Case Study 2: "Listening to Her Story" – Ubuntu, Identity, and Black Maternal Health Justice

Learning Objectives:

- Analyze the impact of race, gender, and professional identity (also racial concordance patient/provider) on maternal healthcare delivery.
- Understand how Ubuntu and cultural humility inform justice-based health practices.
- Discuss trauma-informed, relational approaches to real-world patient-provider interactions.

Case Study Rubric:

Criteria	Excellent (4)	Good (3)	Satisfactory (2)	Needs Improvement (1)
Application of Ubuntu Worldview & Ethics	Insightfully connects Ubuntu worldview to maternal health care and patient interaction.	Effectively connects Ubuntu worldview with minor gaps.	Some understanding of Ubuntu, lacks clarity or depth.	Minimal or incorrect connection to Ubuntu concepts.
Analysis of Social, Cultural, and Structural Determinants	Thorough, nuanced analysis with evidence from readings or lectures.	Good analysis with some supporting evidence.	Basic explanation with limited evidence.	Weak or no analysis provided.
Examination of Identity, Power, and Privilege	Critically examines all three concepts with applied examples.	Addresses most concepts with reasonable examples.	Touches on one or two concepts, somewhat vague.	Little or no discussion of identity, power, or privilege.
Use of Cross-Cultural Perspectives	Effectively compares U.S. and South African contexts using scholarly sources.	Provides basic cross-national comparison with minimal source use.	Attempts comparison but lacks coherence or references.	No meaningful cross-cultural comparison made.
Teamwork and Collaboration	Excellent group coordination and equitable contribution.	Good coordination with minor imbalance.	Uneven participation noted.	Little evidence of collaboration.

Student Instructions:

The instructor will divide the class into groups of 5 to 6 students. The students will analyze a maternal health case study involving a Black patient from either South Africa or New Jersey. The group's task is to synthesize course materials provided in-class, in the assignment guidelines, or from their own scholarly research search. Groups should focus on key readings on Ubuntu, structural racism, midwifery, and the role of doulas and/or OB/GYNs, the role of identity, power & privilege in decision-making considerations, and trauma-informed care.

Your group deliverables will include:

- A completed written response to the case study questions
- A short PowerPoint, Google Slide, or Canva group presentation (5–7 minutes) summarizing your findings and recommendations.
- A reflection on how Ubuntu and the concepts of identity, power, and privilege shaped your group's recommendations (add this to the problem presentation).

Timeframe:

- Total Project Duration: Students will begin working on this assignment in Week 11 and present their cases in Week 12
- In-Class Time: Will be provided during Week 12
- Outside Class Time: Approximately 5 hours for research, writing, and preparation

Case Study:

Background:
Shanae Williams, a 28-year-old African American woman, arrives at a community health clinic in New Jersey for her third prenatal visit. She is 26 weeks pregnant with her second child. During intake, she reports occasional dizziness, persistent swelling in her legs, and feeling dismissed during previous prenatal visits when she expressed concerns about her headaches.

Shanae's chart indicates:
- Blood pressure: 145/95
- BMI: 33
- No prior chronic conditions
- Missed one prenatal appointment due to unreliable transportation
- Lives in a historically segregated neighborhood with high maternal morbidity rates

Her OB-GYN, Dr. Mkhize, is a recent South African immigrant trained in both Western biomedicine and community-based care influenced by Ubuntu philosophy, which she defines as "recognizing each patient as deeply embedded in a network of relationships — health is not individual, but communal."

In their interaction, Shanae says, “Sometimes I just don’t feel heard. I know my body, and something feels off. But people brush it off like I’m just being dramatic.”

Dr. Mkhize responds by inviting Shanae to bring a support person to her next visit and schedules her for a hypertension screening and cultural doula referral.

Contextual Considerations:

- In the United States, Black women in the U.S. have higher rates of maternal mortality regardless of income or education level.
- Paralleling the historical trauma and lived experiences of racism within South Africa, U.S. women of the African Diaspora have increased medical mistrust and adverse birth outcomes.
- Understand that identity, power, and privilege play critical roles in shaping how patients are heard, validated, and treated.
- In Africa, Ubuntu (worldview) teaches that patient well-being is rooted in collective responsibility, dignity, and relational ethics. This type of approach could be very relevant to health encounters and outcomes of Black mothers.

What is the students’ task:

As a student health advocate observing this case, you are asked to help facilitate an interprofessional (working with other disciplines to mitigate the concerns of the patient) case review. Consider how Ubuntu, social justice, and frameworks of identity, power, and privilege inform a better response to Amina’s care experience.

What the student should reflect upon: Reflection questions:

1. How do identity, power, and privilege influence how Amina’s concerns are handled by her provider?
2. How might Ubuntu and trauma-informed care provide alternative responses to Amina’s needs?
3. What structural or interpersonal interventions could help create a more equitable maternal care experience for patients like Amina?

References

Gipson-Jones, T. L., & open a I. (2025). Case study rubric, group instructions, and time allotment for Listening to her story: Ubuntu, identity, and Black maternal health justice [AI-generated teaching resource]. ChatGPT. https://chat.openai.com

Kobe, S.L. (2021). Ubuntu as a spirituality of liberation for black theology of liberation. HTS Teologiese Studies/Theological Studies 77(3), a6176. https://doi.org/10.4102/hts.v77i3.6176

Musie, M. R., Anokwuru R. A., & Lukhele, S. (2022). African indigenous beliefs and practices during pregnancy, birth and after birth, in F. M. Mulaudzi & R. T. Lebese (eds.), Working with

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Ramavhoya, T. I., & Nesengani, T. V. (2022). Indigenous practices in health care promotion and disease prevention, in F. M. Mulaudzi & R. T. Lebese (eds.), Working with indigenous knowledge: Strategies for health professionals. AOSIS Books, Cape Town, pp. 21-36. http://doi.org/10.4102/oasis.2022.BK296.02

Resources

Cleveland Clinic (2022, November 14). High blood pressure (hypertension) during pregnancy.https://my.clevelandclinic.org/health/diseases/4497-gestational-hypertension

The Network for Public Health Law. (2023, March). Maternal health facts sheet: Black maternal health in New Jersey. https://www.networkforphl.org/wp-content/uploads/2023/05/Black-Maternal-Health-in-New-Jersey.pdf

Rutgers School of Public Health. (2025, May). Following the Science: New Jersey's policy approaches to improving maternal and infant health. https://sites.rutgers.edu/nurture-nj/wp-content/uploads/sites/1335/2025/05/Following-the-Science-NJs-Approaches-to-Improving-Maternal-and-Infant-Health-FINAL.pdf

Scholars Strategy Network (2024, March 26). Resolving inequalities in Black maternal health in New Jersey. https://scholars.org/contribution/resolving-inequalities-black-maternal-health

Dr. Adaora Udoh's (MD, FACOG-Virtua Health System, NJ) videos about Black Maternal health & Ubuntu (experiential information)

b6c7af67-4806-459d-910a-5ef019e972a8.MP4

ecbcf851-e6ba-4cf0-a85b-758feb417542.MP4

9b5299da-48d9-423a-ace0-43ae1b5b6a1e.MP4