



University of Wales
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MSc Public Health and
Social Care in Practice

**FROM MENARCHE TO MENOPAUSE:
A SYSTEMATIC REVIEW OF BLACK
ASIAN MINORITY ETHNIC (BAME)
WOMEN'S REPRODUCTIVE HEALTH
CHALLENGES IN THE UK**

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Dissertation submitted as part of the requirements for the award of MSc Public
Health and Social Care in Practice

May/2024

DECLARATION

This work has not previously been accepted in substance for any degree and is not being concurrently submitted in candidature for any degree

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This dissertation is being submitted in partial fulfilment of the requirements for the degree of MSc.

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This dissertation is the result of my own independent work/investigation, except where otherwise stated.

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ACKNOWLEDGEMENTS

I would like to extend my heartfelt gratitude to Dr Hamdi Hussain, whose unwavering support and invaluable guidance throughout this research journey have been instrumental. Dr Hussain's guidance and insightful advice have not only enriched my learning experience but also instilled in me the confidence and skills necessary to pursue an extended career in this field. Additionally, I am deeply thankful to my other lecturers Dr Aishat Bakre, and Dr Fahad Khan who taught me and guided me during the initial phases of my master 'degree which sow the deep passion towards writing this paper.

Last but not the least, a debt of gratitude and love to my husband Karthick, my son Naitik and our beloved pet son Coco, whose love and support brought the compassion, making this master's journey indeed possible.

ABSTRACT

Background:

This study explores reproductive health challenges among Black, Asian, and Minority Ethnic (BAME) women in the United Kingdom. The aim of this study is to explore the multifaceted challenges faced by BAME women across various stages of their reproductive lifespan, including menstruation, maternity care, childbirth, cancer related to reproduction, sexual and reproductive health, and menopause.

Methods:

A systematic review was conducted to gather insights from existing research. An electronic database search of PubMed, Science Direct, Medline, BMJ, ProQuest from 2014 to 2024 was conducted according to the PRISMA statement. The search terms included “BAME women”, “Reproductive health”, “Menstrual health”, “Menopause”. Relevant studies focusing on menstrual beliefs, maternity care, reproductive cancer, and menopause among BAME women in the UK were identified and critically analysed. The search encompassed various databases and included qualitative, quantitative, and mixed studies.

Results:

The study demonstrated cultural taboos and stigma surrounding menstruation among BAME communities, leading to barriers in accessing healthcare services. Maternity care disparities were highlighted, with the influence of socioeconomic and racial factors on perinatal outcomes. Additionally, systemic biases and inadequate cultural sensitivity within healthcare systems contribute to delayed diagnoses and insufficient care for BAME women facing reproductive cancers. Menopause care emerged as another area of concern, with disparities in awareness and communication barriers hindering access to appropriate support and treatment.

Conclusion:

The dissertation highlights the urgent need for targeted interventions and policy reforms to address reproductive health inequities among BAME women in the UK. By exploring the complexity of cultural, socioeconomic, and systemic factors, this research provides valuable insights into the challenges faced by BAME women across their reproductive journey. Culturally competent healthcare services, healthcare professionals training, and community-based interventions are essential to promote reproductive health equity for all women, regardless of ethnicity or background.

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ABBREVIATIONS

BAME - Black Asian Minority Ethnicity

EPTB -Extreme Pre-Term Birth

FGR - Foetal Growth Restriction

FMF - Foetal Medicine Foundation

HRT - Hormone Replacement Therapy

LARC -long-Acting Reversible Contraception

MBRRACE-UK - Mother and Babies Rescuing Risk through Audit and Confidential Enquiries
-United Kingdom

MPTB - Moderate Pre-Term Birth

PTB -Pre-Term Birth

SMI -Severer Mental Illness

SRH - Sexual and Reproductive Health

UC- Uterine Cancer

CHAPTER 1: INTRODUCTION AND BACKGROUND

1.1 Introduction

Reproductive health of women from menarche to menopause are natural bodily process, whereas for women belonging to the Black Asian Minority Ethnic (BAME) it is a process intertwined with complex, socioeconomic, religious, and cultural issues, and barriers. In a study narrated by Hennegan et al., (2016) the reproductive health is not openly discussed in numerous Black Asian Minority Ethnic (BAME) communities. Although these community women migrate to higher income and developed countries like the United Kingdom (UK), the barriers and issues remain the same. The unique challenges intersecting with the exacerbated socioeconomic disparities, cultural factors, and systemic inequalities raises a broad spectrum of concern related to sexual and reproductive well-being, including menstrual hygiene, maternal health, family planning, infertility, access to contraception, and gynaecological health.

The focus of this study is to concentrate on the specific reproductive health challenges faced by BAME women in the UK and to understand the underlying factors that contribute to the disparities and barriers. While a wide range of literatures available on health inequalities, there remains a significant gap in understanding the specific reproductive health challenges faced by BAME women in the UK. This study aims to address these gaps and therefore by contributing to the development of targeted interventions and policies.

1.2 Background and Current Context

Reproductive health challenges among Black Asian Minority Ethnic (BAME) women in the UK exist within a broader landscape of health disparities, cultural beliefs, and inequalities. Also, BAME community women in UK face higher risk of mortality during pregnancy and childbirth compared with their white counterparts. MBRRACE-UK's most recent report was published in December 2023 (using data from 2019-2021) and found that Black women were 3.7 times more likely to die than White women, and Asian women were 1.8 times more likely to die than White women and 1 in 9 of the women who died during or up to a year after pregnancy in the UK were at severe and multiple disadvantages. This is due to the contributing barriers to language, cultural and access to healthcare facility (Aquino et al., 2015). South Asian women, few other

black and other ethnic minority women face barriers accessing Sexual health services in the UK. This is highly because of the impact of cultural stigma and taboo where it is believed that unmarried women do not need to be educated about their Sexual and reproductive health (Kiridaran, Chawla et al. 2022). The concept of honour, social control, modesty, and shyness are said to be significant barriers in accessing Sexual and Reproductive Health services (Kiridaran, Chawla et al. 2022). The Asian women population are also concerned about physical examinations by a male practitioner and people from non-native English face barriers which lack confidence in attending Sexual and reproductive services (Alomair et al., 2020).

It is important to acknowledge that there are still many misconceptions and cultural beliefs, stigmas and taboos surrounding menstruation that persists in contemporary world (Tin et al.,2017). These beliefs alter and stand as a barrier towards both typical and atypical menstruation which needs medical attention and not misconceptions that stop women from accessing healthcare facilities for their reproductive health (Tin et al., 2017). (Tan, Haththotuwa et al. 2017) stated that it is essential to recognise the misunderstandings and cultural norms regarding the menstrual health of women among BAME communities which directly implicate the reproductive health of women and rectify them without spoiling the sensitivity of cultural beliefs and norms.

Garcia et al., (2015) stated that passing through periods and years, it is believed that socio-economic factors and poorer access to healthcare services are the major cause of reproductive health disparities among women. However, Penner et al., (2013) mentioned that these disparities continue to occur even after crossing through socio-economic factors and demographic variables. The most common reasons for reproductive and sexual health disparities in BAME women are unintentional racial bias and a lack of research background to propose strategies to improve and tackle ethnic health disparities in women during their reproductive life (Liu, Nadeem et al. 2022).

One of the most striking examples of racial disparity in the UK is the persistent and high rates of maternal mortality among ethnic minorities (Silverio, Varman et al. 2023). Due to a higher risk of adverse outcomes during maternity care, women from ethnic minority groups face embedded, systemic, and structural discrimination throughout the healthcare system (Silverio, Varman et al. 2023) Maternal healthcare staff may hold implicit bias which can negatively impact the rapport between healthcare providers and the women they serve (Silverio, Varman et al. 2023) This bias can distort

communication, removing women's ability to make decisions regarding their care. (Garcia, Ali et al. 2015) stated that the research study data indicate that women who feel reassured that they have control over their healthcare decisions are more likely to establish trusting relationships with their healthcare providers and communicate their care needs more effectively.

Access to Sexual and Reproductive Health (SRH) services is also a significant challenge for South Asian women due to the fear of being seen accessing these services (Liu, Nadeem et al. 2022). Cultural and religious beliefs forbid premarital sex in many communities, and discussions around SRH may be deemed unnecessary or shameful, further exacerbating the fear of being seen accessing services (Kiridaran, Chawla et al. 2022). Furthermore, individuals who behave in ways that deviate from cultural or faith norms often conceal their actions, making it difficult for them to access appropriate SRH services (Weston et al., 2003).

According to a study conducted by Katherine et al. in 2011, healthcare professionals observed that South Asian Muslim women and few other minority ethnic women were more likely to feel embarrassed about breastfeeding in front of others, making it difficult for healthcare providers to assist them.

According to a study by Gold et al. (2013), women from ethnic minorities in the UK may experience menopausal symptoms that are different or described differently than those of their white counterparts. In addition, a recent study by (MacLellan, Collins et al. 2022) revealed a communication gap during consultations, which is caused by a lack of awareness of perimenopause and/or menopausal symptomatology in some women from ethnic minorities. This gap prevents them from advocating for their health. Furthermore, some primary care clinicians lack knowledge or confidence in interpreting and connecting symptom presentation with a holistic menopause care lens, which can compound the challenge.

The experience of minority ethnic women during perimenopause and/or menopause in the UK can be complex and interconnected, making primary care the ideal setting for providing support to women seeking help during this time. However, study stated by (Catalao, Dorrington et al. 2022) shows that despite an increase in consultations for perimenopause and/or menopause among primary care clinicians, there still exists a knowledge and confidence gap in practice. This is partly due to the lack of training in medical schools and reliance on self-directed education once in general practice

(MacLellan, Collins et al. 2022). Moreover, guidelines, training, and structural support for cross-cultural communication consultations exist, but their implementation is ad hoc (Teunissen et al., 2017). The experience of complex and inflexible service arrangements, inconsistent language support (Twamley, Puthussery et al. 2011), and varying levels of health literacy among the population presenting to primary care amplify the challenges faced by BAME women accessing health care (Medina et al., 2022).

1.3 Rationale for Research or Problem Statement

Reproductive health, from menarche to menopause, is influenced by complex socioeconomic, religious, and cultural factors, often overlooked in Black Asian Ethnic Minority (BAME) communities (Hennegan et al., 2016). BAME women face higher maternal mortality rates due to barriers in language, culture, and healthcare access (Aquino et al., 2015). In the UK, menarche to menopause in women are underlined as a milestone from girl to womanhood. This causes inadequate cultural sensitivity in sexual and reproductive health of women and reduced effectiveness in reaching the BAME women population who are sensitive and reluctant to openly speak about reproductive health due to cultural taboos and stigmas surrounding them. There is not much systematic literature review available on the effect of reproductive health of BAME women in the UK (Khan Z, 2021). This research would empower BAME community women by raising awareness and promote a high-quality of reproductive health literacy. Till date there is scarcity of systemic review on reproductive health challenges faced by BAME women in the UK.

1.4 Research Question

The research question would be “What reproductive health challenges (O) are faced by the Black Asian Minority Ethnic (BAME) women (P) from Menarche to Menopause (E) in the UK?”

1.5 Research Aim

The aim is to analyse barriers to BAME women's reproductive health in the UK, aiming for health equity and community empowerment the UK.

1.6 Research Objectives

- Identify the effectiveness and barriers to healthcare access.
- Evaluate the sociocultural factors that influence the BAME women in the UK during this period of life.
- Evaluate the impact and influence of lifestyle factors and lifestyle changes in the UK.
- Explore the psychological and emotional aspects of the women from menarche to menopause.

1.7 Chapter summary

Reproductive health challenges among BAME women in the UK begins from complex socioeconomic, cultural, and systemic factors, leading to disparities, inequalities, maternal health disparities, and limited access to sexual and reproductive health services. Cultural stigma and taboo surrounding menstruation, childbirth and menopause exacerbate the challenges evermore. The study aims to address the gaps of literature on these issues, empowering communities and promoting reproductive health literacy. Following, the next chapter will provide a comprehensive review of existing literature on the topic, informing the research direction and contributing to the understanding of the issues faced by BAME women in the UK.

CHAPTER 2: Literature Review

2.1 Introduction to Literature Review Chapter

This chapter will provide a systemic understanding of the existing literature on Reproductive health challenges faced by Black Asian Minority Ethnic Women in the United Kingdom. It will explore various factors contributing to the disparities in healthcare access, systemic barriers including cultural stigma, socioeconomic status, and language. In addition, the literature on cultural beliefs, stigma and attitudes surrounding women's lifespan from menarche to menopause among BAME communities will be examined. By incorporating current research findings, this chapter aims to provide valuable insights into the reproductive health needs of BAME women and inform future research, interventions and promoting health literacy.

2.2 Literature review

The literature on reproductive health challenges faced by Black Asian Minority Ethnic community women in the United Kingdom is growing, there exists many notable gaps and limitations. An extensive search of electronic database including PubMed, Science Direct, ProQuest Central, BMJ, MEDLINE and Google Scholar were conducted to identify relevant studies. The review included qualitative, quantitative, and mixed research studies exploring barriers to healthcare access disparities in health outcomes, cultural and language barriers in reproductive lifespan of BAME women from menarche to menopause in the UK.

This study explains and explores the details of existing research on Reproductive health challenges faced by BAME women in the UK. Various studies indicate significant disparities access to healthcare services and poorer health outcomes for BAME women in the UK. The challenges include cultural factors, inadequate care, stigma, and taboo contribute to disparities. Bramwell et al., (2001) stated that nearly all women in the world will menstruate at some point in their life, but widespread negativity, cultural stigma, and inequalities surrounding menstruation has been evident and challenging for women who are belonging to the BAME community. There may be various messages and distinguishing factors across each location and culture in accordance with the menstruation, but the challenges faced by women in these

communities remain the same which influence the life, bodies, and bodily functions (Grose, Grabe 2014). There is shortage of research on the Sexual and Reproductive Health (SRH) services accessed by Asians who are considered as one of the largest ethnic minority groups in the UK (Griffiths et al., 2008). (Roxanne Rahnejat, Narice 2023) mentioned that BAME community women fear that puberty and sexuality can presage curtailment of education, marriage, and motherhood. The ritual traditions, stigma surrounding puberty and childbirth disproportionately affect BAME women restricting to prioritise menstrual health, childbirth, perinatal health, and menopause. Katherine et al, also stated that the stem from negative beliefs disempower them. The stigmas do not improve even after the women migrate to the higher income, developed countries like the United Kingdom.

Menstruation has always been considered as one of the restricted phases of women's life especially among women belonging to the BAME community. Tin et al., (2017) stated that various world religions generally pose negative attitudes and restrictions towards menstruation and menstruating women. It is also considered as a phase of impurity with all the cultural beliefs, stigmas and taboos restricting the BAME women from accessing healthcare facility which imposes a restriction to their reproductive health (Tan, Haththotuwa et al., 2017)

Understanding the race, ethnicity and gender is essential in lining up the root cause of disparities and inequalities. (Stacey, Haith-Cooper et al., 2021) stated that the perinatal mortality has unreasonably impacts the BAME community women. Although maternity care is unique and vast in the UK, it is unclear whether the key health messages, health promotion and policies relating to the factors are available and accessible in appropriate way for diverse communities within the UK (Stacey, Haith-Cooper et al., 2021). The midwives communicating and educating the maternity care to diverse set of women population including BAME women in the UK raises the question provision of interpreters and the availability of diverse healthcare professionals (Stacey, Haith-Cooper et al., 2021). The minority ethnic women having access to maternity care through NHS are more likely to experience adverse outcomes than their white counterparts (Silverio, Varman et al., 2023). A statistical calculation in the UK show that 8% of women are non-white with 51% of these being Asian or Asian British, 12% Chinese or other ethnic groups and 11% termed as mixed (Gameiro, El Refaie et al., 2019). Culley et al., (2009) stated that the need for fertility care of ethnic minority and

religious minority group has received very low political and academic attention causing gaps in the research regarding the BAME women fertility care in the UK.

Black Asian Minority Ethnic women are stated to have higher rates of adverse pregnancy outcomes (Garcia, Ali et al. 2015). A large meta-analysis demonstrated by Muglu et al., (2019) shows a twofold increase in the likelihood of stillbirth in black women when compared to their white counterparts. The health disparity is also reflected in other ethnic and socio-economically disadvantaged groups in the UK (Lindegret et al., 2021). Also, when referring to perinatal mental health, (Womersley, Ripullone et al. 2021) stated that BAME women face poor mental health during perinatal period and face challenges and barrier in accessing mental healthcare resources in the UK due their cultural, social factors which includes stigmas and taboos challenging their reproductive health.

(Silverio, Varman et al. 2023) discussed the women's perspective regarding race and ethnicity in the UK maternity services where the BAME women's experiences are more reminiscent of traditional notions of discrimination based on skin colour and racial differences. The healthcare professionals in the UK may be more accepting of racial difference amongst colleagues but may still foreground racial difference amongst the patients they see, unintentionally ((Silverio, Varman et al. 2023). Another research study carried out (Puthussery, Li et al. 2019) highlighted that British born minority ethnic women seemed to be more empowered when it came to their reproductive healthcare. However, the study of (Silverio, Varman et al. 2023) revealed that they were still being subjected to stereotyping based on their cultural heritage, which was a common and familiar discourse. In addition, a study by (John, Curry et al. 2021) stated that the cultural dissonance as a significant factor behind institutional, interpersonal, and internalised racism faced by Black Asian Minority Ethnic women in the UK in their maternity healthcare.

The UK CR Uterine Cancer Incidence statistics of 2023 shows that the Uterine cancer is the 4th most common cancer in females in the UK and the incidence rose to 12.3% over the last 30 years. The treatment for the cancer remains inequal among Black African ethnic minority women in the UK which requires urgent attention and targeted interventions (Delon et al., 2022). Although there are various policies and advancements in the healthcare in the UK, there are results of poorer uterine cancer

health outcomes on Black African ethnic minorities compared with their white counterparts (Darko, Millet et al. 2024). Although NHS, UK could carry the financial costs for the treatment, inequalities are experienced along with their anxiety about the fear, stigma and social implications surrounding the cancer diagnosis within their communities, which is, linked to sexual activity and gynaecological cancer development (Darko, Millet et al. 2024). An interview by Darko, Millet et al. (2024) from one of the study participants stated that “It's the stigma, they don't talk about women's problems down there. They'd be ashamed and they just carry on and keep going. But if they don't know what it is, and the symptoms and there's no campaigns, how would they know what to do or who to talk to?”.

NHS-UK health A to Z 2023 states that cervical screening is a crucial health check-up recommended for women in England between the ages of 25-64. However, study by (Puthussery, Li et al. 2019) has shown that attendance for cervical screening is lower among women from certain ethnic backgrounds, even after considering factors like socioeconomic status. One of the reasons behind this trend is a lack of awareness of cervical cancer in such communities, particularly among older women. Interestingly, while many women expressed concerns about the emotional aspects of the screening procedure such as fear, embarrassment or pain, these feelings were found to be more significant among Asian women, leading to a potential barrier for them to attend such screenings (Marlow, Waller et al. 2015).

The concerns of younger, unmarried women belonging to BAME communities regarding the sexual healthcare service confidentiality and sharing their personal information are a significant barrier challenging the BAME community women in accessing the sexual healthcare facility (Griffiths et al., 2008). (Kiridaran, Chawla et al. 2022) stated that these challenges arise as younger women although moved to a developed country like UK, their cultural belief and stigma crossed them off their openness in sharing about sexual health before marriage and even after marriage outside of their house. Young people are often unaware of the duty of doctor-patient confidentiality, which highlights the need for service providers to clarify this issue (French et al., 2005). Additionally, patients may have concerns about GPs of the same ethnicity disclosing their information to family members ((Kiridaran, Chawla et al. 2022)).

There is a lack of research on the decision-making process of ethnic minority women

regarding breast feeding in the UK (Hawkins et al., 2008). Some studies on South Asian women have highlighted issues related to the perceived "impurity" or "inadequacy" of colostrum (Shaw et al., 2003; Spiro, 2007; Littler, 1997). There are also reports of South Asian grandmothers encouraging formula feed even after migrating to the UK (Ingram et al., 2003). There is a need for more studies to differentiate between the experiences of migrant and UK-born ethnic minority women. Recent evidence suggests that UK-born Black and South Asian women are less likely to initiate breast feeding and continue for at least four months, compared to migrant women (Hawkins et al., 2008). A study by Katherine et al. in 2011 found that many participants from all ethnic backgrounds felt embarrassed about breast feeding in front of others, both at home and in public places. To avoid embarrassment, women reported using infant feeding facilities, a shawl or hijab, and sometimes giving artificial milk (Katherine et al., 2011).

The menopause is a natural stage in a woman's life and the experience differs with each woman (MacLellan, Collins et al. 2022). (Kusunoki, Barber et al. 2016) mentioned in a study that ethnic minority women may have different menopausal experience such as earlier age, longer transition periods and varied symptoms when compared with their white counterparts in the UK. The Hormonal Replacement therapy (HRT) unlike among UK white counterparts, BAME women face inequalities in prescribing and experience an uneasiness over the menopausal care (Knight et al., 2019). Ethnic minority women are more likely to live in the deprived areas of UK where structural racism and stigma appear to play a crucial role which cause lack of attention to menopausal care (Hillman et al., 2022). Also, in UK, research evidence exploring women from BAME communities' experience of menopause is limited and largely confined to journalism, charities, and advocacy blogs (Hillman et al., 2023). MacLellan et al., (2023) stated that healthcare providers noted a widespread lack of awareness regarding perimenopause and menopause among women from ethnic minority women in the UK which affects their willingness to seek help and communicate symptoms.

2.3 Chapter summary

The literature review explores the challenges faced by Black Asian Minority Ethnic (BAME) women regarding their reproductive health in the UK. It highlights the

differences in healthcare access and outcomes, cultural stigma, inadequate care, and taboos surrounding menstruation, childbirth, perinatal health, and menopause. Although some British-born minority ethnic women are empowered, they still face stereotyping and institutional racism in healthcare. The next chapter will outline the research design, data collection methods, and analytical framework used to investigate the reproductive health needs of BAME women in the UK. It builds upon the insights gained from the literature review.

CHAPTER 3: METHODOLOGY

3.1 Introduction

The study on reproductive health challenges faced by Black Asian Ethnic Minority women in the United Kingdom employed a systematic literature review adhering to the guidelines for preferred reporting items to ensure reliability of the findings (Mother et al., 2009). Various search strategies including databases like PubMed, Science Direct, ProQuest Central, BMJ, MEDLINE and Google Scholar are utilised to gather peer-reviewed articles, grey literature, and other resources. Exclusion and inclusion criteria are applied to remove articles with insufficient data and those that do not meet the requirements. Ensured that the study complies with the ethical considerations when dealing with the sensitive information involving the women in the study.

3.2 Systematic Literature Review (SLR)

Constructing a research study and relating to existing knowledge lays the brick ladder to all academic research activities regardless of discipline (H. Snyder., 2019). Though it is complex, an effective and well managed review in the form of research paper can strengthen and facilitates the development of theory (Webster et al., 2002). Systematic literature helps in collecting publications and existing research studies that can fit inside the criteria to answer a specific research question (Mengista et al., 2020). It aims to produce transparent report of study identification and explaining how a finding of the review are placed in the relevant evidence (Cooper et al., 2018). Systematic reviews are unlike other traditional reviews. It adopts a replicable, scientific, and transparent procedures (Mengista et al., 2020). It helps in reducing the bias in searching, identification, synthesis, analysis, and summaries (Mengista et al., 2020). It is also important that a straightforward and precise model must be identified as it is important and without it a systematic literature process may remain immature and potentially uneven (Cooper et al., 2018)

3.3 Search Strategy.

The systematic review for the study includes various search strategies. The search depends on identifying relevant topics to the studies which must be significant and relevant (MacFarlane et al., 2022). As it is quite extensive and

vast, the search relied on balancing the precision and reliability to the study chosen. This is followed by screening the studies, analysing the evidence, and synthesising the review (Cooper et al., 2018). Identifying the reproductive health challenges of women belonging to black Asian ethnic minority in the UK from the menarche to menopause phase of life needs a transparent, and explainable of current approaches. The search strategies are pivotally based on identifying the concepts and represented with discrete search keywords from the topic (Shokraneh., 2016). These concepts and keywords can be combined using Boolean operators like AND, OR, NOT to initiate the search strategy (MacFarlane et al., 2022). The specific search time limit used for the study is from January 2014 to December 2023.

3.4 Search terms

According to H Snyder (2019) search terms can be words or phrases helps to identify appropriate articles, journals, books, and reports related to the research topic and research question. These search terms can be broad or narrow depending on the aims and objectives of the framed research question (H Snyder, 2019). As MacFarlane et al., (2022) mentioned, search terms require precise definition and explain the actual meaning. The search includes multiple domains of healthcare, information and science, consistent definitions are needed to provide a coherent narrative (MacFarlane et., 2022). The use of synonyms is helpful in making relevant research and increases the chances of finding all the important studies on the topic (Cooper et al., 2018). Further, different authors use different words to phrase and discuss in a study, hence identifying synonyms from the keywords gives us more flexibility, accuracy and easier refine to searches for the information that is needed (Cooper et al., 2018). Limiting the search by not using the synonyms can end up with a flawed sample collection and missing important studies (H Snyder, 2019). A wrong conclusion about gaps, irrelevant studies may lead to contradictory results or perhaps provide false evidence of the specific effect and outcome (H Snyder, 2019).

Table 1: PEO Framework

Population/ Problem	Black Asian Ethnic Minority (BAME) Women in the UK
Exposure	From Menarche to Menopause
Outcome	Reproductive health challenges

Based on the PEO framework designed, the topic arises a research question stating What are the reproductive health challenges faced by Black Asian Ethnic Minority women in the UK from Menarche to Menopause. To identify answers to the research question, multiple databases like PubMed, Science Direct, ProQuest Central, BMJ, MEDLINE and Google Scholar are used coherently by applying relevant keywords, and Boolean operators. The search strategy majorly involved combining the keywords related to population like Black women, Asian women, BAME women, and exposure terms like menarche, menopause, reproductive life were included, and outcome terms like reproductive health challenges, obstetric health issues, gynaecological health issues were used. These search keywords were elaborated and extended using synonyms of the words. The keywords are then combined using Boolean operators like AND, OR, NOT. The search is crucial as it helps and ensures that there are no important data or studies missed during the search. The aim to shed light on the reproductive health challenges faced by black Asian ethnic minority women in the UK and help the healthcare providers and other community members understand the and address the specific concerns related to the challenges and further help them that they receive necessary support in the healthcare and community as well.

3.5 Key Words

Keywords are specific terms and their synonyms that represents the concept of the research study (MacFarlane et al., 2022). The keywords that are used in this study are:

Table 2: Key words

Population	Reproductive Health	Outcome	Region
<i>Search operator</i>	AND	AND	AND
Asian	Women	First period	United Kingdom
India	Menstruation	Menstrual hygiene	England
Pakistan	Puberty	Childbirth	
Bangladeshi	Menarche	Stillbirth	
Africa	Pregnancy	Breast feeding	
Black	Fertility	Postpartum	
Black and Minority ethnic	Childbirth	Antenatal	
Caribbean	Sexual health	Infertility	
Traveler	Reproduction	Maternal health	
Gypsy	Menopause	Stigma	
Irish	Cancer	Taboo	
BME	Obstetric issues	Cultural barrier	
BAME	Gynaecological issues	Socioeconomic status	
Minority Ethnic			
Chinese			
Arab			
Mediterranean			
Roma			

population classified according to the Office National Statistics Ethnicity classification, 2021.

3.6 Databases

A vast usage of academic database from electronic sources has been used to search for information. The utilised databases include PubMed, Science Direct, ProQuest Central, BMJ, MEDLINE and Google Scholar. Multiple database search is crucial for a broadened search for a systematic review. The goal of the study is to identify as many as possible relevant resources to provide the best and complete coverage of the chosen search topic (Gusenbauer et al., 2019). Haddaway (2019) stated that a necessary strike is important to balance between comprehensiveness and maintaining relevance during a database search. A study by Pranckute et al. (2017) showed that during the last decade a significant growth in sources and metrics of Web of Science, PubMed, Scopus, science direct. Searching multiple databases increased

the likelihood of identifying relevant articles leading to extensive coverage compared to searching a single database (Gusenbauer et al., 2019). Also, accessing multiple databases minimises the risk of missing relevant studies, enhancing the reliability and validity of the research findings (Haddaway, 2019).

3.7 Inclusion/Exclusion Criteria

A study conducted by Tranfield et al., in 2003 and Wong et al., in 2013 stated that inclusion and exclusion criteria can end up with varied answers and conclusions. Selecting specific journals articles according to the limitations and criteria enables transparency to the readers and helps in understanding the literature about how it was identified, analysed, synthesised, and reported (H Snyder, 2019). Inclusion/exclusion criteria are fixed guidelines used to select or exclude studies during the literature review process based on characteristics such as study design, population, intervention, or outcome measures (Tranfield et al., 2003 and Wong et al., 2013). Also, it enhances the validity and reliability of the review findings (H Snyder, 2019).

3.7.1 Inclusion Criteria

Inclusion criteria for the topic of reproductive health challenges among Black Asian Minority Ethnic (BAME) women in the UK include studies published in English, focusing on reproductive health issues within the UK, and age between 15 to 49 years (Menarche to menopause), employing qualitative, quantitative, or mixed methods approaches. Articles from year 2014 to 2024 are included. Also, including women of various health statuses like pregnancy, post-partum, family planning methods, infertility, Hormone Replacement therapy (HRT) and cancer related to reproduction.

3.7.2 Exclusion Criteria

Exclusion criteria for the topic of reproductive health challenges among BAME women in the UK involve studies not conducted in the UK, non-English publications, and those focusing solely on non-BAME populations. Also, women aged below 15 and above 49 will be excluded from the study. Articles lacking relevance to reproductive health issues or focusing exclusively on other healthcare aspects are excluded. Studies with insufficient data or not addressing reproductive health disparities among BAME women are excluded.

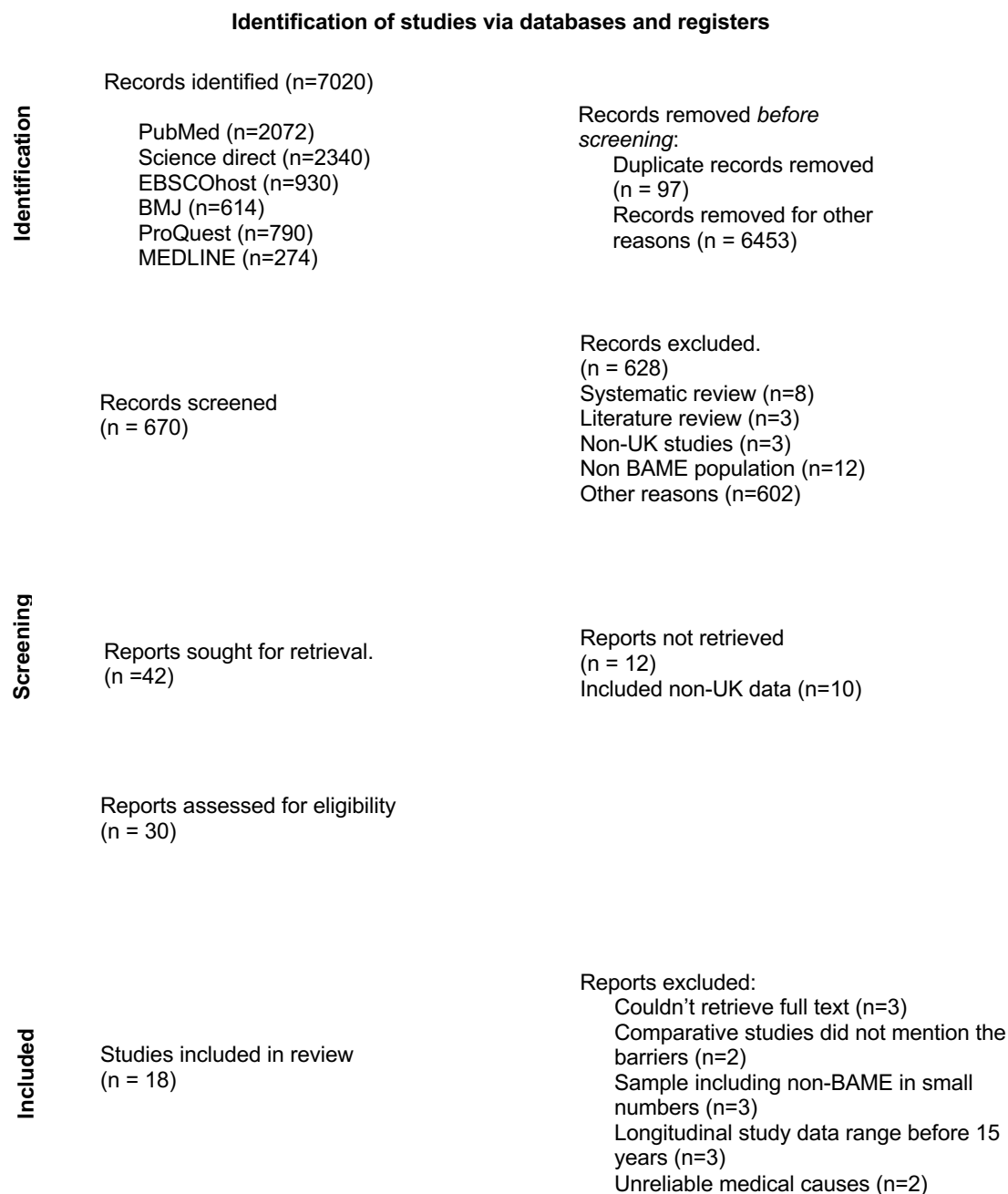
3.8 Search Results

The review included a total of 18 studies after applying the inclusion and exclusion criteria. To illustrate the elimination process of irrelevant studies, a PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) chart was used. The PRISMA chart provides a visual representation of the flow of studies through the review process, from initial identification to final inclusion (Page et al., 2021).

Initially, a comprehensive search was conducted across multiple databases. The search strategy utilised a combination of keywords related to reproductive health, BAME women, and the UK. This initial search yielded a total of 7220 articles. After removing duplicates, 670 articles remained for screening. These articles were then screened based on their titles and abstracts to assess their relevance to the topic. During this stage, articles that did not meet the inclusion criteria were excluded. Reasons for exclusion included being conducted outside the UK, focusing on non-BAME populations, or not addressing reproductive health issues among BAME women.

After the full-text review, a total of 18 studies were deemed eligible for inclusion in the review. These studies provided valuable insights into various reproductive health challenges faced by BAME women in the UK, including issues related to menstruation, pregnancy, cancer, reproductive health, and menopause.

Figure 1: PRISMA flow chart/use the template.



3.9 Ethical Considerations

Ethics in research is defined by David B in 2015, as a framework or approach used to guide actions and navigate complex dilemmas, offering a methodological perspective for decision making. As this study particularly a systematic review, it involves combining data from various publications, studies, and articles.

Subsequently, the data will be used collectively from the same objectives with no ethical problem regarding the original informed consent from the population.

Weingarten et al., (2004) suggested that evaluating ethics within systematic reviews could prompt reviewers to recognise studies where ethical concerns are significant enough to question the validity of their findings.

3.10 Chapter Summary

The methodology for a systematic review on reproductive health challenges among BAME women in the UK was outlined by covering search strategies, search terms, inclusion, and exclusion criteria along with the importance of ethical considerations in systematic review. The PEO framework guided research question formulation and a comprehensive list of keywords ensured inclusivity. Multiple academic databases were utilised for thorough systematic review. The search results were presented using a PRISMA Flow chart. The next chapter will focus on data extraction detailing procedures for systematically gathered relevant information from selected studies. Through meticulous data extraction, the study aims to synthesise and analyse findings to provide valuable insights.

CHAPTER 4: DATA EXTRACTION AND EVALUATION

4.1 Introduction to Chapter

The data extraction and evaluation chapter on the study reproductive health challenges faced by Black Asian Ethnic Minority women in the UK explores and outlines procedures for systematically gathering information from selected studies and critically appraising their quality using appropriate tools like CASP for qualitative analysis. This chapter emphasises the importance of assessing the methodological relevance to ensure the validity of the findings. This chapter will help in organising the extracted data and present the findings of the systematic review, contributing valuable insights into reproductive health challenges faced by BAME women in the UK.

4.2 Data Extraction

Schmidt et al., (2021) stated that data extraction entails systematically capturing essential study characteristics in a structured and standardised format, utilising information derived from journal articles, publications, studies, and reports. This process serves as a vital prerequisite for evaluating the potential bias within individual studies and synthesising their outcomes. According to the study based on reproductive health challenges faced by BAME women in the UK, data extraction will involve combining various information from various studies including qualitative, quantitative studies. This includes demographic details, study characteristics, study design, tools used in data extraction, data analysis and outcome of the study. These data elements will be extracted based on a pre-designed data extraction form like CASP and CERM tools tailored to the specific objectives and inclusion criteria.

4.3 Brief introduction to critical appraisal and paper quality assessment

Booth et al., (2016) stated that critical appraisal necessitates a thorough and

systematic evaluation of a study's credibility and diligence. This process is straightforward, systematic, and methodological rather than being disorganised. It involves assessing the study's methodological, ethical, and theoretical quality (David et al., 2022). Additionally, as highlighted by Flyybjerg et al., (2012), critical appraisal benefits from the reviewer's practical wisdom, which is acquired through research experience and exposure to relevant literature. It is essential to acknowledge that the researchers are inevitably influenced by their personal theoretical and contextual backgrounds, which can impact the appraisal process. Critical appraisal is integral to systematic reviews in assessing the credibility and in interpreting the findings of the study. It enables the reviewers in understanding the definition, benefits, and procedural aspects with well-informed insights (David et al., 2022). Petticrew and Roberts (2006) suggests that striking a balance between critical evaluation and acceptance is crucial to avoid inaccurate interpretations of primary research.

4.4 Critical Appraisal Tools

Katrak et al., (2004) stated that critical appraisal tools guide the interpretation of study findings, crucial for reviewers to determine the credibility and transferability of results to different contexts like policy, future research studies, education, or clinical practice. A commonly avoided aspect is the misjudgement between tools crafted for evaluating methodological quality and reporting guidelines intended to evaluate the quality of methods reporting (Williams et al., 2020). Canberra (2000) stated that these critical appraisal tools offer analytical assessments of a study's quality, especially regarding the methods employed to reduce biases. Given that these factors can impact study outcomes and interpretation, it is crucial for reviewers to determine the credibility and applicability of study results in various contexts, such as policy making, future research, education, or clinical practices (Katrak et al., 2004). Therefore, selecting a suitable critical appraisal tool is integral to evidence-based practice. Clarke and Oxman (2003) described the critical appraisal tools are expected to assess various aspects of papers including but no limited to methodology, study design, sample selection, data collection, statistical and analysis techniques, ethical considerations, potential sources of bias and interpretation of results and transferability of findings.

4.1 Evaluation of Qualitative Studies using any appropriate tool

Utilizing the CASP tool for quality assessment allowed the study to structure the synthesis, giving more weight to higher-quality study findings over lower-quality ones (Long et al., 2020). Long et al. (2020) present a practical reflection on challenges encountered during quality appraisal within systematic reviews and qualitative evidence synthesis. The tool comprises ten questions, each addressing distinct methodological aspects of a qualitative study. These questions prompt researchers to assess the appropriateness of research methods and the clarity and significance of the findings (Long et al., 2020). In Long et al.'s study (2020), the CASP tool is noted to effectively assess the transparency of research practices and reporting standards, although with less effectiveness in evaluating research design and conduct. In comparison to alternative appraisal methods such as a quality framework and unprompted expert judgment, CASP provides valuable insights into procedural aspects and necessary reporting details, although it yields lower agreement among reviewers, as observed in Dixon Woods et al.'s research (2007)

Table 3: Qualitative: Data Extraction

Author and Year	Title	Aim of the study	Study Design	Sample and Population	Articulated finding for the study	Key Findings
Jeeva Reeba John, Gwenetta Curry, Sarah Cunningham-Burley ; 2021	Exploring ethnic minority women's experiences of maternity care during the SARS-CoV-2 pandemic	To explore the experiences of pregnancy, childbirth, antenatal and postnatal care in women belonging to ethnic minorities identify challenges faced during the pandemic.	Semi structured interviews	Participants =16 Time taken – 2 months. Participants – BAME women (Black/African/Caribbean/Asian-Indian, Chinese, Bangladeshi, Pakistani and Arab; Pregnancy phase from 6 months to delivery;	Thematic analysis- Accent bias; language barrier; Cultural dissonance; racism including institutional, interpersonal, and internalised	The study shows hurdles of ethnic minority women encounter during pregnancy, compounded by the challenges of the pandemic along with the existing ethnic disparities in maternal outcomes.

R. Catalao, M. Ashworth, S. Hatch and L. Howard; 2021	Ethnic disparities in multi-morbidity in women of reproductive age in the UK	Aims to investigate inequalities in multimorbidity among women of reproductive age exploring the ethnic disparities in both physical and mental health among women before conception.	Data Linkage study	Participants =14,532 (cohort) Time record – 10 years CRIS secondary care database Participants – aged 15-40 years; preconception BAME women	Minority ethnic groups (79.5% of the sample) had lower odds of depression diagnosis in primary care compared to White British women (adj OR 0.66, p < 0.001). Black women had higher odds of severe mental illness (adj OR 3.41, p < 0.001)	Emphasise the necessity for culturally tailored integrated care models across primary and secondary mental health services.
N. Darko, N. Millet, A. Usman, L. Teece, E.L. Moss; 2024	Exploring the perspectives of underrepresented voices: Perceptions and experiences of uterine cancer for black African, Caribbean, black British, and mixed-black women in the UK to develop strategies for early symptom presentation	aimed to grasp the perspectives and encounters of BME women in the UK regarding uterine cancer, specifically focusing on their awareness and recognition of red-flag symptoms.	Focus group and semi-structured interviews	Participants =20 Participants – Black African, Black Caribbean, Mixed Black ethnicity Women	Thematic analysis: Healthcare inequality; support and sense making with other women; knowledge dissemination	Lack of tailored knowledge dissemination and specific uterine cancer (UC) information for Black ethnicity women in the UK contributes to spreading misconceptions and fostering a sense of apprehension about UC diagnosis.
Vaishali Kiridaran, Mehar Chawla, and Julia V. Bailey; 2022	Views, attitudes and experiences of South Asian women concerning	To explore the views, attitudes, and experiences of South Asian women in the UK	Semi-structured Interviews	Participants =14 Participants – Age 18 to 40; South asian women;	Barriers identified - Information provision; Confidentiality	South Asian women are uncomfortable accessing sexual health services

	sexual health services in the UK: a qualitative study	regarding sexual health services.			and privacy concerns; lack of Cultural awareness; Experiences with health care professionals	and communicating their sexual health concerns with health care professionals.
Sergio A. Silverio, Nila Varman, Zenab Barry, Nina Khazaezadeh, Daghni Rajasingam, Laura A. Magee & Jacqueline Matthew; 2023	Inside the 'imperfect mosaic': Minority ethnic women's qualitative experiences of race and ethnicity during pregnancy, childbirth, and maternity care in the United Kingdom	to validate the 'Imperfect Mosaic' theory by analyzing interviews with UK maternity care recipients, comparing their experiences with the established theory.	semi structured interviews	Participants =14 women; video conferencing method of interviews	Analysis- Stopping short of agentic birth; Silenced and Stigmatised through Tick-Box Care; Anticipating Discrimination and the Need for Advocacy; Navigating Cultural Differences;	Ethnic minority women in UK face more risks during pregnancy and childbirth because the healthcare system discriminates against them.
Sofia Gameiro, Elisabeth El Refaie, Berit Bliesemann de Guevara, Alida Payson; 2019	Women from diverse minority ethnic or religious backgrounds desire more infertility education and more culturally and personally sensitive fertility care.	The perspectives, encounters, and healthcare requirements of infertile women from minority ethnic or religious backgrounds residing in Wales, who perceive their communities as strongly supportive of having children and view infertility as stigmatized	one day visual and textual data interpretation; thematic analysis	Participants =9 women; minority ethnic/ religious background; age range- 30 to 59	themes identified - Emotional burden of infertility; Relational burden of infertility; Social burden of infertility; The community; Views and concerns about infertility; Coping strategies; Healthcare experiences; Support needs	Women from ethnic and religious minority backgrounds feel that their communities strongly emphasize having children and look down upon infertility, causing them significant stress related to infertility.

Jennifer MacLellan, Sharon Dixon, Sultana Bi, Francine Toye and Abigail McNiven; 2023	Perimenopause and/or menopause help-seeking among women from ethnic minorities: a qualitative study of primary care practitioners' experiences	To explore primary care practitioners' experiences of perimenopause and/or menopause help-seeking among women from ethnic minorities.	Online and Telephone interviews	Participants = 46 Primary care practitioners, 14 ethnic minority women; Data collection time range -March to September 2022;	Cultural expressions of embodied experiences could offer challenges to practitioners to 'join the dots' and interpret experiences through a holistic menopause care lens.	Women from ethnic minorities may not be aware of perimenopause or menopause, affecting their ability to seek help and communicate symptoms. Practitioners may face challenges in interpreting experiences through a holistic menopause care lens due to cultural differences.
Laura A V Marlow, Jo Waller, Jane Wardle; 2015	Barriers to cervical cancer screening among ethnic minority women: a qualitative study	To explore self-perceived barriers to cervical screening attendance among ethnic minority women compared to white British women.	Semi structured Interviews	Participants = 43 ethnic minority women; 11 British women; Age- 25 to 64 years	Low perceived risk of cervical cancer was influenced by beliefs about having sex outside of marriage and some women felt a diagnosis of cervical cancer might be considered shameful.	Women from ethnic minorities feel unaware of cervical cancer, and emotional, practical, and cognitive barriers prevent them from screening. Asian women experience more emotional barriers. Negative experiences can be a barrier to repeat attendance.

4.1 Evaluation of Quantitative Studies using an appropriate tool

For the critical appraisal of quantitative studies, Coughlan, Cronin & Ryan's (2007) framework was employed. This tool gives a structured evaluation of study design, methodology, and validity, ensuring rigorous assessment of included studies (Coughlan et al., 2007). A total of 12 quantitative studies were critically assessed and quantitative studies are utilised to quantify phenomena, relationships, and outcomes using numerical data. The aim of these studies is to investigate various reproductive health challenges experienced by BAME women in the UK. Methodologies varied but were appropriate for their respective research questions, comprising cross-sectional, retrospective, and prospective cohort, and data linkage study designs.

Table 4: Quantitative: Data Extraction

Author and Year	Title	Aim of the study	Study Design	Sample and Population	Articulated finding for the study	Key Findings
Katherine Roxanne Rahnejat, Brenda F Narice; 2023	Assessing menstrual equity amongst BAME women fleeing gender-based abuse in Sheffield (UK): A cross-sectional study	To evaluate menstrual equity and sanitary preference amongst BAME population Sheffield (UK)	Cross sectional study	Participants =50 Time taken – 6 months. Participants – BAME women; Menstrual phase;	Accept male doctors (p=0.04), unlike those who saw menstruation as taboo (p=0.02), unclean (p=0.02), or shameful (p=0.001)	Study reveals inadequate menstrual health education and stigma affecting BAME women's access to products and healthcare.
Jennifer Jardine, Kate Walker, Ipek Gurol-Urganci, Kirstin Webster, Patrick Muller, Jane Hawdon, Asma Khalil, Tina Harris, Jan van der	Adverse pregnancy outcomes attributable to socioeconomic and ethnic inequalities in England	Measure the extent of socioeconomic deprivation and minority ethnic background as risk factors for adverse pregnancy	Cohort study	Participants =1 155 981 Time taken – 2 years. Participants – BAME women; Women with	Group-specific attributable fractions were especially high in the most socioeconomically deprived South	Socioeconomic and ethnic disparities contribute significantly to stillbirths, preterm births, with FGR in

Meulen; 2021		outcomes in England.		singleton baby of gestation between 24 to 42 weeks; Alive and stillborn data; terminations; Comparison with the white counterparts	Asian women and Black women for stillbirth (53.5% in South Asian women and 63.7% in Black women) and FGR (71.7% in South Asian women and 55.0% in Black women).	England and are more observed among BAME women in the most deprived socioeconomic quintile.
Shuby Puthussery, Leah Li, Pei-Ching Tseng, Lesley Kilby, Jogesh Kapadia, Thomas Puthussery, Amrdeep Thind; 2019	Ethnic variations in risk of preterm birth in an ethnically dense socially disadvantaged area in the UK	To explore ethnic disparities in preterm birth, among mothers aiming to assess area deprivation, biological and behavioural factors.	Retrospective Cross-sectional study	Participants =46 307 Time record – 10 years database Participants – PTB <37 weeks; EPTB <28 weeks; MPTB 28 to <37 weeks; BAME Women	mothers residing in an ethnically dense area with high levels of deprivation, the overall prevalence of PTB (8.3%) was higher compared with the national average (7.8%)	Adjusting for various factors revealed shifts in the relative risk of extreme preterm birth (EPTB) and moderate preterm birth (MPTB) among certain ethnic groups compared to White British mothers.
Neha Pathak, Claire X. Zhang, Yamina Boukari, Rachel Burns, Dee Menezes, Gregory Hugenholtz, Rebecca S French, Arturo Gonzalez-Izquierdo, Rohini Mathur, Spiros Denaxas, Andrew Hayward, Pam Sonnenberg, Robert W. Aldridge; 2024	Sexual and reproductive health and rights of migrant women attending primary care in England	To outline the rates of consultations for all causes, consultations related to sexual and reproductive health and rights (SRHR), and prescription rates of long-acting reversible contraceptives (LARC) among migrant women of	Population based Cohort study	Participants =16 071 111 Participants – Electronic records/ CPRD linked data; ages of >=15 or <=49	consultation rates - (509 vs 583/100pyar; RR 0.9;95 %CI 0.9–0.9); emergency contraception (RR 0.7;95 %CI 0.7–0.7); cervical screening (RR 0.96;95 %CI 0.95–0.97); abortion (RR 1.2;95 %CI 1.1–1.2); fertility problems (RR	Healthcare resource includes access to primary care, LARCs, emergency contraception and cervical screening use differs between migrant and non-migrant women of reproductive age.

		reproductive age compared to non-migrant women registered with primary care in England.			1.39;95 %CI 1.08–1.79)	
Ben Wilson; 2019	Understanding How Immigrant Fertility Differentials Vary over the Reproductive Life Course	The objective of studying migrant fertility is to comprehend the variances in fertility rates between individuals born in foreign countries and those born locally, often termed as immigrant fertility differentials.	longitudinal study	Participants =11,096; surveyed data between 2009 and 2011; migrated to UK before age 36; resident in UK for at least 5 years	The fertility rates of immigrants differ from that of UK-born natives. They have significantly higher completed fertility rates than UK-born natives with differences in fertility rates vary considerably over the life course, particularly by age at migration.	Studies have revealed that there exists a considerable range of dissimilarities noticed, not only with the differences in their migration status but also throughout their reproductive lifetime.
Becky Liu, Usaama Nadeem, Alexander Frick, Morakinyo Alakaloko, Amar Bhide, Basky Thilaganathan; 2022 66	Reducing health inequality in Black, Asian and other minority ethnic pregnant women: impact of first trimester combined screening for placental dysfunction on perinatal mortality	To evaluate the effect of the first trimester screening algorithm for pre-eclampsia developed by the Foetal Medicine Foundation (FMF) on inequalities in perinatal death rates among minority ethnic communities.	retrospective cohort study	Participants women from ante natal care - st George's University Hospitals NHS; data from 2016 to 2020;	the perinatal death rate was significantly higher in non-white than white women (7.95 versus 2.63/1000 births, OR 3.035, 95% CI 1.551–5.941)	The rate of perinatal death was higher among women who were not white compared to white women. However, after FMF screening the rate of perinatal death among non-white women decreased significantly.
Katie Marvin-Dowle, Hora Soltani, Rachael	Infant feeding in diverse families;	To investigate differences in infant	Prospective cohort study.	Participants = Women born in	Migrant women were more likely to	Migration status is vital to consider in

Spencer; 2021	the impact of ethnicity and migration on feeding practices	feeding practices and styles by maternal migration status.	Bradford; 26–28-week gestation attending OGTT appointment; anonymised data; data recruitment timeline- March 2007 to December 2010	adopt a 'Demanding' feeding style, with the strongest associations seen in first-generation migrants.	infant feeding practices, especially in families with migration backgrounds where intergenerational changes and cultural influence impact family practices.
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4.1 Evaluation of Mixed Methods Studies using any appropriate

The critical appraisal tool used for the relevant mixed method studies found was the Critical Appraisal Skills Programme (CASP) tool for mixed methods research. This tool is essential because it provides a systematic approach to evaluate the quality, relevance, and credibility of mixed methods studies, considering both qualitative and quantitative components (Long et al., 2020). The appraisal aimed to assess the comprehensiveness and robustness of each study's approach in addressing the research question effectively.

Table 5: Mixed Methods: Data Extraction

Author and Year	Title	Aim of the study	Study Design	Sample and Population	Articulated finding for the study	Key Findings
Gill Thomson, Julie Cook, Nicola Crossland, Marie-Clare Balaam, Anna Byrom, Raeesa Jassat & Sabina Gerrard; 2022	Minoritised ethnic women's experiences of inequities and discrimination in maternity services in North-West England: a mixed-methods study	Aimed to explore minoritised ethnic women's experiences of maternity services, including maternity care and mental health support, within a North-West England locality.	Mixed method study Online surveys/ interviews/ Descriptive data analysis.	Participants =104; Minority ethnic women; age from 18 years;	An equity lens helped identify areas of discriminatory and inequitable care.	Minorised ethnic women experienced variations and barriers in accessing maternity care, failed communication needs, not meeting religious and cultural needs, pejorative and inequitable maternity care.

4.2 Chapter Summary

In this chapter, an in-depth exploration of reproductive health challenges among BAME women in the UK was dealt. Various studies were analysed, covering themes such as menstruation, pregnancy, cancer, reproductive health, and menopause. The chapter employed critical appraisal tools such as Coughlan, Cronin, & Ryan's (2007) for quantitative studies and the Critical Appraisal Skills Programme (CASP) tool for mixed methods research to assess study quality. The data extraction identifies and explores various characteristics of identified studies outlining and including study designs and thematic categories. Moving forward, the next chapter of data analysis and synthesis will focus on the identified themes that are systematically analysed to provide valuable understanding into the reproductive health challenges faced by BAME women in the UK.

CHAPTER 5: DATA ANALYSIS AND SYNTHESIS

5.1 Introduction to Chapter

Data analysis is a process of systematically using the collected data and applying logical techniques to describe, condense, evaluate, and recap the data (Wickham H et al., 2016). In this chapter, an exploration of reproductive health challenges faced by BAME women in the UK will be evaluated with the collected empirical data. This involves articulation of research question, objectives and conceptual framework that guided the study. Measures are taken to ensure that the study and findings are valid and provide valuable information that can provide an evidence-based guide to future interventions.

5.2 Thematic Analysis

Terry et al., in 2017 stated that thematic analysis is a method to analyse, identify and interpret patterns or themes using a specific database. Thematic synthesis is used in SLRs to analyse or synthesise secondary data using thematic analysis (Guest et al., 2012). Thematic analysis is better suited for qualitative data like textual transcripts or narrative responses, not quantitative data with numerical measurements and statistical analyses because lacks the statistical rigor necessary for quantitative data analysis and is less suitable for analysing quantitative data (Guest et al., 2012).

5.3 Data analysis tool

The chosen thematic analysis framework for this study is Braun and Clarke's (2006) approach, a widely used and recognised method for analysing and reporting themes within qualitative data. Braun et al., (2022) stated that systematically coding data, identifying patterns or themes and interpreting their significance provides researchers with flexible approach and uncover complex phenomena and meaningful insights. This method ensures a transparency to the study involving reproductive health challenges faced by BAME women in the UK by enhancing the findings.

5.4 Characteristics of the identified studies

Two studies (Roxanne Rahnejat, Narice 2023); (Puthussery, Li et al. 2019) were

cross sectional studies. Four studies (Jardine, Walker et al. 2021; Pathak, Zhang et al. 2024); Liu, Nadeem et al. 2022; Marvin-Dowle, Soltani et al. 2021) used retrospective and prospective cohort study. One study (Catalao, Ashworth et al. 2022) was conducted as data linkage study. Eight studies (Darko, Millet et al. 2024; John, Curry et al. 2021; Kiridaran, Chawla et al. 2022; Silverio, Varman et al. 2023; Hassan, Leavey et al. 2020; Stacey et al., 2020; Marlow et al., 2015) used focus group and semi structured interviews to collect data. One study (Gameiro, El Refaie et al. 2019) used visual and textual study and another one study (MacLellan, Collins et al. 2022) used online and telephone interviews. One study (Wilson B, 2019) used longitudinal method. One study (Thomson, Cook et al. 2022) used mixed method of descriptive analysis and semi structured interviews.

Nine studies (John et al., 2021; Jardine, Walker et al. 2021; Puthussery, Li et al. 2019; Silverio et al., 2023; Liu et al, 2022; Hassan et al., 2020; Stacey et al., 2021; Thompson et al., 2022; Marvin-Dowle, Soltani et al. 2021) worked on the maternal healthcare service, discrimination and inequalities in the UK which affects the antenatal health, childbirth, stillbirth, breast feeding challenges, postpartum mental health, and post-partum care of women belonging to the BAME community in the UK. Five studies (Caralao et al., 2021; Kiridaran, Chawla et al. 2022; Gameraio et al., 2019; Pathak et al., 2024; Wilson B, 2019) dealt with the sexual and reproductive health of BAME women in accordance with their cultural stigma, beliefs, inequalities faced at the healthcare facilities. One study (Maclellan et al., 2023) explain about the barriers and inadequate health literacy of BAME women about the premenopausal and menopausal health. One study (Roxanne Rahnejat, Narice 2023) evaluates menstrual equity and sanitary protection preference. Two studies (Darko et al., 2024; Marlow et al., 2015) mention about the barriers to ovarian cancer and uterine cancer screening due to lack of knowledge, misconception, apprehension, emotional, practical, cognitive barriers, and negative experiences prevent them from screening.

5.5 Emerging Themes from included studies

a. Menstruation

i. Menstrual health hygiene and stigma:

The study (Roxanne Rahnejat, Narice 2023) conducted a study in Sheffield UK, aimed to explore the menstrual beliefs and practices among Black Asian Minority Ethnic Women along with the refugee women residing temporarily in community-based services. A total of 50 participants were recruited and data were analysed related to menstruation, displacement, and gender-based abuse. In relation to the current study, the diverse participants aged 25 to 39 years representing various BAME communities reported limited knowledge about menstruation prior to their menarche. Although the study is relatively based on the sanitary products and menstrual hygiene, it also conferred the BAME community women's feelings of taboo, shame and uncleanliness were common (Roxanne Rahnejat, Narice 2023). Further the participants showed discomfort over accessing medical advice and healthcare facilities, particularly male doctors in perspective of menstruation and menstrual related healthcare as described by (Roxanne Rahnejat, Narice 2023). Negative beliefs, perpetuating menstrual stigma, cultural and religious factors influenced concerns about menstrual hygiene and discomfort (Roxanne Rahnejat, Narice 2023).

The findings of (Roxanne Rahnejat, Narice 2023) highlighted the need for holistic interventions to address menstrual inequities among BAME women and recommended improving access to menstrual health education and providing culturally sensitive healthcare services. In addition, normalising discussions surrounding menstruation and promoting diverse sanitary product options could empower women to make informed choices and mitigate the impact of menstrual stigma and healthcare accessibility (Roxanne Rahnejat, Narice 2023).

However, the study by (Roxanne Rahnejat, Narice 2023) sheds light on the

complex interplay of socio-cultural factors influencing menstrual beliefs and practices among BAME community women in a high-income country like UK, understanding and addressing these factors without affecting their cultural beliefs and sensitivity can improve the sexual and reproductive health outcomes if marginalised communities in the future.

a. Pregnancy:

i. *Maternity care:*

Three studies (Jardine, Walker et al. 2021; Thompson et al., 2021; Stacey et al., 2021) mentioned the impact of socioeconomic status, ethnic inequalities, racial discrimination, limited awareness towards stillbirth contributed to the major maternity health inequalities among BAME women. This increases the risk of poor perinatal outcomes, antenatal health deprivation and still birth (Thompson et al., 2021; Stacey et al., 2021). A thorough analysis of Jardine, Walker et al. (2021) of over 1.2 million births in England between 2015 and 2017 from a national cohort study revealed significant disparities in adverse pregnancy outcomes based on socioeconomic status and ethnicity where the risk of stillbirth, preterm birth, and foetal growth restriction (FGR) explains up to 23.6%, 18.5% and 31.1% respectively. The study also evaluates the elevated rates of stillbirth and FGR among women from minority ethnic groups which are found not to be solely attributed to socioeconomic factors. However, discrimination based on race, religion, and cultural disparities may also play a significant role, leading to societal disadvantages that heighten the likelihood of adverse pregnancy outcomes (Jardine, Walker et al. 2021).

Whereas Thompson et al., (2021) encompasses data from 04 participants: 91 survey respondents, 12 women interviewed (including one respondent and her wife), and 12 additional women engaged in community consultations. Most participants identified as having an Asian ethnic background (65.0%), followed by Black (10.7%), Mixed (10.7%), White (8.7%), and Other (Arab) (3.9%). The majority were aged 25–34, primiparous, and had been in the UK for over 5 years. Unlike the study of (Jardine, Walker et al. 2021), income distribution varied, with some participants reporting challenges accessing antenatal care due to factors like lengthy commutes and limited information availability in this

study stated by Thompson et al., (2021). Communication needs were partially met, with only a minority receiving culturally appropriate resources, religious and cultural preferences often went unacknowledged, impacting aspects like care provider gender (Thompson et al., 2021). Discriminatory or stigmatising care experiences were reported by some participants, including instances of perceived racism, incorrect assumptions, and breaches of confidentiality with the overall findings highlighting the need for greater equity and cultural competence in maternity care provision in the UK for BAME women (Thompson et al., 2021).

Stacey et al., (2021) also stated that many women from diverse backgrounds lacked awareness of stillbirth, often due to cultural taboos or language barriers. Alike Thompson et al., (2021) stated, Stacey et al., (2021) mentioned that women received conflicting advice on pregnancy health from various sources, leading to confusion which led to reduced trust on health professionals.

i. Post-natal and childbirth

Four studies (Liu et al., 2021; Silverio et al., 2023; John et al., 2021; Puthussery, Li et al. 2019) explored about the pregnant ethnic minority women's views during pregnancy and postpartum. It delves into disparities in perinatal death and preterm birth risks among these women, especially in socially disadvantaged areas and explores whether ethnic differences in preterm birth risk are influenced by area deprivation and maternal factors. Although one study (Liu et al., 2021) explores about the screening test's importance and relation in ethnic minorities prenatal death compared to their white counterparts.

Liu et al., (2021) stated that first-trimester combined screening using the FMF algorithm significantly reduced perinatal deaths (OR 0.625, 95% CI 0.391–0.994) compared to the NICE criteria. With pre-FMF screening, the non-White ethnic groups had higher perinatal death rates than White groups, but post-FMF, this gap reduced significantly (Liu et al., 2021). The study of Silverio et al., (2023) employed Grounded Theory Analysis, revealing an "Inside the Imperfect

Mosaic" theory, reflecting minority ethnic women's experiences in maternity care. Themes included feeling disempowered in decision-making, facing racial bias in care, anticipating discrimination, and advocating for oneself, and navigating cultural differences (Silverio et al., 2023).

John et al., (2021) highlights the pressing need for innovative strategies to ensure equitable maternal healthcare for ethnic minority women in the UK, particularly amidst the challenges posed by the COVID-19 pandemic. The issues of communication, healthcare professional interactions, continuity of care, and racism impacting health outcomes are highlighted along with (John et al., 2021). Whereas Puthussery, Li et al. (2019) stated that, between 2007 and 2016, 45,799 singleton births were studied, with 8.3% preterm births (PTBs), including 7.1% moderately preterm (MPTBs) and 1.2% extremely preterm (EPTBs). Ethnic minority mothers, primarily from deprived neighbourhoods, had higher PTB rates.

ii. Feeding:

The study conducted by Dowle et al., (2021) stated a secondary analysis of data from the Born in Bradford cohort, comparing infant feeding practices among first generation migrants, second/third generation migrants, and native British women. Migrant women were more likely to breastfeed, with first-generation migrants showing the lowest drop-off rates. The study explores infant feeding practices in diverse families, BAME community women, focusing on the impact of ethnicity and migration and finds that migrant women tend to initiate and continue breastfeeding for longer compared to native women (Dowle et al., 2021). However, the study also highlights the importance of considering migration status and cultural influences in promoting positive health behaviours on breastfeeding (Dowle et al., 2021).

iii. HCP's view on Maternity care:

Unlike other studies, one study (Hassan et al., 2020) included participants from healthcare professionals' view of challenges faced in providing Maternity care majorly to Muslim women, and other diverse community women, particularly regarding communication barriers, decision-making dynamics within families, and understanding religious practices. Hassan et al., (2020) also highlights the

need for training that addresses cultural and religious aspects influencing healthcare choices. While some awareness existed through direct interactions, participants stressed the importance of formal training to enhance understanding and competency. Whereas the study highlighted the necessity of culturally sensitive, woman-centred care to bridge communication gaps and provide effective support for diverse populations in the UK (Hassan et al., 2020).

b. Cancer related to pregnancy

Two studies (Darko et al., 2024; Marlow et al., 2015) shed light on the challenges and barriers faced by women, particularly those from ethnic minority backgrounds, in accessing gynaecological healthcare services in the UK. While one study (Darko et al., 2024) focuses on the experiences of Black minority women regarding uterine cancer (UC), the other (Marlow et al., 2015) explores barriers to cervical screening among women from various ethnic backgrounds in the UK. A comparative analysis of these studies reveals several common themes and disparities, as well as unique insights into the respective healthcare contexts.

i. Healthcare inequalities:

Although Darko et al., (2024) and Marlow et al., (2015) studies highlight the existence of healthcare inequities, particularly concerning racial bias and inadequate knowledge among healthcare professionals, the study on UC by Darko et al., (2024) among Black women, racially implied bias is highlighted as a significant factor affecting healthcare provision, leading to negative attitudes towards reported symptoms and delayed diagnosis. Similarly, in the study on cervical screening barriers of Marlow et al., (2015), healthcare professionals' lack of cultural competence and sensitivity is evident, influencing women's experiences and perceptions of screening. This common theme spotlights the urgent need for addressing racial bias and improving cultural adaptability among healthcare professionals to reduce disparities in healthcare access and quality.

ii. Community support and trust:

Both studies (Darko et al., 2024; Marlow et al., 2015) weigh the importance of social networks and community support in navigating gynaecological health

concerns. Darko et al., (2024) states that black women in the UC study engage in non-judgmental disclosure with trusted individuals to discuss health issues due to stigma and social implications whereas Marlow et al., (2015) states that women from ethnic minority backgrounds in the cervical screening study rely on community spaces and peer networks for information and support. This highlights the role of community engagement and peer support in overcoming barriers to accessing healthcare services and addressing stigma surrounding gynaecological health (Darko et al., 2024; Marlow et al., 2015).

iii. Knowledge and Empowerment:

Darko et al., (2024) and Marlow et al., (2015) identify gaps in knowledge and misconceptions about gynaecological health among women from ethnic minority backgrounds. Darko et al., (2024) states, the participants exhibit a low baseline understanding of UC symptoms and risk factors, while Marlow et al., (2015) in his cervical screening study explains the prevalence of misunderstandings about cervical cancer and screening. Lack of culturally sensitive information resources and media coverage pose challenges for disseminating information within ethnic minority communities in both studies (Darko et al., 2024; Marlow et al., 2015). This highlights the importance of educational campaigns and community outreach programs to raise awareness and empower women with accurate information about gynaecological health.

c. Reproductive health

i. Fertility:

Two studies (Gameiro et al., 2019; Wilson B., 2019) dealt with the fertility challenges and their importance among BAME women communities. The thematic analysis conducted by Gameiro et al. (2019) shed light on the infertility experiences of Black and Minority Ethnic (BME) women, identifying 41 themes grouped into eight higher-order themes. These themes revealed the emotional, relational, and social burdens associated with infertility, highlighting feelings of fear, confusion, sadness, and anger among participants. Relational challenges were also prominent, with social pressure exacerbating feelings of isolation and misunderstanding (Gameiro et al., 2019). Participants put the focus more on the importance of culturally sensitive healthcare practices and increased awareness

to address these challenges effectively and in addition, coping strategies such as religious faith and self-care were stressed, alongside advocacy for increased support and counselling (Gameiro et al., 2019).

In contrast, Wilson's (2019) analysis delved into fertility differentials among immigrant groups in the UK, focusing on the interaction between country of birth and age at migration. Wilson B., (2019) highlighted significant variation by country of birth, with some immigrant groups exhibiting higher completed fertility differentials compared to natives. Age at migration was found to influence fertility differentials, with adult migrants showing lower fertility initially but potentially adapting over time and the interaction between country of birth and age at migration further complicated fertility dynamics, insisting the need for nuanced approaches in research and policy.

A comparison of the two studies (Gameiro et al., 2019; Wilson B., 2019) reveals common themes such as the importance of cultural sensitivity in healthcare and the need for increased awareness and support for individuals dealing with fertility challenges. However, while Gameiro et al. focused on the experiences of BME women dealing with infertility, Wilson's analysis explored fertility patterns among immigrant populations in the UK. Both (Gameiro et al., 2019; Wilson B., 2019) studies stressed the complexity of these issues and highlight the importance of tailored approaches in addressing the diverse needs of affected communities.

ii. Sexual health service:

Two studies (Kiridaran et al., 2022; Pathak et al., 2024) shed light on the complexities of sexual and reproductive health (SRH) experiences, particularly among marginalized populations including BAME community women, but they focus on different aspects and populations within England.

Kiridaran et al., (2022) explores the experiences of South Asian women accessing SRH services, highlighting themes of access, entry, quality, and stigma. It highlights the challenges faced by this group, including a lack of awareness about available services, long waiting times, fears of judgment and

breaches of privacy and confidentiality, and cultural and religious taboos surrounding SRH (Kiridaran et al., 2022). The findings of Kiridaran et al., (2022) stresses on the importance of culturally sensitive and confidential care to address the diverse needs of South Asian women effectively.

In contrast, the Pathak et al., (2024) examines healthcare resource utilization related to SRH among migrant women compared to non-migrant women in England. It reveals disparities in consultation rates and LARC (Long-acting reversible contraception) prescriptions between the two groups, with migrant women having lower rates of certain consultations but higher rates of others (Pathak et al., 2024). Furthermore, the Pathak et al., (2024) highlights the impact of ethnicity on migration outcomes, highlighting the need to consider ethnic diversity within migrant populations.

While both Kiridaran et al., (2022) and Pathak et al., (2024) provide valuable insights into SRH experiences and healthcare utilisation patterns, they differ in their focus and methodology. Although Kiridaran et al., (2022) employs qualitative interviews to explore the subjective experiences of South Asian women, offering rich, nuanced insights into their challenges and needs, in contrast, Pathak et al., (2024) study utilises quantitative analysis of large-scale healthcare data to examine patterns and disparities in healthcare accessibility among migrant and non-migrant women.

Despite their differences, both Kiridaran et al., (2022) and Pathak et al., (2024) underlines the importance of tailored interventions and policymaking to address the specific SRH needs of marginalised populations. Both the studies (Kiridaran et al., 2022; Pathak et al., 2024) stresses the need for culturally sensitive care, access to comprehensive SRH services, and strategies to overcome barriers such as stigma and lack of awareness. By combining qualitative insights with quantitative analysis, policymakers and healthcare providers can develop more inclusive and effective approaches to SRH care that meet the diverse needs of all populations (Kiridaran et al., 2022; Pathak et al., 2024).

iii. Preconception health:

Catalao et al., (2022) conducted a study in Lambeth, London, analysed anonymised primary care records linked to electronic mental health records to investigate preconception risk factors among women aged 15-40 with episodes of secondary mental health care and no pregnancy codes, compared to an age-matched comparison cohort.

Results revealed that women in contact with mental health services, regardless of severe mental illness (SMI) diagnoses, had a higher prevalence of all studied risk factors and physical health diagnoses, even after adjusting for deprivation and ethnicity (Catalao et al., 2022). Interestingly, women from minority ethnic groups, comprising 79.5% of the sample, were less likely to be diagnosed with depression in primary care compared to White British women although Black women were more likely to have SMI among the BAME community women (Catalao et al., 2022).

In addition, Catalao et al., (2022) explored Black and Asian women less likely to smoke or misuse substances and more likely to be deficient in vitamin D along with Black women who were significantly to be overweight and have multiple physical health conditions compared to White British women, even after adjusting for deprivation and SMI diagnoses.

All other studies dealt with the stigma, inequalities and other cultural barriers, the study by Catalao et al., (2022) highlight the disparities in preconception risk factors and physical health outcomes among women in contact with mental health services, with variations observed across different ethnic groups. The study highlights the importance of addressing these disparities through targeted interventions and culturally sensitive healthcare approaches to promote the reproductive health and well-being of BAME women, especially those with mental health concerns.

d. Menopause:

MacLellan et al., 2023 conducted interviews with 46 primary care practitioners across five regions of England to explore their experiences regarding

perimenopause and menopause care, particularly focusing on women from ethnic minorities.

i. Awareness Disparities:

Practitioners noted disparities in awareness of perimenopause and menopause symptoms, particularly among women from ethnic minorities. MacLellan et al., (2023) noted the lack of awareness arising from cultural sensitivities and limited access to information in different languages. There may be lower awareness of HRT (Hormonal Replacement Therapy) among BAME women due to cultural factors, language barriers, and limited access to healthcare resources and further less common use of HRT by BAME women when compared to their white counterparts. (MacLellan et al., 2023).

ii. Communication issues:

MacLellan et al., (2023) identified language differences and varied symptom descriptions posed challenges in communication between healthcare professionals and women from ethnic minorities which led to misinterpretation of symptoms and hindered effective diagnosis and treatment. In this study practitioners highlighted time constraints as a barrier to providing optimal care (MacLellan et al., 2023).

iii. Disparities and support:

MacLellan et al., (2023) described that female practitioners were perceived to offer a more holistic approach to perimenopause and menopause care. However, the dominance of female practitioners in this area raised concerns about access to care for women from ethnic minorities when female practitioners were not available as they do not prefer male doctors (MacLellan et al., 2023). Practitioners expressed a need for more training and support, especially among male practitioners, to address the knowledge and confidence gap in providing holistic care and improving cross-cultural communication skills (MacLellan et al., (2023).

Table 6: Thematic analysis

Themes	Sub-Themes	Principle Factor	Extracted from Articles
Menstruation	<ul style="list-style-type: none"> • Menstrual health • Menstrual hygiene • Stigma 	<ul style="list-style-type: none"> • Shame, taboo, cultural stigma • Negative beliefs • Lower health literacy on menstruation before menarche 	Roxanne Rahnejat, Narice 2023
Pregnancy	<ul style="list-style-type: none"> • Maternity Care • Postnatal and childbirth • Feeding • HCP's view on maternity care 	<ul style="list-style-type: none"> • Socioeconomic status • Cultural belief and stigma • Discrimination and inequality 	John et al., 2021 Jardine, Walker et al. 2021; Puthussery, Li et al. 2019; Silverio et al., 2023; Liu et al, 2022; Hassan et al., 2020; Stacey et al., 2021; Thompson et al., 2022; Dowle et al., 2021
Cancer related to reproduction.	<ul style="list-style-type: none"> • Healthcare inequalities • Community support and trust • Knowledge and empowerment 	<ul style="list-style-type: none"> • Racially implied bias • Cultural in-adaptability of healthcare professionals • Judgemental and trust issues 	Darko et al., 2024; Marlow et al., 2015
Reproductive Health	<ul style="list-style-type: none"> • Fertility • Sexual health service • Preconception health 	<ul style="list-style-type: none"> • Misunderstanding of SRH • Cultural beliefs, stigma and taboo • Disparities in consultation for contraception and SRH • Physical health and mental health related fertility 	Caralao et al., 2021; Kiridaran et al., 2022; Gameiro et al., 2019; Pathak et al., 2024; Wilson B, 2019
Menopause	<ul style="list-style-type: none"> • Pre-menopause • Menopause healthcare • Hormone replacement therapy 	<ul style="list-style-type: none"> • Low awareness on perimenopause and menopause • Less common use of HRT • Disparities and language barriers 	MacLellan et al., 2023

5.6. Chapter Summary

The reproductive health challenges faced by BAME women in the UK in Chapter 5, gives a comprehensive analysis and synthesis of data. Braun and Clarke's approach was used for thematic analysis, which helped to identify and interpret patterns across a variety of studies. The themes that emerged covered different aspects of reproductive health, such as menstruation, pregnancy, reproductive health-related cancer, reproductive health, and menopause. By carefully examining individual studies, the themes were explained by highlighting disparities, cultural factors, healthcare inequalities, and the importance of future intervention.

CHAPTER 6: DISCUSSION

6.1 Introduction to Chapter

In this discussion chapter, the implications and significance of the findings presented in the preceding chapters are explored by revisiting the research questions and summarizing the key findings. Further, the broader implications of these findings within the context of existing literature and theoretical frameworks are intensively explored. Additionally, addressing any limitations encountered during the research process and suggestions for future research to build upon this study's foundation along with practical recommendations and interventions for the reproductive health challenges faced by BAME women in the UK. This chapter aims to provide a comprehensive synthesis of the study's outcomes and their contributions to the field.

6.2 Discussion of Key findings

a. *Menstruation:*

The study conducted by (Roxanne Rahnejat, Narice 2023) sheds light on the underexplored area of menstrual beliefs and practices among Black Asian Minority Ethnic (BAME) women, particularly those facing displacement and residing in temporary community-based services. Their findings underscore the pervasive taboo, shame, and sense of uncleanness associated with menstruation within these communities. Further, the discomfort expressed by participants, particularly in seeking medical advice from male doctors, highlights systemic barriers to accessing appropriate healthcare services (Roxanne Rahnejat, Narice 2023). These findings align with existing literature indicating that cultural and religious beliefs significantly influence menstrual practices and attitudes worldwide. However, Roxanne Rahnejat, Narice (2023) study also reveals specific experiences of BAME women in a high-income country like the UK. While similar studies have highlighted menstrual stigma and healthcare access issues, the specific intersection of displacement, cultural diversity, and gender-based abuse adds a distinctive layer to understanding these challenges (Roxanne Rahnejat, Narice 2023).

While Roxanne Rahnejat, Narice (2023) study contributes valuable insights, it is

essential to acknowledge its limitations. The relatively small sample size of 50 participants may not fully capture the diversity and complexity of experiences within BAME communities. Additionally, the study's focus on women residing in community-based services may limit the limited ideas of findings to broader BAME populations. Future research could employ larger and more diverse samples to better understand the barriers, challenges, menstrual beliefs, and practices among BAME women in various contexts.

b. *Pregnancy:*

The research study on maternity care for Black Asian Minority Ethnic (BAME) women in the UK, as highlighted by various studies including Jardine, Walker et al. (2021), Thompson et al. (2021), and Stacey et al. (2021), consistently highlights the presence of significant socioeconomic and ethnic disparities leading to adverse perinatal outcomes. These findings set along with existing research stressing the impact of socioeconomic status and racial discrimination on maternal and neonatal health outcomes in the UK. Notably, Jardine, Walker et al. (2021) provide compelling evidence of elevated risks of stillbirth and foetal growth restriction among BAME women, the disparities are not solely responsible to socioeconomic factors but also to discrimination and cultural disparities. However, Thompson et al. (2021) and Stacey et al. (2021) contribute a deep understanding into the communication barriers and cultural insensitivity experienced by BAME women during maternity care, a factor often overlooked in traditional healthcare models. These studies shed light on the subtle experiences of BAME women, highlighting the need for culturally competent and equitable maternity care. Similarly, the studies of postnatal and childbirth experiences among ethnic minority women by Liu et al. (2021), Silverio et al. (2023), John et al. (2021), and Puthussery, Li et al. (2019) supports the existing understanding of disparities in perinatal health outcomes. Notably, the studies by Liu et al. (2021) and Silverio et al. (2023) offer innovative approaches to addressing racial bias and empowering minority ethnic women within the healthcare system.

Moreover, Dowle et al. (2021) highlight the influence of migration status and cultural factors on infant feeding practices among BAME women, contributing to a deeper understanding of ethnicity and maternal health behaviours. However, it's important to note that the inclusion of healthcare professionals' perspectives, as presented by

Hassan et al. (2020), provides valuable perception into the challenges faced in delivering culturally sensitive maternity care. Altogether, the findings from these studies largely go along with the existing research on maternity care disparities among BAME women, they also offer understanding into the subtle experiences and systemic barriers faced by these communities. However, a limitation across these studies is the relatively small sample sizes and localised focus, which may restrict the impact of varied findings generalised to the BAME women and their challenges faced. Future research should look for larger, more diverse samples and longitudinal approaches to capture the complexities of maternity care experiences among BAME women in the UK.

c. *Cancer related to reproduction:*

The studies by Darko et al. (2024) and Marlow et al. (2015) highlights the challenges and disparities faced by women, particularly those from ethnic minority backgrounds, in accessing gynaecological healthcare services in the UK. These findings align with the existing research highlighting healthcare inequalities and barriers to reproductive cancer prevention and treatment among minority populations. Both studies underline the prevalence and impact of racial bias and inadequate cultural competence among healthcare professionals, contributing to delayed diagnoses and suboptimal care for women from ethnic minority backgrounds. This verifies the established literature on the role of indirect bias and systemic racism in healthcare disparities, stressing the urgent need for interventions to address these issues. Furthermore, the importance of community support and trust emerges as a key theme in both studies. Darko et al. (2024) and Marlow et al. (2015) highlight the significance of social networks and peer support in navigating gynaecological health concerns and overcoming stigma. This aligns with existing research highlighting the role of community engagement and culturally tailored interventions in improving health outcomes among minority populations.

Also, both studies identify knowledge gaps and misconceptions about gynaecological health among women from ethnic minority backgrounds, highlighting the need for targeted educational initiatives and accessible information resources. This finding encompasses with established literature on the importance of health literacy and empowerment in promoting preventive behaviours and early detection of reproductive

cancers. However, while these studies (Darko et al. 2024 and Marlow et al. 2015) offer valuable insights into the experiences of ethnic minority women in accessing gynaecological healthcare, they are not without limitations. The relatively small sample sizes and localised focus may limit the findings and in addition the lack of longitudinal data hinders our understanding of the long-term impact of healthcare disparities on reproductive cancer outcomes among minority populations.

d. Reproductive health:

The studies on fertility, sexual health services, and preconception health among Black Asian Minority Ethnic (BAME) women in the UK provide valuable insights into the varied challenges and disparities faced by these communities. The findings from Gameiro et al. (2019), Wilson B. (2019), Kiridaran et al. (2022), Pathak et al. (2024), and Catalao et al. (2022) underscore the importance of tailored approaches and culturally sensitive healthcare practices in addressing the diverse reproductive health needs of BAME women. The study by Gameiro et al. (2019) and Wilson B. (2019) highlight the emotional and relational burdens associated with infertility among BAME women, highlighting the importance of culturally sensitive healthcare practices and increased awareness to address these challenges effectively. Similarly, Kiridaran et al. (2022) and Pathak et al. (2024) reveal the barriers faced by BAME women in accessing sexual and reproductive health services, underscoring the need for confidential, culturally competent care to address stigma and improve service accessibility.

Furthermore, Catalao et al. (2022) shed light on the disparities in preconception health outcomes among BAME women in contact with mental health services, stressing the need for targeted interventions to address these disparities and promote reproductive health equity. These findings are consistent with existing research highlighting the impact of socioeconomic and cultural factors on reproductive health outcomes among BAME women. The significance on culturally sensitive care, access to comprehensive services, and strategies to overcome barriers such as stigma and lack of awareness aligns with established practices and recommendations for addressing reproductive health inequities.

However, the inter-connected of factors such as socioeconomic status, immigration status, and mental health status complicates the understanding of reproductive health

disparities among BAME women. While these studies contribute valuable insights into the reproductive health experiences of BAME women in the UK, future research should aim for larger, more diverse samples and interdisciplinary approaches to comprehensively address the complex determinants of reproductive health disparities in these communities.

e. *Menopause:*

MacLellan et al.'s (2023) study sheds light on the challenges faced by primary care practitioners in providing perimenopause and menopause care, particularly concerning women from ethnic minority backgrounds. The findings explain the existing research highlighting disparities in awareness, communication barriers, and the need for more specific and culturally sensitive approaches to menopause care. The awareness disparities identified by MacLellan et al. (2023) resonate with previous studies indicating lower awareness of menopause symptoms and treatment options among women from ethnic minorities. Cultural factors, language barriers, and limited access to healthcare resources contribute to this disparity, consistent with established literature on healthcare access and utilisation patterns among minority populations.

Similarly, the communication issues highlighted by MacLellan et al. (2023) reflect broader challenges in healthcare communication, particularly concerning language differences and varied symptom descriptions. It highlights the importance of effective communication in improving health outcomes and patient satisfaction, especially among diverse populations. Furthermore, the findings regarding disparities in support and the need for more training and support for practitioners, particularly male practitioners, are consistent with existing calls for increased education and awareness around menopause care. The study (MacLellan et al., 2023) have shown that women from ethnic minorities prefer female practitioners. This is because having a provider of the same gender sue various cultural beliefs, shame, and confidentiality. It's important for women from diverse community to feel comfortable with their healthcare providers, especially when discussing personal matters.

However, while MacLellan et al.'s (2023) findings highlights the experiences of primary care practitioners, the study's focus on qualitative interviews with practitioners may limit

the fact of the BAME community women. The study only considered the perspectives of practitioners, which may not accurately reflect the experiences of these women. It is important to capture the full range of experiences and perspectives to improve menopause care for all women.

The studies presented highlight various reproductive health challenges faced by Black Asian Minority Ethnic (BAME) women in the UK. In the study area of menstruation, Roxanne Rahnejat, Narice (2023) reveal the taboo and stigma surrounding menstruation among displaced BAME women, impacting their access to healthcare. Similarly, in pregnancy-related studies, Jardine, Walker et al. (2021), Thompson et al. (2021), and Stacey et al. (2021) explain the socioeconomic and ethnic disparities leading to adverse perinatal outcomes and communication barriers during maternity care. In cancer related to reproduction, Darko et al. (2024) and Marlow et al. (2015) discuss healthcare inequalities and the role of racial bias in delayed diagnoses. In view of reproductive health, Gameiro et al. (2019) and Kiridaran et al. (2022) highlight barriers to infertility treatment and sexual health services for BAME women. Whereas in menopause study, MacLellan et al. (2023) highlights disparities in awareness and communication in menopause care.

Overall, the 18 studies on reproductive health challenges faced by Black, Asian, and Minority Ethnic (BAME) women in the UK have highlighted several disparities and barriers related to reproductive health. While studies vary in focus from fertility to menopause, common themes emerge, it includes disparities in access to healthcare and quality of care, communication barriers, stigma, taboo, and socioeconomic factors. BAME women often face challenges in accessing healthcare services due to language differences, cultural insensitivity, and racial discrimination. Also, stigma around reproductive health topics like menstruation and menopause make it difficult for BAME women to seek care.

6.3 Strengths and Limitations

The systematic literature review (SLR) conducted in this study provides a thorough exploration of existing research on reproductive health issues among Black Asian Minority Ethnic (BAME) women in the UK. Following a well-established standard like PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses),

provides a transparent, trustable, accurate and replicates the broad methodology without affecting the core of the study. Through a methodical exploration of databases and the implementation of predetermined criteria for inclusion, the research reduces bias in selection and increases the reliability of its findings. By including a variety of studies that cover a range of reproductive health topics and methods, scope and comprehensiveness of the analysis are improved.

However, several limitations are identified. Although the study aimed to collect wide range of resources, there were possibilities of publication bias as the review only considered published literature available through selected databases. Moreover, the review's focus on studies conducted in the UK may limit the validity and applicability of findings to other contexts. While the review highlights important themes and trends in reproductive health disparities among BAME women, it may not capture the full complexity of these issues or account for potential intersectional factors. Overall, while the SLR provides valuable insights, future research should address these limitations to further advance the understanding of reproductive health inequities among BAME women.

6.4 Chapter Summary

This chapter discusses the reproductive health challenges faced by Black, Asian and Minority Ethnic (BAME) women in the UK. While the study covers 18 studies on menstruation, pregnancy, cancer related to reproduction, reproductive health, and menopause, it tends to reveal that BAME women facing various barriers and disparities. These include socioeconomic factors, cultural beliefs, language barriers, and problems accessing healthcare. The studies also put forth various recommend using tailored, culturally sensitive approaches to address the unique needs of BAME women. Overall, this chapter highlights the need for further research and targeted interventions to promote reproductive health equity among BAME women in the UK.

CHAPTER 7: RECOMMENDATIONS AND CONCLUSION

7.1 Introduction to Chapter

In this chapter, a summary of the findings from the systematic review and provide practical recommendations based on the identified gaps and insights. This chapter will highlight the significance of addressing disparities and challenges faced by Black, Asian, and Minority Ethnic (BAME) women in various aspects of reproductive health. Furthermore, the implications of the findings for policymakers, healthcare professionals, researchers, and community stakeholders will be discussed. Finally, the chapter will conclude with highlighting the importance of culturally sensitive and equitable healthcare practices and suggestions for future research directions and interventions to advance reproductive health equity among BAME women in the UK.

7.2 implications of findings

The findings of the of the study have several varied implications for the reproductive health, particularly concerning Black, Asian, and Minority Ethnic (BAME) women in the UK. The study attempt to highlight the urgent need for structured healthcare interventions and policies to address the disparities and barriers faced by BAME women across various reproductive health domains, including menstruation, pregnancy, cancer related to reproduction, reproductive health, and menopause. The information gained from the studies highlights the importance of culturally sensitive and practical application of healthcare delivery approaches to improve healthcare access, quality, and outcomes for BAME women. Also, the identified gap in research highlights the need for further investigation into the experiences and needs of diverse BAME communities to develop targeted interventions and strategies. Overall, it is important to place importance on fair and equal access to reproductive healthcare for women from BAME community in the UK by making inclusive healthcare policies, practices, and research considerate of the challenges and barriers.

7.3 Recommendations for Practice

In view of the extended research study, several recommendations can be made to enhance clinical practice and healthcare accessibility in reproductive healthcare for Black, Asian, and Minority Ethnic (BAME) women in the UK. The healthcare providers

need to undertake cultural competency training to better understand and address the unique needs and challenges faced by BAME women in various reproductive healthcare specialties. Along with that, healthcare facilities implement policies and practices that promote inclusivity, such as offering interpreter services, ensuring cultural representation among healthcare professionals, and providing culturally sensitive healthcare facilities and education. Although, while implementing these recommendations, there may be difficulties and hindrances in collaborating healthcare professionals and resource constraints, a low and steady implication of these recommendations can help attain the desired development. The community-based initiatives should be developed and looked in for to engage BAME women in reproductive health education and advocacy efforts, which can empower the BAME women and the healthcare system as well. Furthermore, the cultural beliefs, and traditional values should be valued and providing the healthcare without affecting the sentiments and facilitate with more practical healthcare.

7.4 Recommendations for Future Research

The recommendations include, future research should address the identified gaps and limitations within the existing literature to advance the understanding of reproductive health disparities among Black, Asian, and Minority Ethnic (BAME) women in the UK. There is a critical need for longitudinal studies with larger sample sizes and data to provide more enhanced, comparative evidence on the long-term impacts of healthcare disparities, the improvement attained through years on reproductive health outcomes among BAME women in the UK. In addition, research should explore the intersectionality of factors such as socioeconomic status, immigration status, and mental health status in shaping reproductive health experiences and outcomes among BAME women. Further there are not much of systematic literature review has been undertaken in the UK to explore ethnicity-based health inequalities (Khan, 2021). Furthermore, research should show the voices and perspectives of BAME women themselves to ensure that interventions and policies are responsive to their needs and experiences. The recommendations also include using a combination of different research methods can help better understanding of the reasons behind disparities in reproductive health among women from different ethnic backgrounds.

7.5 Conclusion

The study research explored the complex and sensitive landscape of reproductive health challenges among Black, Asian, and Minority Ethnic (BAME) women in the United Kingdom, analysing the key aspects such as menstrual beliefs and practices, maternity care, childbirth, cancer related to reproduction, Sexual and reproductive health, and menopause. Through a careful consideration and systematic review, a proper insight emerged which sheds light on the multifaceted challenges faced by BAME women across various stages of their reproductive life. The discussion and studies on the menstrual beliefs and practices revealed a deeply implanted taboo and sense of shame within BAME communities, showing a culture of silence and stigma around menstruation. This cultural barrier poses a significant barrier to access the appropriate healthcare services, exacerbating disparities in healthcare utilisation and outcomes. Moreover, the discomfort expressed by participants in seeking medical advice from male doctors highlights systemic gender-based barriers within healthcare systems, further complicating the landscape of menstrual health among BAME women.

Maternity care emerged as another significant matter of unveiling evident socioeconomic and ethnic disparities leading to adverse perinatal outcomes among BAME women. The research highlights not only the role of socioeconomic factors but also the influence of racial discrimination and cultural disparities in shaping maternity care experiences. Communication barriers and cultural insensitivity experienced by BAME women further aggravate the healthcare inequities, highlighting the critical need for culturally sensitive, practical, and equitable maternity care services. The study of cancer related to reproduction and Sexual and reproductive healthcare explored systemic biases and inadequate cultural competence within healthcare systems, contributing to delayed diagnosis and insufficient care for BAME women. These findings align with the broader discourse on healthcare disparities, highlighting the urgent need for interventions to address racial bias and improve access to gynaecological healthcare services. Additionally, the significance of community support and trust emerged as a crucial theme, highlighting the importance of culturally adaptable interventions and accessible information resources in promoting reproductive health equity.

In conclusion, the research provides a comprehensive examination of reproductive health disparities among BAME women in the UK, highlighting the complex interplay of cultural, socioeconomic, and systemic factors by identifying the issues, targeted interventions, culturally sensitive and practical healthcare services, policy reforms that can create a more constructive and effective healthcare system can be created. A proper focus on building a healthcare system that is proactive in addressing the unique needs of every woman and provides equal access to resources and care is needed for the instance. With more future extended research study, a curative finding can be examined for a better healthcare facility for BAME women and reduce the challenges faced during their reproductive lifespan.

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