The World Health Organisation (WHO) defines health as ‘a state of complete physical, mental and social well being and not merely the absence of disease or infirmity’ (WHO, 2020).

The WHO definition links health explicitly with wellbeing, and conceptualises health as a human right requiring physical and social resources to achieve and maintain.

‘Wellbeing’ refers to a positive rather than neutral state, framing health as a positive aspiration. This definition was adapted by the 1986 Ottawa charter, which describes health as ‘a resource for everyday life, not the object of living.’ From this perspective health is a means to living well, which highlights the link between health, wellbeing and participation in society.

Globalisation and other forces worldwide have been responsible for mass population movement resulting in diversity in various societies (Benza and Liamputtong, 2014). Black Asian Minority Ethnic (BAME) communities now make up 14% of the UK population (Office of National Statistics 2020b).

Net migration for the United Kingdom has risen in the past 3 years (Office for National Statistics 2019), and in the year ending September 2018, 627,000 more individuals entered the UK than left (Office for National Statistics 2018). As a result, non-UK-born communities continue to grow within the United Kingdom, increasing the ethnic diversity of the general population.

Statistics also indicate that there are pervasive inequalities in health outcomes that are shaped by socioeconomic status, deprivation, as well as ethnicity. Research has shown that people from minority ethnic groups are more likely to suffer from chronic health conditions – such as type 2 diabetes, high blood pressure or obesity – compared with white British people (Watkinson et al, 2021). Research also suggests health inequalities along with economic inequality have an impact on the disproportionate impact of Covid 19 patients who are Black or ethnic minorities (PHE 2020).

It is with these data and analysis in mind that part of the contributions in this report is entitled Health and Wellbeing. This is so that due diligence is established and acknowledged within the framework of unveiling areas that need monitoring as well as remedies provided.

Evidence suggests that women from ethnic minority groups in the UK have poorer pregnancy outcomes, experience poorer maternity care, are at higher risk of adverse perinatal outcomes and have significantly higher severe maternal morbidity than the white British women (Puthussery, 2016; Henderson et al., 2013).

Although UK policies explicitly urge a woman-centred approach that is accessible, efficient and responsive to changing needs, ensuring choice, access and continuity of care, evidence of the impact of such policies in addressing inequalities in maternal health outcomes is relatively thin.

This has led one of our contributors to report on various experiences of BAME women who have received poor services from the NHS during antenatal and postnatal care across the UK.

Another contribution is from another healthcare professional who shines a light on the impact of Covid on Black Muslims in the UK.

Two essays on wider social context of health explore the careers of two Black Muslim women’s forays into health and wellbeing.

This is an area which is not common amongst the BAME, hence the authors contribution to encourage, motivate and inspire us as a step forward in accessing nature and attaining holistic health.

Finally, I discuss how a women-led organisation (FOMWA UK) have been running different events within the BAME communities to educate, encourage, sensitise women and their families to contextual issues within the society.

It is worthy of note that COVID-19 has opened new doors of health, wellbeing and welfare issues amongst families, especially women. Some of them stemmed from deaths in the family units related to Covid and other underlying health conditions. Hence a lot of families, especially women, require welfare and moral support. There are also recurring mental health issues around depression and loneliness, isolation as well as social issues notably around unemployment and homelessness which it is hoped would be looked into as part of the recommendations for this report.

MUJIDAH MEBUDE

Working Group Lead (Health & Wellbeing)