

Background: Black women experience worse perinatal outcomes than women of most other racial groups.¹ Scholars have conceptualized racism as a chronic psychosocial stressor in the lives of Black people that contributes to a variety of negative health outcomes.²⁻⁴ For Black women, stress from racism is further compounded by sexism and other forms of oppression – this multiplication of oppression is now known as intersectionality.^{5,6} Stress experienced during pregnancy has been shown to be a more powerful contributor to adverse birth outcomes than general stress.^{4,6} Black women in particular have been shown to experience unique sources of stress during their pregnancy – particularly in the healthcare setting.⁴ For example, Black Americans are four times more likely to experience discrimination in the health care setting,⁷ and Black women report having negative relationships with prenatal providers characterized by judgment, disrespect, stressful interactions, inconsistent support and unmet information needs.^{4,8} As Black women typically increase their interactions with the healthcare system during pregnancy, the prenatal healthcare encounter is an appropriate setting to investigate.

Much of the literature on the prenatal healthcare experiences of Black women has been based in the United States.^{1,3,4,7,8} Black feminist scholars contend that the intersection of racism and sexism produces common challenges for Black women worldwide but that these challenges are uniquely organized based on varying national contexts.^{5,6} For example, evidence suggests that Jamaican-born women and Black Canadian women experience perinatal outcomes similar to those experienced by Black American women.⁹⁻¹¹ Further investigation into the experiences of adult Black women outside of the United States is therefore warranted. To better unpack the interconnectedness of Black women’s pregnancy experiences, this comparative, cross-national research project will investigate how racism and sexism intersect to shape the prenatal healthcare experiences of Black women in Canada and Jamaica.

Theoretical approach: This research is built upon the theoretical foundation of intersectionality. Intersectionality is a Black feminist analytic tool for examining how social identities at the micro level intersect with mutually reinforcing systems of domination at the macro level to shape experiences of oppression.^{5,6} Intersectionality is an appropriate theoretical approach for examining Black women’s experiences in two distinct sociocultural and national contexts.

Objectives: To contribute to the paucity of race-based research on the prenatal health experiences of Black Canadians and Jamaicans, this comparative, cross-national study will investigate the prenatal healthcare experiences of Black women in Toronto, Canada and Kingston, Jamaica. Specifically, we will address the research question: *“What are the similarities and differences in the prenatal healthcare experiences of Black women in Jamaica and Canada, and what accounts for these similarities and differences?”*

Methods: This Constructivist Grounded Theory¹² study will use purposive and theoretical sampling to conduct key informant interviews with Black women in Canada and Jamaica who are over the age of 18, and have sought prenatal care in the past two years. As a Black woman research trainee in the interdisciplinary Women’s Health Research Cluster at UBC, I am well situated to conduct this research. Participants will be recruited from health clinics, community organizations, maternal centres and social media until theoretical saturation is met. Data will be analyzed iteratively using constant comparative analysis.¹²

Significance of Research: The significance of this research is threefold: 1) it will illuminate the ways in which social inequities may insidiously manifest into health disparities; 2) it will contribute to the paucity of research on the health experiences of Black Canadian & Jamaican women; and 3) it will contribute to the medical education literature by offering best practices for obstetric clinicians providing care for this population group.

References

- 1) Giscombé, C. L., & Lobel, M. (2005). Explaining disproportionately high rates of adverse birth outcomes among African Americans: The impact of stress, racism, and related factors in pregnancy. *Psychological Bulletin*, *131*(5), 662–683.
- 2) Dominguez, T. P., Strong, E. F., Krieger, N., Gillman, M. W., & Rich-Edwards, J. W. (2009). Differences in the self-reported racism experiences of US-born and foreign-born Black pregnant women. *Social Science and Medicine*, *69*(2), 258–265. <https://doi.org/10.1016/j.socscimed.2009.03.022>
- 3) Hilmert, C. J., Dominguez, T. P., Schetter, C. D., Srinivas, S. K., Glynn, L. M., Hobel, C. J., & Sandman, C. A. (2014). Lifetime racism and blood pressure changes during pregnancy: Implications for fetal growth. *Health Psychology*, *33*(1), 43–51. <https://doi.org/10.1037/a0031160>
- 4) Rosenthal, L., & Lobel, M. (2011). Explaining racial disparities in adverse birth outcomes: Unique sources of stress for Black American women. *Social Science and Medicine*, *72*(6), 977–983. <https://doi.org/10.1016/j.socscimed.2011.01.013>
- 5) Crenshaw, K. (1989). Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics. *University of Chicago Legal Forum*, 138–67.
- 6) Hill Collins, P. (1986). Learning from the Outsider Within: The Social Significance of Black Feminist Thought. *Social Problems*. *33*(6). 14-32.
- 7) LaVeist, T. A., Nickerson, K. J., & Bowie, J. V. (2000). Attitudes about racism, medical mistrust and satisfaction with care among African American and White cardiac patients. *Medical Care Research and Review*, *57*(Suppl. 1), 146-161.
- 8) Lori, J., Hwa Yi, C., & Martyn, K.K. (2011). Provider Characteristics Desired by African American Women in Prenatal Care. *Journal of Transcultural Nursing*, *21*(1), 71-76.
- 9) McKinnin, B., Yang, S., Kramer, M. S., Bushnik, T., Sheppard, A.J., & Kauffman, J. S. (2015). Comparison of black-white disparities in preterm birth between Canada and the United States. *Canadian Medical Association Journal*, *188*(1), 19-26.
- 10) Bayne-Smith, M., Graham, Y.G., Mason, M. A., & Drossman, M. (2004) Disparities in infant mortality rates among immigrant Caribbean groups in New York City. *The Health and Social Well-Being of Caribbean Immigrants in the United States*, 2949, 29–48. https://doi.org/10.1300/J191v2n03_03
- 11) Trotman, H. (2012). Review of mortality of very low birthweight infants at the University Hospital of the West Indies over the past four decades. *West Indian Medical Journal*, *61*(4), 356–360. <https://doi.org/10.7727/wimj.2012.17>
- 12) Charmaz, K. (2014). *Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis*. 2nd ed. Thousand Oaks, CA: Sage Publications.