WHMWI

Black Women and the British Healthcare System- Empowering through strengthening the voice.

Opinion Paper by Dr Naomi A. Watson 8th March 2022

One of the themes for International Women's day (IWD) (2022) relates to empowering all women to enable them to have better access to health care generally and to better care delivery practices through informed decision making. Black women have a long history of problematic access and safe care delivery. For example, In the area of maternity care and reproductive health, the problem continues to be quite pervasive, and indeed quite frightening, as the research identifies that black and minority ethnic women have the worst health outcomes (The MBRACE Report, 2020). It is troubling that in the 21st century in a time of increasing technology and with such major advances in health care, that Black women still have to be scared of using health care services into which they would have contributed (in the British NHS) as paid workers in the society. With the report identifying that Black women are four times more likely to die in childbirth, (M-BRACE 2020) there is obviously an urgent need to further explore what the issues are and how best to begin to address and redress issues relating to reproductive justice and Black women's experiences.
But reproductive justice is not the only aspect of health concern that has plagued Black women, the recent report by the NHS Race and Health Observatory (2022) also identifies that Black women are also more likely to experience mental health disturbances such as anxiety and depression, which are not always acknowledged. The problem of hypertension among Black women and the way that everyday interpersonal discrimination feeds into this debilitating outcome for Black women is also reported in the research. (See Moody et al (2019)

In line with IWD's theme of empowering women, one could argue that it is imperative going forward that all women, and specifically Black women must be directly included in all discussions and deliberations in relation to their health issues and likely outcomes. Decisions to improve care delivery to Black women must include solutions from the women themselves. Service delivery professionals must urgently find ways to not only listen to, and actively hear the voices of all women but of Black women specifically in order to be a part of enabling their voices by encouraging the use of advocacy services. One important fact that is sometimes ignored is the need to ensure that all services are culturally safe and competent. In the context of maternal wellbeing, Doula services for Black women who access maternity care has been explored as one way forward, and needs further follow up research to explore how this can be extended for Black and other disadvantaged women, especially those who may not be able to pay for this service (See Watson, 2020).

The main advantage of ensuring cultural safety and competence is to promote and encourage choice and give Black women the opportunity to seek any support they may need to empower them to speak up and be heard, rather than be considered to be difficult or demanding (See NHS Rapid Report, 2022). Choice is an important

factor for Black women. They have to be able to make decisions about how they want to be supported, rather than be told what is best for them by well-meaning professionals. Their voices must be heard and not silenced or ignored. Black women must be given

the right and the space to be in control of their own bodies and make decisions with which they are happy, about how they wish to be supported in their care.

An understanding of the real fear that Black women experience, given the well-known statistics of which they are aware, must be recognised by all care delivery staff. For too long, the role of race, racism and racialisation appear to be ignored or downplayed despite the overwhelming evidence about inequality and racism in the NHS. It is imperative that this is addressed if there is to be any change in attitudes towards Black women. The search for solutions to an enduring and ongoing problem must take Black women's negative experiences into consideration and should be at the heart of a genuine commitment to find better solutions for the safety of Black women who use these services. The questions one has to ask are: Do health care professionals know about the research which incriminates how service is delivered to Black women? How are these services ethnically monitored? If they are not, why not? Since we are talking here mainly about staff on the 'shopfloor', how are they supervised and to whom are they accountable? From the overwhelming evidence of racism and racialisation right across the services, it is clear that action needs to be direct, specific and immediate.

For example, the organisational culture that feeds into attitudes that label Black women in negative ways will need some kind of direct intervention. The most recent NHS rapid report (2022) is particularly worrying, as while it identified some positive relationships, which would suggest that change is possible- if people try- it still specifically identifies that Black women, who participated in that research, stated that they are made to feel 'othered, disrespected, that communication was very poor and they are not listened to. So, the standard way of interacting with Black women appear to be negative, with some stereotyping, cultural insensitivity and a general feeling of not being welcome in that space. This is very worrying when the women present at a vulnerable time in their life, hoping to be treated with empathy and understanding, but are in fact confronted with the stark reality of potentially losing their lives when trying to access and receive safe maternity care. Why it appears to be so difficult to hold people directly accountable and how this can be better managed is an issue of urgency for health care delivery.

Any decisions that are made about the ways forward, that do not actively consider the reported fears of Black women in the way they are perceived and treated, but attempt instead to find some inbuilt personal genetic fault that has not been thoroughly explored scientifically, run the risk of further alienating Black women and serves to further complicate and undermine their concerns about the way their care is organised and delivered. The recent tool being piloted by the NHS is considered by some women in the black community to be controversial as it does not appear to

have included them in the decision-making processes. Some have argued that his is one more way of blaming the women rather than owning up to the stark reality of hundreds of years of racism and racialisation (See Gregory, 2022).

On International Women's Day, everyone should understand that a woman's voice must be heard above the din, and Black women's voices have been ignored for far too long. Hearing and empowering individual voices has got to become everyone's business if health care services want to restore and build trust, and save the lives of Black women. It is time that policies and strategies consider how outcomes are ethnically monitored and how accountability can become embedded in care delivery practices. But central to all decisions going forward must be the voices of Black women themselves, and ensuring that they are not only heard, but listened to and their decisions acted on.

References

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