

The fight for the right to be a mother: 9 ways racism impacts maternal health

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As we celebrate our moms and mommies this Mother's Day, let us not forget that for some, motherhood is not an enjoyed privilege. For many Black, Indigenous and racialized women in Turtle Island (North America) and globally —motherhood is a fight for life.



The struggle for our maternal <u>health</u> and motherhood includes daily resistance against anti-Black racism, anti-indigeneity, sexism, classism and other forms of intersectional violence.

The health of Black pregnant women and mothers is a key issue being debated in the United States presidential 2020 campaigns especially by Sen. Kamala Harris and Sen. Elizabeth Warren. Recently, Harris introduced a resolution to raise awareness of the disproportionately high rates of pregnancy-related deaths among Black women.

<u>Professional tennis player Serena Williams' recent maternal health crisis</u> demonstrated that Black women's <u>reproductive health</u> can be <u>jeopardized</u>, <u>suspect</u>, <u>dismissed</u> and <u>at risk of demise</u> even for the very talented, wealthy and well-known.

The historical exploitation of Black and Indigenous women through <u>forced sterilization</u>, <u>rape</u>, <u>medical experimentation</u> and other forms of torture through <u>scientific racism</u>, <u>African enslavement</u> and <u>Indigenous genocide</u> directly impacts maternal health outcomes today.

This <u>conversation is critical</u> as we face recent fiscal cuts locally and globally to <u>public health</u>, <u>education</u> and <u>anti-racism programs</u>.

The World Health Organization defines maternal health as: "...the health of women during pregnancy, childbirth and the postpartum period. While motherhood is often a positive and fulfilling experience, for too many women it is associated with suffering, ill-health and even death."

Redefining maternal health is the goal of this conversation. We need to question our perceived notions of the "good mother," supported through her pregnancy, encouraged to reproduce, usually identified as white, middle class and heterosexual. And we must question our ideas of the "bad mother" —generally not supported through her pregnancy,



sometimes even discouraged to reproduce, usually identified as African/Black, Indigenous, racialized and poor.

I briefly examine nine ways colonialism impedes maternal health using an integrated anti-oppression approach. I also look at some ways that we might resist these historical patterns.

Impact of maternal health inequities

State-sanctioned colonialism directly impacts the maternal health of Black, Indigenous and racialized communities as <u>racist divisions</u> continue to impede the likelihood of Black and brown babies' and <u>mother's survival during our pregnancies</u>.

Valid statistics coming from reputable sources support these facts. For example:

- Every day, approximately <u>830 women die globally from</u> preventable causes related to pregnancy and childbirth.
- In the United States, according to research published in 2010, Black pregnant women are three to four times more likely to die from complications compared to their white counterparts: <u>42</u> <u>deaths per 100,000 live births among Black women versus 12</u> <u>deaths per 100,000 live births among white women.</u>

These statistics are helpful to describe an overall picture. However, missing from the stats are the <u>context and impact of historical and</u> <u>current racism</u>: that is, the impact of intersectional violence on maternal health.

But information about these contexts is difficult to garner. In Canada, <u>maternal health statistics</u> are <u>not gathered based on race or indigeneity</u>, despite the fact that racism directly impacts our health.



Anti-Black racism, intersectional violence and transgenerational trauma directly impact maternal health in the following ways:

- Children: Many families live in fear of the state taking their children from them. This is a form of child incarceration, as practiced by the Children's Aid Society. Another issue, the failure of the Canadian education system to retain Black youth, intensifies when the student is Black, young and pregnant.
- Violence and neglect: Many live with fear based on <u>their or</u> others' experiences of violence within the Canadian health system, including reproductive policing from health practitioners and <u>lack of pre/post-natal mental health care</u>. The <u>loss of lives</u> for Black women and Black children is a reality.
- Criminalization: The increased <u>criminalization of African</u> <u>women</u> and their partners resulting in <u>Black people being vastly</u> <u>overrepresented behind bars in Canada</u> surely impacts health realities.
- **Precarious immigration status:** <u>Limited or non-existing health</u> <u>funding for immigrants, refugees and the undocumented</u> can exacerbate existing health issues.
- Housing and environment insecurity: Food, income and housing insecurity along with environmental apartheid can make lives unhealthier.
- Daily stress of racism: <u>The daily stressors of racism</u>, <u>stereotypes</u> and <u>racial profiling can create ongoing and persistent</u> <u>trauma</u> which impacts psychological or physiological health and can block accessibility to appropriate health care.
- **Disability:** <u>Black folks living with disabilities have been</u> <u>historically overlooked</u>.
- Heteronormative practices: The complexity of the lives of Black and racialized LGBTQ and transgendered parents are often erased and many experience homophobic and transphobic violence including forced transvaginal exams during pregnancy



and inappropriate comments while going for checkups or during birth.

• **Transgenerational trauma:** Violence from mental anguish due to transnational trauma, <u>known or felt (experienced)</u>, including <u>trauma experienced in the lives of their parents</u> and <u>past and</u> <u>present community members</u>, has an <u>impact on the health of</u> <u>Black women</u>. For example, there is a direct connection to the story of <u>Mary Turner</u>, a Black woman who was eight months pregnant and lynched in 1918, and how Black pregnant women feel the impact of racism in our bodies today.

Mother's Day call to action

With these contexts in mind, any conversation on maternal health needs to recognize <u>health disparities for Black, racialized and Indigenous</u> women impacted by anti-Black racism, intersectional violence and transgenerational trauma and their impacts on motherhood, parenthood and our families.

These factors lead to anguish, sickness, harm and death.

Therefore, on this Mother's Day, remember the political, social, environmental and spiritual fight for African/Black women, children and Indigenous communities to receive empowerment-centred healthcare services, treatment and support during pregnancy, childbirth and the postpartum period from an anti-colonial framework.

We can work to counter this violence against Black pregnant women by conducting further research to provide information on how racism and other intersectional factors impact health.

We can also work to: reunify African diasporic families and communities; develop and maintain local and global health-centred



advocacy spaces that support Black <u>women</u> and families to survive and thrive; decolonize our medical systems; challenge all forms of scientific racism and intersectional violence; and support African-centred <u>maternal</u> <u>health</u> spaces to heal.

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