Paradox of Cultural Competency: Use of Social Marketing Techniques in the "Medicalization" of Granny Midwives

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Introduction

A Granny Midwife

For over three centuries, African American midwives delivered babies and practiced folk medicine in rural counties throughout the South (Walden, 2010). These women were valued due to their main role of keeping a "healthy" labor force, healing tradition and remedies from Africa (Savitt, 1978). Many granny midwives practiced on numerous plantations serving both Whites and Blacks during and after slavery.

- Topology of Black folk healers place granny midwives as a specialized group of Black lay healers (Baer, 1982).
- Midwifery and nursing granted slave women greater authority in comparison to female slave laborers who worked solely in the fields (Williams, 1972).
- Grannies garnered respect due to age, life experiences, and an interdependent relationship between healer and community members that oftentimes lasted from birth into adulthood (Bonaparte, 2007; Schwalm, 1997; Lee, 1996).
- We reviewed the history and the place of granny midwives within the culture of communities they served and summarized the trainings offered in terms of the level of cultural competency and use of social marketing techniques.

Purpose:

1. To identify the significant contribution made by granny midwives in health care delivery and utilization, using the Mississippi experience as a model.
2. To evaluate the impact of public health training/certification on midwifery practice.
3. To discuss the paradoxical role of social marketing techniques

Methods

- Review of historical and current literature as well as historical Training Manuals and Teaching Videos.
- Analysis of training strategies within the context of the framework of social marketing, which is a later phenomenon.

Late 1920's Midwives of Madison County, MS

"Medicalization"

- The "medicalization" of midwifery and the childbirth experience is a very complex issue; it parallels the trend toward the professionalism of medicine and is one component of collaborations of public health, social welfare and clinical medicine to improve health outcomes. While a comprehensive discussion of the impact of these two trends is beyond the scope of this discussion, it is instructive to review the strategies used to promote changes in the practice of granny midwives. After the failure of the reformers' media advocacy campaign, medical literature, rather than mass media, was used to frame the issue and set the agenda for policy change, namely the required certification of granny midwives. At the turn of the 20th century…
- Only one percent of babies were delivered in hospitals nationwide.
- The infant mortality rate in the United States was approximately 100/1000 live births and maternal mortality was 6-9 deaths/1000 live births.
- The Flexner Report of 1910 indicated that physicians were poorly trained across the nation.
- The professionalization of medicine (White male dominated) lowered the status of women in the field of birthing during the late 19th and early 20th centuries (Ehrenreich and English,1973).
- Dr. Joseph Delee, an obstetrician, defined the birthing process as pathological and recommended using forceps, episiotomy and ergot to make births more predictable (Leavitt, 1983).
- Granny midwives' birthing procedures were blamed for the high maternal and infant death rates fueling the fire for their elimination from the birthing team .

Social Marketing Framework

- ***Product***: *Public Health Certification*
- ***Positioning***: *The "right" message*

Institutionalization/Elevation/Acceptance/Validation of Midwifery Practice

Price

Benefits

- Increased pool of qualified practitioners
- Standardization of care
- Continued prenatal education
- Smoother delivery
- Improved birth outcomes
- The new team of providers assure better health outcomes for infants, and mothers
- Increased health literacy
- Ability to "pass the torch" to new generation

Costs

Perceived Costs

- Training time/effort
- Increased monitoring/Surveillance
- Change in Practice to more standardized care/decreased in some ritual practices

Additional Costs

- Decrease in skilled providers due to refusal to surrender their life profession, poor academic skills or increase age.
- Professional providers not available to some African American communities due to lack of funds or location
- Decline in the transmission of cultural heritage of health and healing

- ***Promotion***
  - Segmented audience into skilled/literate and skilled/illiterate
  - Utilized cultural and religious values and community social capitol to achieve "buy in"
  - Used Training Sessions as Skill building components
  - Hybridized important cultural components
    - Use of songs with religious hymn melodies for training
    - Use of cultural rite of passage/passing the torch

Historical Perspective

- Healing and Midwifery were practiced from cultural heritage of American Indians, French, Spanish, English, African and Caribbean slave's remedies.
- Granny midwives or "cotton dollies "delivered the slave population. Mammies delivered plantation owners' women and raised their children (Roberts & Reeb, 1994).

Public Health Nursing in Mississippi and Midwifery

- In 1920, the American Red Cross was active in promoting health services, entered a cooperative agreement with the Mississippi Board of Health for a nurse to oversee public health nursing activities (Underwood & Whitfield,1951).
- In 1921, Mary D. Osborne, R.N., became the second director of Public Health Nursing and applied for funding under the Sheppard Towner Act to reduce the appalling maternal and infant death rates by initiating an educational and supervisory program among physicians, public health nurses and midwives (Underwood & Whitfield, 1951).
- In the early 1920, there were an estimated 43,627 midwives practicing in the United States with fifty percent under supervision. On April 21, 1921, Mississippi Board of Health passed requirement for midwives to obtain a permit to practice in Mississippi.
- There were about 5,000 midwives practicing in Mississippi before the implementation of permits.

Midwife Permit. 1957

Midwife Permit

Passing the Torch

Commentary:

1. Cultural competence has a spectrum from cultural destructiveness to cultural proficiency. Where does this targeted approach fit?
2. What are the ethical obligations of maintaining cultural elements in "passing the torch"?
3. How does this perspective inform your views on womens' reproductive rights and the history of women in medicine and public health?

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Project Funded by OMH Grant MP-STT-10-001-011721; Mississippi State Department of Health-Office of Health Disparity Elimination