



Obstacles in Women's Healthcare and Health Education: How the Church Can Advocate for Women

Tapestry Justice for Women 2024

Interview with Rev. Jordan, Director of Peace Building for the Week of November 17, 2024

Sylvia Eley (St Timothy, Norfolk)

Motherhood is revered. In the bible, women like Hagar, Sarah, and Mary, the mother of Jesus, bring forth new life. Unfortunately, the bible also tells us of maternal tragedy. Rachel (Genesis 35:16-20) and the wife of Phinehas (1 Samuel 4:19-20) died after prolonged and difficult labors. The church can advocate with policy makers, especially at local and state levels, for better access to maternal health as well as support local health initiatives that expand access to services for women's health.

Eley: A variety of religious/cultural beliefs impact women's behaviors and care-seeking ability during pregnancy and the postpartum period. Have you witnessed this?

Rev. Grant Jordan: Yes, religions and cultural beliefs impact women's behavior as well as their socio-economic status and educational level. For example, BIPOC (Black, Indigenous, and People of Color), often experience racism from previous health care providers which has made them less trusting. They believe that the care they will receive may not be comparable to Caucasian women. This is more evident in those who are lower income and Medicaid recipients.

Eley: Maternal health refers to the health of women during pregnancy, childbirth, and the postnatal period. Why is maternal health important to you as a woman of color?

Rev. Grant Jordan: First, I believe that each stage of a woman's pregnancy should be a positive experience. Ensuring that women have the best maternal health possible is instrumental in ensuring that babies reach their full potential for health and well-being. Good maternal health also affects the overall well-being of the woman. Maternal health care is essential, not only to the lives of mothers and babies, but to the general welfare of society.





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Eley: Matthew 1:18-25 speaks of Joseph not wanting Mary because she was pregnant, and they were not married. How does your faith play a role in assisting unwed mothers? If Mary came to your local hospital, how would she be treated?

Rev. Grant Jordan: It is my thought that all women should be treated with care and respect. We must not discriminate or hold back on vital services because of a woman's marital status. Our faith calls us to care for the mother and child because they are created and loved by God. Unfortunately, if Mary came to my local hospital there are chances that she would encounter a healthcare worker or medical professional that despite their education and training possess preconceived notions about "Mary." "Mary" may not know what she needs to ask, and the health care professional may look at her lack of knowledge as indifference.

Eley: Referring to Luke 2:7, how does the story of Mary giving birth to Jesus in a stable, because there was no room in the inn, tell of an instance of maternal health in your community?

Rev. Grant Jordan: There are women in our community who are experiencing housing insecurity and homelessness. During a visit to the City Community Shelter there were two women who were pregnant. Upon leaving the center, they would return to the shelter's family housing but those do not come open often. Social Work Case managers work to find appropriate housing that the mother can afford. Housing within the City of Greenville, low to moderate housing is limited.

Eley: A Maternal health desert occurs when there is no hospital or clinic nearby. This may occur in rural areas or where there is a shortage of healthcare professionals. How could the church help? For example, providing transportation to appointments in surrounding towns, offering the church to hold health care clinics/screenings. Any other ideas?





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Rev. Grant Jordan: There are varied ways in which the church can help which include providing transportation to medical facilities within a reasonable distance. Working with the Health Department, hospital, and physicians' offices to develop mobile services that are set up at churches with adequate facilities, this can include screenings.

Eley: Poor attitudes of staff and quality of services, discourage women of color from seeking medical care. What can bring about change to these problems?

Rev. Grant Jordan: Require education and training of medical professionals, in cultural and racial competencies. Require non BIPOC who are medical professionals to do a rotation in which they are required to take part in the Intercultural Development Inventory, a widely used and effective cross-culturally valid assessment for building cultural competence. Diversifying the health care workforce- between a provider's and a patient's race can improve the care experience, specifically when it comes to obstetric care. However, the proportion of Black obstetrics and gynecology residents is declining.

Eley: How can the church promote a sustainable maternal health system?

Rev. Grant Jordan: They must find ways to work with medical facilities to determine the needs of the community. Going within the community to conduct focus groups/forums and develop a strategic plan with short- and long-term goals. Collaborate with the Medical Community to set up a board to oversee the work. Also, provide support groups and community outreach programs for pregnant women.

Reflection Questions:

- What stood out to you from the interview and why?
- How could you apply something that you learned in your own community?

