

Voices Project: Black Women in Canada Resource

An important caveat to this report is the observation that few statistics exist with respect to the health status and trends of Black women in Canada. Consequently, much of the information presented is based on studies conducted in the United States and Britain. Although these data are helpful in providing direction for Canadian studies, the dissimilarities between the social circumstances of Black women in these countries are such that generalizability of research findings is limited.

Health Trends:

The most common health concerns facing Black women include heart disease, stroke, hypertension and diabetes. In general, Black women are twice as likely as white women to suffer from many of these conditions and elderly Black women tend to be at greater risk of dying from chronic disease.

During the past two decades, the rate of diabetes among Black women in the US has reached epidemic proportions. One in four American Black women over the age of 55 now suffer from diabetes. As a result of reduced screening and early detection, the complications associated with diabetes are also more severe and more potentially life threatening for Black women.

Hypertension represents another significant health concern for Black women. Within this group, there The health status of Black women is greatly influenced by the culture and context within which they experience health. Like many women who encounter social marginality, the most critical determinant of Black women's health is poverty. However, much of the social disadvantage

is higher incidence, higher prevalence, earlier onset, longer duration and increased morbidity. Within industrialized nations, Black women suffer the highest rates of co-morbidity (manifestation of two or more related illnesses) associated with hypertension. In fact, Black women tend to experience high rates of co-morbidity for a number of other chronic diseases.

Although rates of breast and cervical cancer are similar for Black and white women, these malignancies pose a greater threat to Black women because, as a group, they participate less in screening programs. Consequently, they are more likely to be diagnosed with later stage cancer, which contributes to this group experiencing the highest rates of cervical and breast cancer mortality. This is especially true for elderly American Black women who experience rates of cervical cancer 66% higher than white women in the same age group.

Heart disease is the number one killer of women in North America. Cerebrovascular disease (stroke) also claims the lives of countless women from every ethnic group. However, when compared to white women, Black women experience disproportionately high rates of mortality from stroke and heart disease.

Health Determinants:

experienced disproportionately by Black women is rooted in the systemic racism of North American culture. This discrimination translates into a lack of educational, employment and housing opportunities as well as limited social supports.

Employment, as a component of socio-demographics, appears to be an important determinant of the mental health of Black women, contributing to their level of self-esteem and their perception of health. Additionally, social roles, in particular clusters of roles, such as those of employee and spouse, influence Black women's overall well-being.

Although the psychological health status of Black women is comparable to that of other ethnic groups, they encounter a number of unique barriers to optimal mental health in the form of sexism, racism and stress related to participation in the workforce. In addition, racial differences in employment opportunities and labor force participation, create barriers to accessing the resources necessary to retire. Consequently, Black women are more likely to experience lifetime poverty than white women.

The increased mortality from breast and cervical cancer among Black women can be traced to a lack of accessible and culturally appropriate screening programs. Many Black women are medically under-served in the sense that they frequent health care facilities that are under-funded and lack up-to-date screening technology, thereby negatively impacting diagnosis, clinical follow-up and treatment.

Certain subgroups within the Black community are especially vulnerable to the overlapping health consequences of poverty and racism. Specifically, rural Black women, particularly those over the age of 65, face "double jeopardy" with respect to breast cancer. Black women represent as little as 10% of most research populations. In addition to racially insensitive research agendas, Black women's attitudes toward mainstream research represent barriers to their participation in examinations of their health. In a recent study that explored these barriers, to participation, one third of the Black women surveyed, reported that scientists cannot be trusted. Twenty-nine percent of these women agreed that researchers did not care about them and

and cervical cancer. Rural Black women are diagnosed much later than urban Black women or white women, indicating an additional interaction between race and residency.

Research:

Even the most cursory examination of the current literature reveals a conspicuous scarcity of studies on Black women's health. As mentioned in the introduction, the absence of Canadian studies is especially obvious. Furthermore, a substantial number of studies target differences between the health status of Black and white women, without exploring contextual factors that contribute to those differences.

Information about specific aspects of Black women's health, such as menopause, are almost entirely absent from the literature. The few studies that do exist, largely take the form of clinical trials and government reports. It is not surprising, therefore, that the health issues facing Black women are not well understood within the medical or academic community.

The bulk of current clinical and epidemiological research into Black women's health focuses, rather narrowly, on issues of reproduction, alcohol use, cancer, heart disease, hypertension, obesity, HIV and AIDS. Many of the remaining studies examine low birth weight and prenatal complications experienced by Black women.

37% preferred to interact with a Black researcher. Given the legacy of incidents such as the Tuskegee tragedy, it is little wonder Black women distrust white researchers. Unfortunately, the consequence of their marginal representation in research is ungeneralizable results that may ultimately have a negative impact on Black women's health.

Most research on Black women's health is published in medical and public health journals. In fact, several bodies of literature such as health psychology, have virtually ignored Black people, particularly women. Even feminist literature remains narrowly focused on white women's concerns, often excluding the realities of Black women. Critics contend that, in order to produce findings that are useful to Black women, researchers must incorporate traditional feminist principles with anthropological theory that highlights how the culture and context of Black women's lives influences their health.