

# Reproductive Healthcare Systems through the Eyes of Black Women

Sydnie Turner, University of Rochester School of Medicine and Dentistry

## Slavery 1619-1865

A former slave, Louis Williams, recalls the beating of a pregnant slave woman on a Mississippi plantation.

"The white folks would use a hair to knock you 'round 'till you 'bout as black as I was down on my face and back to beat from hair to the side."

Slave owners' perception of the 18th century's economic gains possible through the use of slaves to create the fetus while disregarding the humanity of the pregnant woman.

## Reproductive Health Care Facilitated by Slave Owners

Black women's access to slave owners' health care is not well-documented, but it is clear that slave owners had a vested interest in the health of their slaves, particularly in the case of pregnant women, to ensure the continuation of their labor force.

Slave owners' investment in the health of their slaves was not purely altruistic, but it was also a pragmatic one. Healthy slaves were more productive and less likely to die, which meant a higher return on investment.

## Post-Slavery: Jim Crow Era to the Civil Rights Movement (1865-1975)

Discrimination and Segregation

Discrimination against Black women in the workplace and in public accommodations was widespread. Black women were often paid less than white women and were excluded from many professions and public facilities.

Health care for Black women was often substandard and segregated. Many Black women were denied access to the same quality of care as white women.

## Reproduction in Bondage

Female slave babies were used to increase their owners' wealth. After 1800, when Congress outlawed the importation of new slaves, the only way to increase the number of slaves was to breed them.

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## Pre-Slavery

Slavery in America began in the early 17th century. The first African American slave, a woman named Annetta, was brought to Virginia in 1619. The transatlantic slave trade brought millions of African Americans to the Americas, where they were used as a source of cheap labor.

## Post-Slavery: Jim Crow Era to the Civil Rights Movement (1865-1975)

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## Post-Civil Rights to today (1975-2019)

Family Planning

Health care for Black women has improved significantly since the Civil Rights Movement. However, disparities in access to care and health outcomes persist.

Black women are more likely to be uninsured and to live in poverty than white women.

Black women are more likely to die from complications of pregnancy and childbirth than white women.

## Future

There are multiple levels at which reproductive health for Black women must be addressed. They include the individual level, the interpersonal level, the community level, and the societal level. Addressing how history affected Black women on each of these levels might facilitate long-term, sustainable improvements in reproductive health for this patient population.

## FUTURE

Culturally competent care and research

Health care providers must be familiar with the history and lived experiences of their African American patients to appropriate health care and reproductive health outcomes. Health care providers and health system leaders must work together to address these disparities.

It is time to take a step back and re-evaluate our approach to reproductive health care for Black women. We must move beyond a focus on individual-level interventions and instead focus on addressing the systemic factors that perpetuate these disparities.

## Future

Research

Research on the reproductive health of Black women should be a priority. This research should focus on understanding the unique experiences of Black women and how these experiences affect their reproductive health. Research should also focus on developing interventions that are culturally competent and effective for Black women.

## Future

Recommendations to Healthcare systems

Healthcare systems should take steps to address the reproductive health needs of Black women. This includes providing culturally competent care, addressing disparities in access to care, and investing in research on the reproductive health of Black women.



# Pre-Slavery

## *Zambia, Africa*



Pregnant women are cared for by birth attendants also known as Mbusas.

During the **antenatal period** mbusas would massage the mother's abdomen. If the baby is discovered to be in the breech position, an external version is performed (1).

During **labor** the mother is supported by 2-3 other women.

**After delivery**, the mother stays indoors to be taken care of by the mbusas or other women in the community. This time varied anywhere between 8 to 40 days. During this time, the mother's abdomen is wrapped and massaged. During recovery, mother's are assisted with basic necessities such as bathing and cooking (2).

# Reproduction in Bondage

Female slave bodies were used to breed more black bodies into slavery. After 1808, when Congress forbade the importation of slaves to the United States, reproduction by black slave women was necessary to sustain a slave owners' wealth.

Rape was used as a means to assert power over female slaves. Rape was also used for economic gain in efforts to birth more children into slavery. It is estimated that 58% of all enslaved women, aged 15–30 years, were sexually assaulted by their slave owners and other white men. By 1860 10% of the slave population were classified as "mulatto" (3).

# Slavery 1619-1865

## *Mississippi, US*

A former slave, Lizzie Williams, recounts the beating of a pregnant slave woman on a Mississippi cotton plantation :

"[The white folks] would dig a hole in de ground just big 'nuff fo' her stomach, make her lie face down an whip her on de back to keep from hurtin' the child" (3)

Slave owners' perception of the Black fetus as a means for potential economic gain parallels current U.S. policies that seek to protect the fetus while disregarding the humanity of the pregnant woman.



## Reproductive Health Care Facilitated by Slave Owners

Slaveholders' interest in slave women of child bearing age was matched by physicians who would assist in the labor process. In unprecedented ways, doctors tried to manage the health of enslaved women from puberty through the reproductive years, attempting to foster pregnancy, cure infertility, and resolve gynecological problems.

White southern doctors used their access to enslaved women to enhance their own reputations and their profession as a whole by experimenting on slave women's bodies to produce medical and surgical advances. These experiments were performed without the consent of the women, but instead the consent of the slave owner. (4)

Notably James Marion Sims, also known as the "Father of Modern Gynecology", performed many reproductive experimental surgeries to treat various childbirth illnesses on enslaved African American women. Many of these experiments were performed without anesthesia as Black women were stereotyped as less able to feel pain. Non-consensual gynecological and reproductive surgeries, such as



**Post-Slavery: Jim Crow**

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## Post-Slavery: Jim Crow Era to the Civil Rights Movement (1865-1975)

### *Sterilization and Eugenics*

Eugenics programs were based in scientific racism. The thought was that criminality, mental illness and disability are hereditary and more common amongst those who are non-white. African American women would undergo sterilizations without full knowledge that these procedures were not reversible. Thirty states supported formal eugenic programs that enforced compulsory sterilization of women, children, and men considered disabled, mentally ill, and non-white from the early 1900s to the 1970s.

Federal funding supported coerced sterilization. As a result, some African American women were threatened with denial of medical care or termination of welfare benefits if they did not undergo sterilization. (5)



This light flashes every 15 seconds

Every 15 seconds \$100 of your money goes for the care of persons with mental deficiencies such as the insane feeble-minded criminals & other defectives

## Some people are born to be a burden on the rest.

This light flashes every 16 seconds

Every 16 seconds a person is born in the United States



This light flashes every 7 minutes

Every 7 minutes a high grade person is born in the United States who will have ability to do creative work & be fit for leadership. About 4% of all Americans come within this class

## Post-Slavery: Jim Crow Era to the Civil Rights Movement (1865-1975)

### *Effects of Tuskegee Syphilis Study on Women*

In 1932, the U.S. Public Health Service recruited poor and uneducated African American men in Alabama to determine the effect of untreated syphilis. Although treatment became available, the men were misled, denied treatment, and not informed of the study findings until 1972. Study subjects experienced syphilis-related morbidity and mortality. This morbidity and mortality did not stop at the men. As a result of these experiments, their wives acquired syphilis and some of their children suffered complications from congenital syphilis. (6)



# Post-Civil Rights to today (1975-2019)

## *Family Planning*

African American women report experiences of racial discrimination when seeking family planning services, and are more likely than white women to be advised to restrict childbearing.

Black women of low SES are more likely than white women of low SES to be recommended by their healthcare provider for intrauterine contraception (IUD).

Most private insurance providers cover reproductive health services and abortion care, but Black women are 55% more likely to be uninsured than their white counterparts. Even if a woman relies on Medicaid for health care, most states ban the use of government funds for abortions. (7)

# Post Civil Rights to Today (1975-2019)

## *Perinatal Care*

African American women have a three to four times higher risk of pregnancy-related death at every age interval compared with women of other races.

It has also been found that black women were more likely than other women to have longer hospital stays and three times more likely to suffer from surgical complications after interventions such as Caesarean sections(3).

In 2013, CDC reported that the preterm rate for black infants was 60% higher than for white infants (17.1% and 10.8% respectively)

# MISTRUST

Medical experimentation and inadequate healthcare have fostered the complex relationship African American women have with healthcare systems. These experiences have laid a foundation of mistrust.

# Future

There are multiple levels on which reproductive health for black women must be addressed. They include the individual-level, the interpersonal-level, the community-level, and importantly the system-level. Addressing how history affected Black women on each of these levels might facilitate long-term, sustainable improvements in reproductive health for this patient population.

# FUTURE

## Culturally competent care and research

Public health researchers should be familiar with the histories and lived experience of their African American patients to appropriately design collaborative prevention efforts that acknowledge racism and its health-related impacts among African American women.

It is important to adopt culturally and linguistically appropriate curricula for rising clinicians, such as medical students, and for clinicians who are already practicing. Curricula should consider how this country's history continues to impact reproductive health and the overall well-being of African American women.



# Future

## Research

African American women should be involved in the design, implementation, and evaluation of all aspects of the research geared towards improving reproductive health for black women. To ensure this, the best approach is modeled by community-based participatory research.

## Representation in Healthcare systems

Representation is key. Therefore, addressing the shortage of African American healthcare professionals and supporting quality education/training that do not ignore history's impact on healthcare as we know it are two key features of advancement.

# Reproductive Healthcare Systems through the Eyes of Black Women

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## Slavery 1619-1865

**Misogynist US**  
A female slave, Lizzie Williams, expressed the longing of a pregnant slave woman on a Middlesex cotton plantation:  
"The white folks wanting a hole in the ground for my rest for her stomach, while I will, I see down on my hands, I work to keep those larders full" (1)

Slave owners' perceptions of the black fetus as a means for potential economic gain parallels a current US practice that seeks to protect the fetus while disregarding the humanity of the pregnant woman.

### Reproductive Health Care Restricted to Slave Classes

Slaveholders' interest in black women of child bearing age was motivated by economic goals, not women's health. In the labor process, women's reproductive labor was vital to support a society of enslaved women from slavery through the reproductive means of procreation. In some ways, women's reproductive labor was a form of reproductive labor.

White women, as described here, could be considered reproductive workers. Their reproductive labor was not only a form of reproductive labor, but also a form of reproductive labor. Their reproductive labor was not only a form of reproductive labor, but also a form of reproductive labor.

## Post-Slavery: Jim Crow Era to the Civil Rights Movement (1865-1975)

Reproductive oppression was linked to eugenic practices. The thought was that sterilization would limit and disability and disease among people who are white. African American women would undergo sterilization if their CEOs thought that their practices were not cost-effective. There was a concept of a eugenic program that would sterilize people for mental illness, and then sterilize people for mental illness. This is the only program in the US.

Reproductive health care was not available. As a result, African American women were often treated with inferior medical care or no care at all. This is the only program in the US.

## Post-Slavery: Jim Crow Era to the Civil Rights Movement (1865-1975)

From the 1920s through the 1950s, the United States government sponsored African American women in order to determine the extent of reproductive oppression. This was done through the use of sterilization, forced sterilization, and the use of the sterilization program. In 1922, the United States government passed a law that required sterilization of people with mental illness. This was done through the use of sterilization, forced sterilization, and the use of the sterilization program.

## Post-Civil Rights to today (1975-2019)

African American women report experiences of racial discrimination in their seeking family planning services and care from their reproductive health care providers. In 2013, CDC reported that the percentage of black infants was 10% higher than for white infants (17.8% and 10.6% respectively).

Black women are more likely to have a history of sexual violence than white women. In 2013, CDC reported that the percentage of black women who had a history of sexual violence was 10% higher than for white women (17.8% and 10.6% respectively).

## Reproduction in Bondage

Female slave bodies were used to breed more black bodies into slavery. After 1808, when Congress forbade the importation of slaves, the United States relied on the reproduction of black slave women and their capacity to produce black children.

Slave law used as a means to assert power over female slaves. Slave laws also used to restrict rights to women to force them to have children. In 1793, the United States passed a law that required slave women to have children. In 1800, the United States passed a law that required slave women to have children.

## Pre-Slavery

Pre-slavery reproductive health care was not available. In 1800, the United States passed a law that required slave women to have children. In 1800, the United States passed a law that required slave women to have children.

## FUTURE

**Cultural Competent Care and Research**  
Public health research has started to grapple with the diverse and lived experiences of their African American patients to appropriately design collaborative prevention strategies. Microbiologic research has looked at the impact of stress, African American women.

It is important to adopt culturally and linguistically appropriate strategies for using health care, such as medical interpreters, and clinicians who can identify patients. Clinical research should consider how the country's history continues to impact reproductive health and the overall well-being of African American women.

### Future

There are multiple levels on which reproductive health for black women could be improved. They include the individual level, the interpersonal level, the community level, and importantly the system level. Addressing how history affected black women on each of these levels might facilitate long-term, sustainable improvements in reproductive health for this unique population.

### MISTRUST

Medical experimentation and inadequate healthcare have fostered the complex relationship African American women have with healthcare systems. These experiences have built a foundation of mistrust.

### Future

**Research**  
African American women should be involved in the design, implementation, and evaluation of all aspects of the research agenda to ensure that reproductive health care for black women. To ensure this, the best approach is needed by community-based participatory research.

**Representation in Healthcare systems**  
Representation in healthcare systems is key. Therefore, addressing the shortage of African American healthcare professionals and supporting their education/training that do not ignore history's impact on healthcare is key. It is not just a matter of representation.



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