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The maternal mortality rate in the United States has increased sharply since the 1990s, and the problem is most acute in communities of color. Black women are three times more likely to die during pregnancy and childbirth, and the COVID-19 pandemic, coupled with the national crisis of systemic police violence, has only exacerbated health-care inequality in vulnerable communities. This new edited volume keeps all of these developments in mind as it reveals important insights on the inequities and barriers faced by Black women. The editors identify the work as a direct response to a call by the former president of the American Public Health Association, the epidemiologist Dr. Carrara Phyllis Jones, who challenged the organization to fight racism in health care as part of her 2016 platform.

Scholars and health-care practitioners will especially appreciate the careful research reports and copious research citations, including chapter 5, which unpacks and analyzes the results from the Black Women’s Healthy Study that began in the 1990s and sheds critical light on Black women’s rates of cancer, reproductive health, autoimmune diseases, and other areas of health research. Other chapters examine these issues in specific populations, including Black queer women, rural women, and women in the United Kingdom. Chapter 4 examines the notion of “resili-
ence” and the “Strong Black Woman” or SBW schema, which encompasses traits like “unyielding strength, assumption of multiple roles, self-reliance, emotional suppression, resistance to vulnerability and dependence, determination to succeed, and obligation to help others” (p. 85). The authors note that Black women both view the SBW as a benefit that promotes a positive self-image and identify the resulting exhaustion and loneliness it can confer. The researchers argue that identifying this construct will help “shed light on which processes should be the target of clinical interventions for women who internalize the schema” (p. 87). Chapter 8’s examination of informal caregivers within the locus of the Black family is also particularly important as it identifies one of the specific roles inherent in the SBW construct, arguing that the “pouring from a leaking cup” metaphor is useful in describing the challenges faced by Black women who both are conscripted into and voluntarily provide caregiving within their families (p. 173). Other issues addressed include HIV, sexual violence, and mental health.

Together, the important cross-section of issues detailed in this range of essays helps to “amplify] public health priorities of Black women [and] harness overtones of strength of value, irrespective of the health burdens or societal ill,” as public health scholar Jasmine Ward notes in the afterword (p. 289). An important contribution to the sociological, historical, and public health literature on Black women’s health, this essential collection gives readers much to consider.

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