

## **Black Women's Health and Wellbeing across the Lifespan – An integrated approach**

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**Opinion paper (Opinions are strictly my own)**

### **Introduction & Background**

The recent death of Nicole Thea, a young black expectant mother and blogger, who was eight months pregnant has added to continuous concerns about the health and wellbeing of black women in the UK, especially during their childbearing years. Nicole had apparently been complaining to her primary professional carers about her extreme breathlessness for some considerable time but was simply told not to worry. In other words, she was ignored. It would appear that they refused to hear and respond to her voice even though she spoke. Other events relating to the impact of Covid-19 and the death of George Floyd in the USA have also once again shun a spotlight on systemic issues of racism and health inequalities in the UK and on the global issue of the negative experiences of black people, through the Black Lives Matter campaign. Black and Minority Ethnic (BME) communities have been reported as being much more likely to die from Covid-19 than white communities (Amnesty 2020), and there is evidence from the Government's National Maternity Review (2014) that women from BME communities are five times more likely to die than white women. This is a shocking statistic in a developed country in 2020, and although the National Maternity Review is six years old, little appears to have changed over the years.

The UK Government announced on September 2<sup>nd</sup> that it intends to do something about this appalling statistic and acknowledged that it is unacceptable that BME women should be so negatively affected in this century. We know that concerns about the health and wellbeing of black women are not confined to the UK, evidenced by the published account of the global tennis star Serena Williams, who announced that she also nearly died following the birth of her first child. This is in spite of being an international superstar with adequate financial means. Consider what may have happened if she did not have those means to insist on her voice being heard and listened to.

It is clear that immediate and concerted actions are required to address this problem, so why has it taken so long for our Government to take any action? The Maternity Review was published in 2014. The announcement from the Government took place on September 2<sup>nd</sup> 2020. This is a glaring example of a seemingly lack of urgency about this important crisis, yet BME lives continue to be lost in tragic circumstances, especially during their childbearing years and at a time when there have been so many advances in maternity care and reduction in maternal mortality rates in white communities.

Discussions and available evidence about health inequalities and systemic racism among BME communities across the lifespan are not new, and as the evidence continues to show that they remain vulnerable in all spheres of life, whether this is in the educational system, the health care system, the criminal justice system and policing, or in the context of societies' social structures, it is worrying that so much evidence continues to be ignored and action so slow to make any meaningful changes. Is it time for BME communities to organise their own action plans while they wait on the Government to do something urgently? This is something that the community is quite used to doing, and I suggest that it is now time for a much more integrated approach that works directly with BME communities individually and collectively to target preparation for pregnancy, childbirth and childrearing in an oppressive environment. This approach needs to consider the life-span context of black boys and girls, men and women to ensure that there is a planned structure of educational empowerment. This should be for black people by black people, which will contribute to their informed knowledge about the oppressive systems that they have to navigate on a daily basis.

As they struggle to survive, thrive and live meaningful daily lives these structural and intersectional barriers obstruct them at every point on their individual and collective journeys. This is an urgent necessary action.

### **Integrated Approach**

An integrated approach referred to here means working together with community activists, black voluntary and third sector organisations, black faith groups and conscious individual black people who express an interest in becoming a part of the solution and demonstrate an understanding of what this means in their daily lives. It is important, of course, to understand that everyone in the black community will be at a different stage of growth, development and personal awareness of the systemic issues of racialisation that have overshadowed the lives of BME communities. The impact of continually being treated as second best to everyone else in the daily social structure will affect everyone differently. Some people struggle to become accepted and will do anything in their power to fit in, at great negative expense to their physical and mental health. Others will be driven to take action, whether as an activist or as part of a structured group. Still others have become numb and tired of the continuous pressures and simply wish to withdraw and get on with their lives, while another group will be living in denial and refusing to accept the pervasive nature and impact of racism, especially if things appear to be going well for them as individuals in different sectors of the corporate world. One thing is certain, anyone who wants to have any kind of impact must first ensure that they have strong social capital to support them during what will be challenging times. Taking action to bring about any kind of change to the structured status quo will never be easy. Without power and influence in the society, effecting change is an uphill battle, especially when it comes to resourcing for any planned actions. Finding funding to undertake research, for example, could become very challenging as @AddyAdelaine discovered after finding out that the majority of recent allocation of funding from one white funding organisation went to white researchers. This is even though that funding was meant to investigate BAME vulnerability to Covid-19. It is worthwhile to note that working with individuals and groups across an integrated community, for example to include faith groups which are generally embedded in BME community life, could sometimes become a barrier to successfully achieving funding from certain sources. However it is still important to forge strong links in these environments and provide preparation for parenting classes within these localised context initially as part of local community work.

### **Lifespan Perspective?**

There are many BME groups that are actively engaged in finding and providing solutions to the current crisis, especially to maternity care of BME women. The Doula service is one example of this. While this is an exceptional service, mainly provided by women for women, the role of fathers does not appear to be clearly clarified in this process, and given the social negative images of black men, and their experiences of exclusion from the birth experiences of their partners, more could be done to locate their role clearly in the trajectory. I am suggesting that the Doula role, should also incorporate direct support especially for black men as fathers in supporting the mothers of their children during pregnancy, birth and subsequent fathering. This is an area that is not well identified nor defined in the evidence base.

Going forward a lifespan approach would better address many of the issues relating to black maternal health and wellbeing. This could serve to prepare black women for the experience of pregnancy, childbirth and childrearing, which starts well before a woman becomes pregnant. Preparation for a pregnancy starts very early in the life of all women, and given the high levels of risks and negative experiences of BME women in western societies, preparation for these women need to start ideally from puberty or indeed, even before. However this should not only be aimed at black women, but also at black men, with emphasis on raising their awareness of the negative structures that are working against them in society to keep them as the underclass, and hence not serving their best interests. I am suggesting that young black men also need to be actively educated

in a better understanding of the role and expectations of black fatherhood, and ways that they can better prepare for this important task.

### **Conclusion**

The continuous dilemma of high maternal mortality among BME communities remains a challenge to their health and wellbeing. It is set within a context of persistent health inequalities, which have recently been the focus of evidence about the covid-19 crisis. Identified as being more vulnerable than the rest of the community, BME people have died at a much higher rate. Additionally the recent death of a black woman blogger while eight months pregnant puts further emphasis on the ongoing issues which demand immediate action. BME communities need to continue to work closely and consistently with grassroots community groups such as faith groups, alternative education sectors and supplementary schools in the black community to provide race, life, and pregnancy awareness training, preparation and education from as early as puberty or before, for women as well as men. These actions have the potential to contribute to a meaningful process of interventions that will serve to empower and support black people individually and as groups, to find their own voices, challenge pervasive systemic negative beliefs and practice aimed specifically at them, and help to improve their chances of surviving and thriving under extreme social and structural pressures. They have to be done regardless of whether or not our experts and volunteers are allowed access to research funding by the social and structural gatekeepers. That is a difficult reality but staying aware of it will help the community to carry on regardless of the obstacles, and continue to chip away at those barriers with or without funding. We simply cannot afford to wait on the 'powers that be' to action their acknowledgement of an insidious ongoing problem.

### **References**

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