



Specialty Care for Muslim Women: Integrating Services into a Free Clinic

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Published: December 8, 2025

Abstract

Noor Community Clinic (NCC) in Columbus, Ohio, is a free healthcare clinic run by medical students emphasizing care for underserved and uninsured Muslim patients. Recognizing a lack of focused care for Muslim women, NCC established a Women's Health Clinic (WHC) in 2022 to provide educational pamphlets and medical services, including preventative care with pap smears and breast exams. This descriptive report analyzes important considerations when working with Muslim-predominant women and the primary concerns and services provided at the WHC. In 2022, the WHC provided care for 37 female patients aged 18 and older, with 83.5% preferring a language other than English. Common complaints included menstrual irregularity, vaginal pain, abnormal discharge, and non-Obstetrics and Gynecologic concerns. Despite the small sample size, the expansion of women's health services benefitted Muslim female patients of NCC. Future directions include expanding providers and services, increasing patient numbers, and evaluating patient satisfaction and needs.

Introduction

Noor Community Clinic (NCC) is a free healthcare clinic based in Columbus, Ohio that was established in 2010. NCC caters to the underserved, underrepresented, and uninsured refugee and immigrant population of Columbus. While NCC serves patients of all religions, races and ethnicities, greater than 90% of the patient population is Muslim. NCC is held once a week and is staffed by volunteers including licensed physicians, The Ohio State University (OSU) College of Medicine medical students, undergraduate students, nurses, and social workers from OSU. The clinic is run by a steering committee of twelve medical students from OSU who recruit and train medical student volunteers, oversee clinic flow, and coordinate lab work, imaging and referrals as well as communicate results with patients. All results are reviewed by licensed physicians prior to sharing results and recommendations with patients.

Since a large majority of the patients served at NCC are Muslim with anywhere from 50-60% of those patients being Muslim women on a given clinic night, it became evident that there was a need to establish a clinic that aligns with the unique preferences Muslim women have for their healthcare. Caring for Muslim patients requires knowledge of cultural and spiritual values including ideas of modesty, privacy, and touch restriction.¹ The failure of healthcare providers to understand and accommodate Muslim women's beliefs and customs is a primary barrier to adequate healthcare for Muslim women in the United States.² In a 2012 survey of 218 Muslim women, when asked about their preferences in physicians, 96.8% exclusively preferred a female provider for gynecological services as many Muslim women prefer not to be touched by the opposite sex.³ It is also important to consider how the values of modesty and privacy may affect patient disclosure of sensitive information. For example,

Muslim women may avoid sharing certain information about their sexual health that they may find embarrassing or devaluing. It has even been shown that Muslim women often delay cervical and breast cancer screening as they may perceive it as intrusive and potentially devaluing if abnormal.⁴ This highlights the importance of creating a space for Muslim women to feel comfortable sharing about their sexual and reproductive health and having female providers available, when possible, to respect religious preferences. It was thus decided to incorporate a monthly women's health clinic into NCC to attempt to address the barriers that uninsured Muslim women face in accessing reproductive and gynecologic health care.

Methods

The initial assessment of the needs of our target population came from meeting with the medical director of NCC. The needs were determined based on the experiences of the medical director of NCC who has been involved with the clinic since the founding in 2010. Reasons for which the reproductive and gynecologic health needs of women were not able to be addressed in the clinic were discussed and included lack of supplies, inexperience of providers with certain exams, and inability to accommodate customs due to lack of female providers.

Prior to implementing the WHC, meetings were held with students on the steering committee of Columbus Free Clinic (CFC), another free clinic held at the same practice in the Columbus community, to discuss their experience running a specialty clinic focused on women's health. The students from CFC expressed the importance of setting up a courier service for lab specimens, connecting with the ambulatory operations manager of the practice to order necessary supplies, and recruiting providers that are comfortable with pelvic and speculum exams.

Another physician involved with NCC and interested in preventative medicine and women's health volunteered to help with implementing a women's health clinic, including the determination of the extent of services the clinic could provide and the necessary equipment to order. It was determined that the equipment needed to provide comprehensive services included vaginal specula of various sizes, lubricant, ThinPrep Cytology (Hologic Inc., Marlborough, MA) and brushes, vaginitis kits, disposable gowns, urinalysis kits, and pregnancy tests. The ordering of supplies was conducted by the operations manager, with initial orders kept conservative by ordering only one to two boxes/tubes of all supplies mentioned above with the plan to continue to assess the needs for certain supplies as the clinic progressed.

The lab liaison at OSU assisted in setting up a monthly courier service for the transport of lab specimens. The lab liaison also assisted in getting the appropriate order forms, labels, and biohazard bags to transport specimens, which also required that NCC set up an account with the lab that results would be faxed to. A protocol was drafted to properly label and route specimens for transport to the lab at the end of each women's clinic. Once results were received through the lab account, a physician would review them and give their recommendations for further care. One of the steering committee members would then be responsible for calling the patient and relaying the results and recommendations.

To incorporate an educational component into the women's clinic, information on self-breast exams was compiled and assembled an easy-to-read brochure. The brochure includes general NCC information including clinic location and time and three steps on how to perform a breast exam with images (Figure 1). This was given to women at the end of their appointment and discussed with the physician.

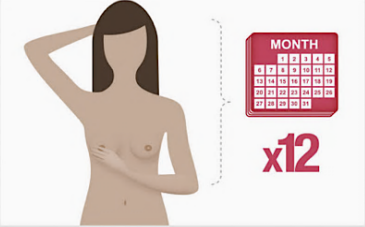
After one year of implementation of the WHC in 2022, the patient population, chief complaints, and services provided were quantified and analyzed with JMP (2025 JMP 17, JMP Statistical Discovery LLC, Cary, NC), then presented as descriptive statistics. Institutional review board exemption was granted for this study.

Figure 1. Breast self-exam pamphlets

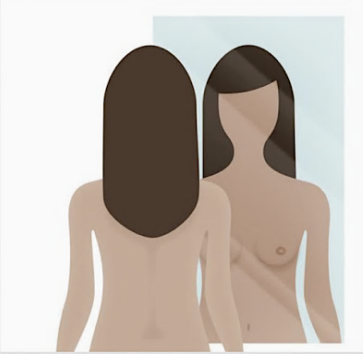
Breast Self-Exam

Early detection is the most powerful tool in reducing risks associated with breast cancer. All women should perform a breast self-exam at least once a month. This guide will walk you through how to perform a breast self-exam at home.

1. All women should complete a breast exam at least once a month. This exam should be performed at the same time each month. For women who are menstruating, try to conduct your breast exam the week before a period as this is when breast tissue is least lumpy and susceptible to hormonal changes.

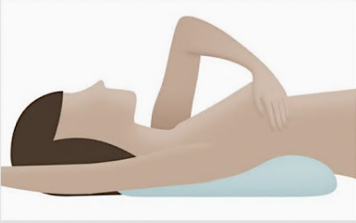


2. Stand in front of your mirror with your arms at your side and visually search for any changes in your breasts. Next, lift your arms overhead and inspect your breasts for any dimpling, swelling, or changes around your nipples. Rest your arms and press your palms firmly against your hips to flex your chest muscles. Search once more for any visible changes, particularly on one side.



Note that it is normal to have one breast that is larger than the other. If you notice any new changes to your breasts, contact a healthcare provider.

3. Lay flat on your back and place a pillow under one arm, with that same arm rested behind your head. Using your other hand, press with the pads of your fingertips against your breast and armpit to feel for any lumps. Be sure to cover the entire area of your breast, from the middle of your chest outwards, and up to your collarbones. Squeeze your nipple to check for discharge. Repeat these steps for your other breast.



4. Make an appointment if you notice any changes. Noor Community Clinic is excited to share that we now host a Women's Wellness Clinic on the last Wednesday of each month to provide women with free breast and gynecologic evaluations. Please call our clinic with any questions.

Breast self-exam pamphlet with simple terminology and images to help guide the patient. Not pictured here, but information regarding our clinic can also be found in the pamphlet.

Results

Over the course of 2022, the clinic scheduled 41 patients of which there were 4 no-shows and 37 patients seen. In terms of the demographics of the patients in this report, the clinic was able to serve a wide range of patients from 18-72 years of age, with a mean age of 37.5 years.

The clinic served multiple races and ethnicities, including 10 South Asian, 6 Middle Eastern and North African, 4 Caucasian, 5 African American, 3 African, 1 East Asian, and 8 of various other ethnicities. The preferred languages of patients varied, with 12 speaking Arabic, 8 Urdu/Hindi, 7 English, 2 Somali, 2 French, and 6 not specifying their preferred language (Table 1).

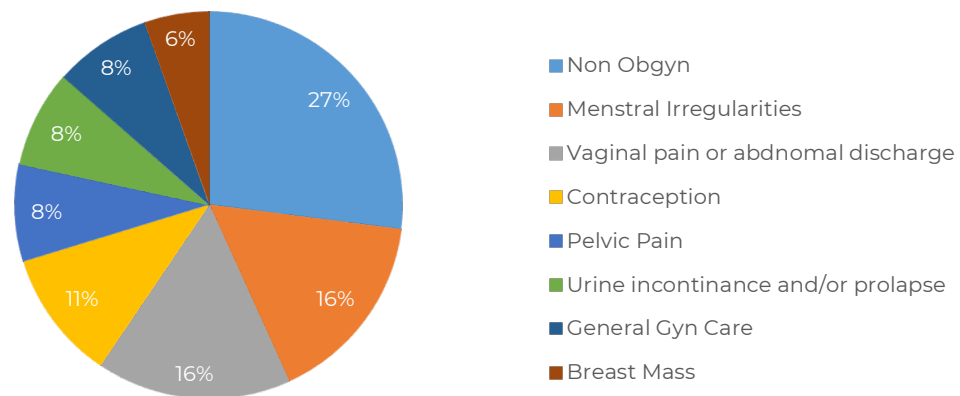
Chief complaints addressed during these encounters included 10 non-Obstetrics and Gynecologic related complaints, 6 with menstrual irregularities, 6 with vaginal pain or abnormal discharge, 4 with contraception counseling, 3 with pelvic pain, 3 with urinary incontinence and/or prolapse, 3 with general gynecologic care, and 2 with a breast mass (Figure 2). Of the 37 encounters, seven patients required no further workup, 13 patients were referred to outside specialists, 18 patients were sent for imaging, and 17 patients underwent lab work. Referrals to outside specialties included General Surgery, Neurology, Urology, Allergy and Immunology, and further specialized Obstetrics and Gynecologic care that was beyond the scope of the clinic. Imaging orders included mammography, transvaginal and abdominal ultrasounds, computed tomography scans, x-rays, and colonoscopies. Lab work included thyroid-stimulating hormone, follicle-stimulating hormone, luteinizing hormone, prolactin, complete blood count, complete metabolic panel, urinalysis, and serum human chorionic gonadotropin. For patients that required no further workup, their chief complaint was resolved within

Table 1. Clinic patient demographics (N = 37)

Characteristic	N (%)
Gender	
Female	37 (100.0)
Mean age in years ± standard deviation	37.5 ± 14.4
Race	
South Asian	10 (27.0)
Middle Eastern and North African/Arab	6 (16.2)
White	4 (10.8)
African American/Black	5 (13.5)
African	3 (8.1)
East Asian	1 (2.7)
Other	8 (21.6)
Preferred language	
Arabic	12 (32.4)
Urdu/Hindi	8 (21.6)
English	7 (18.9)
Somali	2 (5.4)
French	2 (5.4)
Not specified	6 (16.2)

Demographic data including gender, age, race, and preferred language of patients seen at the Women’s Health Clinic over the first 12 months of clinic operations.

Figure 2. Chief complaints on presentation to the Women’s Health Clinic



Obgyn: obstetrics and gynecologic; Gyn: gynecologic

the clinic, often with the assistance of social work or with prescription antibiotics.

Discussion

Evaluation and Implementation

As previously discussed, it is important to consider the cultural norms of modesty and privacy, gender preference in healthcare providers, and lack of health literacy for immigrant Muslim patients when providing care for Muslim women. Although the existing general free clinic already considered

cultural differences that exist between Muslim and non-Muslim patients, there was a lack of focus on Muslim women specifically. The implementation of Noor Community Clinic's Women's Health Clinic, which emphasizes care for Muslim women, is the first step in helping to address gaps in providing the most culturally competent care for uninsured Muslim women. This includes having a female provider available to respect cultural preferences surrounding modesty and touch as well as the ability of providers to create a space that allows their patients to feel comfortable disclosing personal information. This starts with having providers that are educated about the barriers that Muslim women face in accessing high quality gynecologic healthcare and that are willing to ask questions and listen to how they can best support their patients while respecting their religious preferences.

This program was successful in offering women access to preventative care in terms of their reproductive, sexual, and breast health. The data included here shows that most scheduled patients arrived at their appointments, with only a 9.8% no-show rate. Of the women who needed mammograms or ultrasounds (32.4% of patients) or further specialized Obstetrics and Gynecologic care (24.3% of patients), 100% were successfully referred through the appropriate avenue for their needs. This program was also successful in helping to educate the women that attended this specialty clinic about how to adequately take care of and maintain their breast health with the use of the self-breast exam brochure (Figure 1). At the end of each visit, the provider would review the brochure with their patient and allow them to ask any questions. Additionally, if patients were in the appropriate age range, they were educated about the importance of receiving Pap smears and how often these are recommended based on normal versus abnormal results. Overall, the implementation of our program led to increased access to information and resources that these individuals may not have had the chance to obtain otherwise.

The main challenge regarding the implementation of this clinic was the limited number of patients scheduled due to time constraints and a lack of providers. Currently, one physician oversees the WHC and schedules patients on the last Wednesday of each month leading to limited slots available for appointments. Another obstacle to implementing this clinic was accessing specific supplies and following up on results in a timely manner. While the clinic did eventually obtain most of the necessary supplies, there were limitations in the early stages of the clinic's implementation regarding which tests and exams could be performed in the clinic. The previous EMR at NCC did not allow patients to access their charts, and patient charts were not automatically updated with results from labs, imaging, and further workup done through OSU, which uses a separate EMR. This created multiple steps for following up on patient results, posing a challenge in communicating results efficiently. NCC has transitioned to a new EMR that is still separate from OSU but does automatically update patient charts with results and sends results to providers allowing for a more streamlined process for communicating results to patients.

Future Directions

The priority of this review was to determine the feasibility of running a free, sustainable women's health clinic for underserved Muslim women in Columbus. Students are currently working on expanding resources and recruiting more physicians. This will not only allow the clinic to serve more patients but also decrease referrals and the associated transportation burden on our patients by providing more services in the clinic.

There is limited literature on the need for and contributions of student-run women's health focused clinics for uninsured Muslim women in the United States, and the current report aims to help improve this. The clinic continues to keep track of visit outcomes to ensure all referral visits are complete and abnormal or concerning results are followed up on and aims to eliminate gaps in care and minimize missed encounter rates. Lastly, students are creating and analyzing surveys to help standardize the collection of patient satisfaction data. This will help fill the gaps in knowledge and improve culturally competent gynecologic and reproductive health care for this unique population.

Conclusions

Implementing a specialty clinic focused on women's health through Noor Community Clinic was an essential step in expanding care for uninsured predominantly Muslim women. The clinic provided important education, testing, and treatment for women that most likely would not have had access to the resources to receive appropriate management of their health. There are still some obstacles to overcome to improve access to certain procedures and expand the volume of patients that can be seen at each clinic. Future directions include recruiting several more providers to volunteer their time to this cause, perfecting protocols for efficient patient communication, and gaining access to resources that will allow a wider variety of diagnostic tests to be performed within the clinic. Overall, the implementation of a Women's Health Clinic through Noor Community Clinic has increased the clinic's scope of care and will continue to grow and provide essential care for uninsured women.

Acknowledgements

This report would not have been possible without the dedication and support of Noor Community Clinic's medical director, Dr. Malika Haque, and the lead physician volunteer of women's clinic, Dr. Dhuha Alwan. We would like to thank them for their tremendous efforts that have allowed Noor Community Clinic to provide important care to underserved women in Columbus and for their mentorship along the way.

Disclosures

The authors have no conflict of interest to disclose.

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