatch staff team and volunteers for their contribution.

Further Reading

Bridging the Digital Divide in Health Care: A New Framework for Equity | Johns Hopkins | Bloomberg School of Public Health

Public Health England: Improving health literacy to reduce health inequalities

Healthwatch Wokingham Borough, Healthwatch Reading, Healthwatch West Berkshire report: GP Access

The Health Of Women From Ethnic Minority Groups In England | The King's Fund

Glossary

BOB ICB: Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board

RBFT: Royal Berkshire NHS Foundation Trust

PCN: Primary Care Network

Next steps

Regulation 44 of The NHS Bodies and Local Authorities (Partnership Arrangements, Care Trusts, Public Health and Local Healthwatch) Regulations 2012 requires Buckingham, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), Wokingham Borough Public Health and Primary Care Alliance within 20 working days to

a) acknowledge receipt; and

b) provide an explanation to Healthwatch Wokingham Borough of any action intended to be taken in respect of the report or recommendations, or an explanation of why BOB ICB, Public Health Wokingham Borough, or Primary Care Alliance does not intend to take any action in respect of the report or recommendation.

Healthwatch Wokingham Borough will update this report when responses about this report from **BOB ICB, Public Health Wokingham Borough and Primary Care Alliance** are received.

Healthwatch Wokingham Borough will revisit the recommendations in this report in 2027 to understand what actions have taken place.