

“The Most Dangerous Place for an African American is in the Womb”: Reproductive Health Disparities and Anti-Abortion Rhetoric

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This analysis focuses on the Life Always campaign that attacks Black women and deepens reproductive health disparities. Their anti-abortion billboard campaign adds to a body of discourse that stigmatizes Black women as promiscuous, irresponsible, psychologically immature, and murderers. Using critical rhetoric and visual textual analysis, we analyze the campaign alongside Life Always' website in an effort to illuminate the hidden agenda behind the ads and the ramifications for those ads on the discourse surrounding African American women's reproductive health disparities. We argue that if Life Always wants to change our nation's ideologies concerning abortion, creating laws that attack Black women's wombs is an ineffective and misdirected plan. We must create a new ideology that eliminates the pro-life/pro-choice dichotomy and instead promotes pro-health and reproductive justice. The terms Black and African American are used interchangeably in this study.

Keywords: abortion, African American women, health disparities, pro-health, reproductive justice

Impregnated with my 2nd child, a baby girl growing a reproductive system much like my own in the center of my womb, I scheduled a monthly check up with a Dr. that wasn't my regular physician due to scheduling conflicts. A short, balding, White man entered my room and introduced himself. He started asking me questions about my lifestyle, my pregnancy, and my plans for birth control. "What are you going to do for birth control?" My response: "We practice the rhythm method." With skeptical eyes he interrogated me further: "You know that doesn't always work. Do you have a backup plan? My wife and I tried that and we have four kids now." My thought: What does your family have to do with my rhythm? "We used it before and it worked quite well, Dr." His response: "Well what are you going to do if you get pregnant?" The bantering continued for some time, and in the end, I had questions of my own. "Why do you assume I don't want more children? Why do you assume I am incapable of tracking my own body's reproductive schedule and keep from getting pregnant?" Why do you compare your white, upper-class lack of family planning to my Black, middle-class, careful attention to family planning?" I was happy when my regular Dr. returned. We had an understanding about our Black bodies and the historical reproductive injustices indented in the dimples of our buttocks, the frown lines molded to our temples, the scarring written across our wombs. The substitute Dr's negative health messages symbolized the thousands of negative health messages we witness daily. We must analyze these

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messages not as isolated incidents, but within a deeply and tortuously rooted system of reproductive oppression and imperialism. We must illuminate the cycle in order to break it.

In early 2011, anti-abortion ad campaigns swept the nation spewing messages and sparking controversy. Life Always, a pro-life organization in Texas, sponsored a group of ads. One pictured a young Black girl and read, “The most dangerous place for African Americans is in the womb.” Another featured a sketch of President Obama with the tagline “Every 21 seconds our next possible leader is aborted.” Life Always’ website ran a headline claiming “Spend your nights crying like a baby. With no baby to comfort you.”¹ Their campaign generated varied reactions. Their supporters claim the billboards spread the truth about abortion. Their protesters labeled the billboards’ contents crass, racist, and detrimental to reproductive health choices. According to their website, www.thatsabortion.com, Life Always claims to promote the health and well-being of African Americans by spreading the truth about abortion. If this statement is true, then we support Life Always. We support educating all women so we can avoid unwanted pregnancies. We support an ethic of pro-health. However, we do not believe this campaign promotes Life Always’ mission. There is no truth in the tagline. Instead, it magnifies health disparities for African American women, furthering the divide between the current health regime and reproductive justice.

Utilizing critical rhetoric and visual textual analysis, we examine the Life Always billboard campaigns and their website. We argue that in an attempt to lessen the number of abortions performed on Black women by creating awareness billboards, Life Always adds to existing health disparities and impedes any potential progress towards reproductive justice by spreading negative health messages. We begin our analysis discussing the cycle of reproductive (in)justice by contextualizing health disparities confronting Black women, the gender, race, and class issues that ignite those health disparities, and the health messages that perpetuate them. Next, we discuss why pro-life/pro-choice rhetoric cannot be considered a viable option for Black women because both of those conversations rely on white, heteronormative notions of what it means to be a woman and sexually active. Finally, we analyze three Life Always health messages aimed at Black women and reproductive health to show the ways in which they deny agency, voice, and health. To conclude, we offer a culturally relevant alternative that engages Black women’s voices, agency, narratives, and health disparities fully. We label it pro-health.

Health Disparities and Health Messages, Locating the Cycle

Health disparities vary across race, class, and gender.² For minority women, health disparities seem to be the greatest. African American women experience more chronic illness, morbidity,

¹ In this essay, references to Life Always come from their website, <http://www.thatsabortion.com>, which is no longer run by Life Always. The website is now home to a Japanese website that seems to provide rental advice. The anti-abortion website can still be viewed using the Wayback Machine at www.archive.org.

² See Duerksen, Susan C., Amy Mikail, Laura Tom, Annie Patton, Janina Lopez, Xavier Amador, Reynaldo Vargas, Maria Victorio, Brenda Kustin, and Georgia Sadler, “Health Disparities and Advertising Content of Women’s Magazines: A Cross-Sectional Study,” *BioMed Central*, 5 (2005): 1-10; Karen Dugger, “Race Differences in the Determinants of Support for Legalized Abortion,” *Social Science Quarterly*, 72 (1991): 570-587; Karen Glanz, Robert T. Croyle, Veronica Y. Chollette, and Vivian W. Pinn, “Cancer-Related Health Disparities in Women,” *American Journal of Public Health*, 93 (2003): 292-98; J. Graham-Garcia, T. L. Raines, J. O. Andrews, and G. A. Mensah, “Race, Ethnicity, and Geography: Disparities in Heart Disease in Women of Color,” *Journal Of Transcultural Nursing: Official Journal Of The Transcultural Nursing Society / Transcultural Nursing Society* 12, no. 1 (2001): 56-67;

and mental illness; not ironically, Black women also experience decreased access to physical and mental health-care.³ Because Black women experience greater health disparities, it is no surprise that nonprofit organizations, pharmaceutical companies, and health-care providers target African American women with negative health messages. While some researchers imply genetic determinants and lifestyle choices cause health disparities,⁴ links between health disparities, health messages, and reproductive injustice are plenty.⁵

In a comparison of women's magazines, Duerksen et al. found that not only were health advertisements less likely to appear in magazines targeting Black audiences, but included disproportionately higher negative health advertisements than positive ones.⁶ According to Cline & Young, recent studies denote how direct-to-consumer advertising perpetuates existing health disparities because they reinforce the need and effectiveness of prescription drugs disproportionately by race and health condition.⁷ In their study of identity salience and health messages, Mastin et al. found that pharmaceutical companies advertise primarily negative health messages to women of color, and White models far outnumbered Black models in advertisements promoting positive health messages of hope and healing.⁸ In addition, health messages depicting Black models mainly focused on sexually transmitted diseases and diabetes, thereby associating Black women with promiscuity and poor eating habits. In addition, the majority of health ads in Black magazines were for birth control pills, and nearly all of the ads promoting sexually transmitted disease medication and treatment, including HIV and herpes, appeared in Black magazines.⁹ While the authors argue that promoting sexual health messages is a rational decision on behalf of the pharmaceutical advertisers because Blacks have higher rates of STD's and HIV, we disagree.

Pharmaceutical companies that target Blacks for diseases related to sexual promiscuity is not a rational decision based solely on health disparities, but based on stereotypes and reproductive injustice. Just because African Americans are diagnosed at a higher rate than Whites does not mean pharmaceutical advertisers can ignore STDs and HIV transmission among Whites. It is lu-

Teresa Mastin, Julie L. Andsager, Jounghwa Choi, and Kyungjin Lee, "Health Disparities and Direct-to-Consumer Prescription Drug Advertising: A Content Analysis of Targeted Magazine Genres, 1992–2002," *Health Communication* 22, no. 1 (2007): 49-58; David Satcher, "American Women and Health Disparities," *Journal of the American Medical Women's Association*, 56, no. 4 (2001): 131; Carla E. Stokes, "Representin' in Cyberspace: Sexual Scripts, Self-Definition, and Hip Hop Culture in Black American Adolescent Girls' Home Pages," *Culture, Health & Sexuality* 9, no. 2 (2007): 169-84; David R. Williams, "Racial/Ethnic Variations in Women's Health: The Social Embeddedness of Health," *American Journal of Public Health* 98 (2008): S38-S47.

³ Angela Rose Black and Nadine Peacock, "Pleasing the Masses: Messages for Daily Life Management in African American Women's Popular Media Sources," *American Journal of Public Health* 101, no. 1 (2011): 144-50.

⁴ B. Gannon, L. DiPietro, and E. T. Poehlman, "Do African Americans Have Lower Energy Expenditure than Caucasians?" *International Journal of Obesity and Related Metabolic Disorders*, 24, no. 1 (2000): 4; Leith Mullings, "The Sojourner Syndrome: Race, Class, and Gender in Health and Illness" *Voices*, 6, no. 1 (2002): 32-36; Christopher Kuzawa and Elizabeth Sweet, "Epigenetics and the Embodiment of Race: Developmental Origins of US Racial Disparities in Cardiovascular Health" *American Journal of Human Biology*, 21, no. 1 (2009): 2-15; Hilda Davis-Carroll, "An Ethic of Resistance: Choosing Life in Health Messages for African American Women" *Journal of Religion and Health*, 50, no. 2 (2011): 224.

⁵ Black and Peacock, "Pleasing the Masses"; Rebecca J. Welch Cline and Henry N. Young, "Marketing Drugs, Marketing Health Care Relationships: A Content Analysis of Visual Cues in Direct-to-Consumer Prescription Drug Advertising," *Health Communication* 16, no. 2 (2004): 131-57; Duerksen et al., "Health Disparities and Advertising Content"; Mastin et al., "Health Disparities."

⁶ Duerksen et al., "Health Disparities."

⁷ Cline and Young, "Marketing Drugs."

⁸ Mastin et al., "Health Disparities."

⁹ Mastin et al., "Health Disparities."

dicrous to suggest that Whites do not transmit STDs or need advertisement promoting healthier, safer sex, and treatment. The authors go on to suggest that the increase in advertisements can be contributed to pharmaceutical companies' interest in African American women's reproductive health because Black women are less likely to use birth control and more likely to experience unintended pregnancy. However, the percentages are not different enough to warrant a drop in health information for White women (5%), thus indicating not an ethic of care or interest in Black women's health, but further promotion of stereotypes about our sexual bodies.¹⁰ Heart disease and diabetes are leading killers of African American women, but ads for those medications frequented Black magazines far less,¹¹ indicating a clear discrepancy between actual health disparities and the ways in which Blacks are targeted for health messages.

These discrepancies must be studied to change the way we advertise health to minority women, and hopefully, the health disparities that ensue. A burgeoning body of research suggests that social identity salience in advertising can affect perception, behavior, and performance.¹² It is important to conduct studies on advertising targeting African American women to begin understanding the contextual factors that influence the cycle of reproductive injustice. We must also focus on African American women's mental health. While most health messages targeting Black women, including abortion, focus on statistics and physical health, sexual health disparities overlap between the mental and physical, and vary greatly depending on race. If African American women have less access to mental health care, that has to be accounted for in the research in addition to concerns Black women voice about our own health.

Black and Peacock promote a gender-critical approach that takes into account the insights of African American women on our own health experiences.¹³ They acknowledge agency where past researchers denied it. One area they find crucial and specific to African American women entails managing role responsibilities. The authors discuss competing responsibilities like family, friends, and work, and the way they affect health disparities. They detail the Strong Black Women's Syndrome as a script resulting in exhaustion and fatigue because it paints the myth that Black women are inherently strong, resilient survivors. The Strong Black Woman script negatively affects health because exhaustion and fatigue increases vulnerability to illness, but being strong and resilient pushes Black women away from seeking help, especially psychological help. Many women who avow to the Strong black Women script suffer from psychological distress and often experience depression or commit suicide.¹⁴ While the Strong Black Woman script affected all facets of life, the most prevalent discussion was health related. This syndrome can influence a women's sexual health and decision-making regarding sexual relationship, as well as her (in)ability to seek education, help and/or counseling in regards to unwanted pregnancy. Research and health messages on sexual health disparities must take these cultural differences into account when educating African American women about our sexual health.

¹⁰ Mastin et al., "Health Disparities."

¹¹ Mastin et al., "Health Disparities."

¹² Mark R. Forehand and Rohit Deshpande, "What We See Makes Us Who We Are: Priming Ethnic Self-Awareness and Advertising Response," *Journal of Marketing Research* 38, no. 3 (2001): 336-48; Mark R. Forehand, Rohit Deshpandé, and Americus Reed II, "Identity Salience and the Influence of Differential Activation of the Social Self-Schema on Advertising Response," *Journal of Applied Psychology* 87, no. 6 (2002): 1086-99; Stefano Puntoni, Steven Sweldens, and Nader T. Tavassoli, "Gender Identity Salience and Perceived Vulnerability to Breast Cancer," *Journal of Marketing Research* 48, no. 3 (2011): 413-24; Alice M. Tybout and Richard F. Yalch, "The Effect of Experience: A Matter of Salience?" *Journal of Consumer Research* 6, no. 4 (1980): 406-13.

¹³ Black and Peacock, "Pleasing the Masses."

¹⁴ Black and Peacock, "Pleasing the Masses."

Stokes' findings suggest that a one-size fits all approach to sexual education fails to address the complexity and contextual issues relevant to young girls and women of color.¹⁵ Black girls develop sexual identity different from other groups. Stokes acknowledges the agency in young girls to develop in accordance with or resistant to dominant stereotypical images found in the media. Stokes identified seven sexual scripts from her sample. Of the 27 participants, 17 fulfilled sexual stereotypes, and 10 resisted them, showing that teenage girls are able to exercise agency when choosing whom to develop into socially. Had Stokes not infiltrated their spaces in order to learn how they construct sexual identity for themselves, the participants who did not fit the mold could have easily been misidentified or left out altogether.

To deny agency to our participants is to ignore the rich narratives that inform sexual identity and the culturally specific needs that should inform health messages and lobbying for policy change. Until we reinstitute agency in the voices of Black women, we will not be able to voice our concerns, issues, and health disparities in ways that are not only socially salient, but relevant, helpful, and capable of change. Instead of giving voice to African American women regarding sexual health, groups speak on our behalf and deny us agency. Our health messages continue to perpetuate negativity, our access to health care continues to decrease, and our health disparities continue to increase, resulting in a cycle of reproductive injustice.

Reproductive Justice: A Woman's Right to Control her Own Body and Life

After nearly an hour of waiting, an almond complexioned, middle-aged Black woman greets me, pulls out a sheet a paper and begins to ask questions. "When was your last gynecological exam?" she asks. I respond, "last year this time." She scribbles on her pad and asks questions about HIV and other STDS. I respond that I was tested during my last exam. She writes a bit more then looks up and asks "Well what kind of birth control are you on?" "I'm not on birth control. I'm not sexually active." She rolls her eyes and shakes her head in disbelief, then begins to pour her opinion into my gynecological exam by stating, "That's what they all say." In that moment I felt so small, so powerless - voiceless. Having grown up in a predominantly white environment, this was my first encounter with an African American physician. While I grew used to assumptions, stereotypes, and ignorance peppering my conversation with physicians that did not look like me, I suppose I had higher expectations of someone that did. I was completely unprepared to receive the same message from another African American woman. Perhaps somewhere deep down inside I expected her to understand. I expected her to see through the stereotypes and sexual scripts that have been written for women of color for centuries. I expected her to simply believe my words. My hurt and anger took over and was evident in my response. "With all due respect, ma'am I am a grown woman. I have no reason to lie to you or anyone else about not being sexually active." Somewhere in the conversation I mentioned I did not have time for her foolishness and that I needed to go teach my class. She sort of apologized and began talking to me about her daughter. Somewhere in her response she mentioned she did not realize I was a doctoral student and stated "these young girls come in here and tell me anything." I guess that was supposed to make it better. Perhaps she thought that statement would win me over. Instead it disgusted me more. It reinforced that educated sista' girls just like me bought into the dominant ideology that defines Black women as exotic over sexualized beings. In that moment it was impossible for her to see me as anything else. She forced me into the cycle.

¹⁵ Stokes, "Representin' in Cyberspace."

Mayes asserts that there are an infinite number of line items for reproductive justice including, but are not limited to:

Preventing the pandemic spread of HIV/AIDS here and abroad, comprehensive care for pregnant women for their own health and to prevent infant mortality, effective contraception for family planning, access to safe and legal abortions, combating the slave health deficit, the redistribution of global wealth, unbiased education on sex and sexuality, political representation coupled with civic engagement, the creation and implementation of policies that address specific and unique concerns in different communities, self-determination for our communities, and sovereignty over our bodies.¹⁶

The Asian Communities for Reproductive Justice define it as “the complete physical, mental, spiritual, political, economic, and social well-being of women and girls, and will be achieved when women and girls have the economic, social and political power and resources to make healthy decisions about our bodies, sexuality and reproduction for ourselves, our families and our communities in all areas of our lives.”¹⁷ In its most simplistic form, reproductive justice affords women the freedom to unbiased information and health care so that we can make informed decisions about our bodies, thus controlling our lives. Without access to health care, negative health messages bombarding our magazines and billboards, and the health disparities that plague our communities, reproductive justice stands far out of reach. While abortion is one of the issues under the banner of reproductive justice, those subscribing to the ideology that informs this movement understand that there is a deep connection between social, economic, political and cultural issues in the reproductive decision making of Black women. This means that simply creating billboards or other media messages in support or against abortion will do very little to create effective well-informed decision making. The pro-life/pro-choice dichotomy is one such instance of reproductive injustice.

Since the development of abortion related legislation people feel obligated to place themselves in pro-choice or pro-life camps while significant issues of reproductive justice are ignored continually. Although both camps passionately push for their individual platforms and deny the other, the positions are not oppositional or incongruent, and neither speaks directly to the reproductive justice issues experienced by African American women specifically. The pro-life/pro-choice dichotomy is war over criminalization. The pro-life position supports the prison industrial complex by supporting a criminal justice approach to reproductive health measures.¹⁸ What the pro-life position fails to acknowledge is that criminalizing abortion will not change our ideologies concerning abortion. In the same manner that criminalizing certain activities do not change the rate people commit those crimes. In addition, the American prison system oppresses people of color and poor communities and victimizes minorities, further perpetuating injustices based on race, class, and gender.¹⁹ Instead of legitimizing the prison system, we must find an alternative. That alternative requires ideological shifts in reproductive health, not pro-choice.

¹⁶ La'Tasha D. Mayes, “Reproductive Justice: The Ultimate Political Countermove for Black Women,” *Off Our Backs*, January 1, 2006, 12.

¹⁷ Asian Communities for Reproductive Justice, “A New Vision for Advancing Our Movement for Reproductive Health, Reproductive Rights and Reproductive Justice,” (Oakland, CA: Asian Communities for Reproductive Justice, 2005), 1.

¹⁸ Andrea Smith, “Beyond Pro-Choice Versus Pro-Life: Women of Color and Reproductive Justice,” *NWSA Journal* 17, no. 1 (2005): 119-140.

¹⁹ Smith, “Beyond Pro-Choice Versus Pro-Life.”

Many scholars critique the pro-choice movement because it rests on the notion of “free” choice without considering the social, political, and economic conditions that frame the limited choices available.²⁰ Even if abortion were completely legal and accessible, it still would not assuage the problems women face, particularly women of color. In addition, choice presupposes unbiased information and a variety of entities to choose from. Political and racial subjectivity remain a deciding factor in terms of what contraceptives pharmaceutical companies choose to advertise and make available to minority women, utilizing a lack of informed consent for acts of sterilization, especially in underdeveloped countries, the utilization of birth control and abortive services as a form of population control, as well as access to certain sexual health services.²¹ Reproductive justice requires an undoing of all the conditions surrounding “choice,” thus, pro-choice is not a viable option for women of color.

The reproductive justice movement provides a full programmatic shift in the way we view and engage reproductive issues connected to Black women. It is not a matter of simply being pro-life or pro-choice because the collective issues that influence these outcomes are much deeper than surface labels. The control of reproductive choices for Black women dates as far back as the 18th and 19th century efforts to exploit and abuse Black women to increase the slave population. Though its form has changed from enslavement to discriminatory welfare policies, abortion restrictions, and criminal prosecution,²² outsiders continue to control the reproductive choices of Black women. Reproductive justice places Black women at the center, and embraces the full onset of communal issues affecting African American culture.

A holistic culture-centered approach must be taken when working toward communal social change.²³ Nelson supports this position when she argues that “a narrow view of women’s health issues did not serve black women, or their families, as long as basic economic and community development issues were neglected.”²⁴ Previous research supports that the African American community continues to lean toward a collectivistic orientation when dealing with social, political, cultural or economic issues.²⁵ Instead of focusing on the pro-life/pro-choice dichotomy as it relates to the individual fetus or women, we should embrace a pro-health movement that provides culturally relevant services for poor, rural, and inner-city communities, adequate health education, cost-effective child-care, support for children with disabilities, and other necessary

²⁰ Rosalind P. Petchesky, *Abortion and Woman’s Choice: The State, Sexuality, and Reproductive Freedom*, rev ed. (Boston, MA: Northeastern University Press, 1990); Kimala Price, “What Is Reproductive Justice?: How Women of Color Activists Are Redefining the Pro-Choice Paradigm,” *Meridians: Feminism, Race, Transnationalism* 10, no. 2 (2010): 42-65; Smith, “Beyond Pro-Choice Versus Pro-Life”; Rickie Solinger, *Beggars and Choosers: How the Politics of Choice Shapes Adoption, Abortion, and Welfare in the United States* (New York: Macmillan, 2001).

²¹ Price, “What Is Reproductive Justice?”; Smith, “Beyond Pro-Choice Versus Pro-Life”; Betsy Hartmann, *Reproductive Right and Wrongs: The Global Politics of Population Control*, Rev ed. (Boston, MA: South End Press, 1995).

²² Jennifer Nelson, “‘Hold Your Head Up and Stick Out Your Chin’: Community Health and Women’s Health in Mound Bayou, Mississippi,” *NWSA Journal* 17, no. 1 (2005): 99-118.

²³ Jennifer R. Horner, Daniel Romer, Peter A. Vanable, Laura F. Salazar, Michael P. Carey, Ivan Juzang, Thierry Fortune, Ralph DiClemente, Naomi Farber, Bonita Stanton, and Robert F. Valois, “Using Culture-Centered Qualitative Formative Research to Design Broadcast Messages for HIV Prevention for African American Adolescents,” *Journal of Health Communication* 13, no. 4 (2008): 309-25.

²⁴ Nelson, “Hold Your Head Up and Stick Out Your Chin,” 100.

²⁵ Michael L. Hecht, Ronald L. Jackson, and Sidney A. Ribeau, *African American Communication: Exploring Identity and Culture*, 2nd ed. (Mahwah, NJ: Lawrence Erlbaum Associates, 2003); Michael L. Hecht, Sidney A. Ribeau, and Mary Jane Collier, *African American Communication: Ethnic Identity and Cultural Interpretation* (Newbury Park, CA: Sage Publications, 1993).

resources to begin dealing with the oppressive environment communities of color have endured since arriving in this country. We must also embrace the unique experiences exclusive to women of color.

The decision-making frames of women of color are vastly different than the styles used by dominant culture, particularly in the areas relevant to this research. As aforementioned, scripts like the Strong Black Woman Syndrome and the ways in which young Black girls develop sexual identity must also be taken into account. As long as the way African American women develop, understand, and engage sexuality and sexual health differently, research and health messages geared towards us must accommodate those differences. Until then, reproductive justice remains out of reach. While Life Always confesses to caring about the health and welfare of Black women and our Black babies, examining their advertisements under the guise of reproductive justice illuminates the continued perpetuation of racial and gender based discrimination and injustices rampant throughout our world.

Method

Visual health messages targeting Black or African American women carry harmful ideologies that influence the cycle of reproductive injustice. Textual analysis from a critical/rhetorical perspective allows us to analyze the direct meaning and underlying ideological assumptions embedded within visual health messages.²⁶ To analyze these messages critically is to expose ideological foundations and illuminate the influences of health disparities. We employ a combination of Raymie McKerrow's *ideologiekritik* alongside Johnny & Mitchell's visual textual analysis framework.²⁷

Raymie McKerrow's notion of critical rhetoric suggests that *ideologiekritik* rests on eight tenets. (1). Ideological criticism is "not a method but a practice"; it is an everyday way of consuming and critiquing text.²⁸ The first time I witnessed the billboard, I felt angry, confused, and depressed. I felt like Life Always attacked my body, my womb, and my children. Criticism filtering alongside my sensibilities, I started researching the advertisements, the organizations responsible for their creation, and their impact/influence on health disparities. However, (2) we must not confuse influence with causality.²⁹ We are not suggesting that these advertisements campaigns cause health disparities, but that they are a part of the cycle that is reproductive injustice. Life Always' health messages influence the cycle because they orient our minds towards a certain disposition and construct the reproductive health of Black women. For instance, someone who sees one of the ads may pass the message along to a friend who is questioning an unwanted pregnancy and devising a plan of action. That conversation, at the least, influences her decision-making process, and thus, health outcomes.

The third and fourth tenets functions within symbolic action because (3) the discourse of power is as material as language, and (4) the process of naming is an essential act.³⁰ As an ideological critic, we must analyze how words work within a system of linguistic ideologies. The act of naming manifests as the central symbolic act of power. To name an entity is to provide an ori-

²⁶ Leanne Johnny and Claudia Mitchell, "'Live and Let Live': An Analysis of HIV/AIDS-Related Stigma and Discrimination in International Campaign Posters," *Journal of Health Communication* 11, no. 8 (2006): 755-67.

²⁷ Raymie E. McKerrow, "Critical Rhetoric: Theory and Praxis," *Communication Monographs* 56, no. 2 (1989): 91-111.

²⁸ McKerrow, "Critical Rhetoric," 102.

²⁹ McKerrow, "Critical Rhetoric," 106.

³⁰ McKerrow, "Critical Rhetoric," 102, 105.

entation for understanding. Agents have the power to shift discourse, and naming is contingent, constantly changing discourse and keeping it fluid. Which creates the ability for (5) fragments of information to “contain the potential for polysemic rather than monosemic interpretation.”³¹ To analyze these texts from multiple perspectives and angles uncovers subjectivities specific to particular groups (read non-normative, non-white, non-middle class). While the organizations responsible for the messages report to care about Black women and the state of our reproductive affairs, the billboards presuppose something else entirely. A polysemic reading adequately uncovers alternate understandings that potentially contradict one another.

Because rhetoric is symbolic, discursive, contingent and fluid, (6) it creates “*doxastic* rather than *epistemic* knowledge.”³² Rhetoric constructs what we understand to be truth within popular opinion, therefore, symbols *do* things. We confront these campaigns as symbolic representations that influence knowledge. We examine what they *do* rather than uncovering they *are*. In addition, (7) “absence is as important as presence in understanding and evaluating symbolic action.”³³ We must analyze elements left out of health messages targeting African American women. The lack of positive reinforcement, information about access to unbiased health care, denial of specific circumstances affecting African American women, and unbiased reporting of current outcomes further expose the cycle of reproductive injustice. In exposing reproductive injustices, especially as Black women who have experienced injustices in our own lives, we engage the eighth tenet, (8) “criticism is a performance.”³⁴ The critic as inventor becomes an advocate for the interpretation of collected fragments, pushing for justice and repair as necessary. In analyzing health messages targeting black women, I cannot position my critique apart from my lived experiences, nor do I wish to do so. I consume these texts through *ideologiekritik* allowing both my own understanding and subjectivities to shift as these productions shift the discourse. This is a constant process of critique, re(member), purge, (re)evaluate, know, question, critique. Breaking the cycle is an ongoing performance.

Johnny & Mitchell’s approach to the study of visual messages³⁵ helps us to organize our *ideologiekritik* and extends from studies by Frith, Emmison and Smith, and Wileman.³⁶ Their methodological framework allows for fuller deconstruction of a text through analyzing seven elements in a visual message: (1) surface meaning, or the overall impression one can gather from quickly studying a visual message; (2) narrative, or what the advertisement allows the viewer to imagine in terms of storyline and character; (3) intended meaning as told by the creators of the message; (4) ideological meaning, or underlying assumptions inherent within the visual message; (5) oppositional reading, or alternate understandings of the message; (6) clarity, which refers to the ease of interpretation associated with a visual message; and (7) unity, or the compositional value of the image and text. We analyze three visual health messages using ideological criticism and organize our findings according to Johnny and Mitchell’s framework: (1) “The Most Dangerous Place for an African American is in the Womb;” (2) “Every 21 seconds our next potential

³¹ McKerrow, “Critical Rhetoric,” 107.

³² McKerrow, “Critical Rhetoric,” 103.

³³ McKerrow, “Critical Rhetoric,” 107.

³⁴ McKerrow, “Critical Rhetoric,” 108.

³⁵ Johnny and Mitchell, “Live and Let Live.”

³⁶ Katherine Frith, *Undressing the Ad: Reading Culture in Advertising* (New York, NY: Peter Lang Publishing 1998); Michael Emmison and Phillip Smith, *Researching the Visual: Images, Objects, Contexts and Interactions in Social and Cultural Inquiry* (Thousand Oaks, CA: Sage Publications, 2000); Ralph Wileman, *Visual Communication* (Englewood Cliffs, NJ: Education Technology Publication, 1993).

leader is aborted;” and (3) “Spend your nights crying like a baby. With no baby to comfort you.” We begin discussing the intended meaning for all three articles.

Analysis

I will never forget the first time I saw the ad that read “The most dangerous place for an African American is in the womb.” I grew teary-eyed. Felt violated. Felt under attack. I called my mother, my sister scholars, anyone who had a womb so I could share the burden. Ironically, later that very same day, my 3 year old son asked me, “Mommy, what was it like in your tummy?” According to the advertisement, I should have said “it was a dark, dangerous place where I considered killing you.” But I don’t buy into the fear appeal. My response, “It was a really warm place filled with liquid love so strong you could swim through it. You loved it in there so much, you stayed for almost ten months.” Ever since that day, he pretends to go back in, stuffing his growing head into my shirt and saying, “I’m going back in your tummy.” In those moments, I chip away at the cycle.

Intended Meaning

According to Life Always, they erected the billboards and website to send a message to African American women regarding abortion and genocide. Life Always wants to pin Planned Parenthood as the arch threat to African American cultural survival. They claim that by spreading their campaign, they will change the way Black women view abortion, and thus how often they choose abortion. Life Always wants to change the ideological perspective of abortion; however, attacking Black women’s wombs threatens our reproductive justice while doing very little to challenge ideological constructions.

The Most Dangerous Place for an African American is in the Womb

Surface Meaning, Clarity and Unity

On the surface, the billboard articulates anti-abortion sentiments. The website address placed bottom and centered states thatsabortion.com embedded in a white arrow with abortion in a bold red. Above the URL is a young Black girl in a bright pink top with a twisted out Afro and white bow. She looks shy and somewhat confused. Above her head reads the famous tagline, “The most dangerous place for an African American is in the womb.” On the surface, the tagline suggests that because of the disproportionately high rate of abortions performed on Black women, the dangers of being African American begin in the womb. The three main components of the advertisement unify in a way that articulates abortion as a crisis in the African American population, brought on by Black women alone. However, because the billboard pictures a young girl instead of a fetus, like most anti-abortion campaign advertisements, the ad’s meaning proves to be much more complex. To see a young girl old enough to be counted among the statistics of children having sex too early confuses me as a viewer. She could be a potential murderer, or could have been a potential victim. She stares straight at the camera, with large pleading eyes, and a tight-lipped mouth as if afraid to speak.

The goal of the advertisement, according to Life Always’ website, is to raise public awareness of pro-life issues through advertising. They share research and confrontational truths about

Life issues to educate and empower individuals to choose Life, always! However, choosing Life is impossible without reproductive justice.

Narrative

The narrative of the billboard blends South New York urban landscape and startling abortion statistics straight from Planned Parenthood, which rests less than 100 feet from the where the billboard once rested. According to Life Always, Planned Parenthood targets low-income minority women, resulting in 40,798 abortions and merely 27,405 live births, for African American woman, compared to 38,438 live births and 9,853 abortions for White women. The narrative suggests that when compared to White women, African American women are sexually irresponsible and murderers. What speaks the loudest in the narrative is what is absent. Abortion under any circumstance is a difficult decision for any woman, regardless of race and class. However, this billboard ignores the abortion practices of non-Black women, suggesting that our abortions are not only more common, but our wombs are more dangerous because of that. The rhetoric thus creates *doxastic* knowledge that further stigmatizes our bodies and highlights our irresponsible and murderous attitudes as cavalier.

Ideological Meaning

The ideologies inherent within the ad reek of racial and class based discrimination. The ad pathologizes Blackness, blames Black women for all of the issues in the Black community, perpetuates the pro-life/pro-choice dichotomy as the only choices, limits reproductive choices, and labels all Black women potential murderers.

Oppositional Reading

The split between supporters and protesters of the billboard, as well as the split between reasons for supporting or protesting the billboard highlight the various readings of the billboard. Some protesters on the website claimed the billboard spread the truth about abortion and the threats Planned Parenthood makes on the African American population. Protesters read the advertisements as a threat on reproductive justice and an all out attack on African American women.

Every 21 Minutes Our Next Possible Leader is Aborted

Surface Meaning, Clarity and Unity

Shortly after the New York based, “The most dangerous place for an African American is in the womb” ad was taken down, one featuring the image of President Obama went up in the predominantly African American, Southside of Chicago. Just as in the previous ad, on the surface, the billboard expresses anti-abortion attitudes. The creators placed the website address, thatsabortion.com, in the same place as the previous ad. Above the arrow reads, “Every 21 minutes, our next possible leader is aborted.” The right side features a picture of President Obama set in the popular red, white and blue silhouette sketch visually similar to the “Yes We Can” campaign posters in the 2008 election. On a surface level the ad had little impact on me as a viewer. In fact, when glancing at the picture without reading the words I only thought of the

popular campaign poster and the hope that surrounded it; however, when viewing and reading the ad in its entirety, I became a bit confused and annoyed as the hope was replaced with a sense of hopelessness. The individual and collective components of this ad suggest that because of the high rates of abortion in the African American community, Obama's mother could have aborted him, and women of color today abort our leaders of tomorrow. The obvious goal of the advertisement is to alarm Chicago's African American community and encourage a reduction in the number of abortions within this community. However, by using President Obama's picture and placing this ad in the center of Black Chicago, it creates a false narrative and ignores complex issues that often motivate one to abort rather than deliver a child.

Narrative

While, like the previous ad, the narrative of the billboard attempts to blend with its environment, considerable controversy surrounds the statistics and strategic placement of the ad. Life Always' every 21 minutes statement misleads the audience because it implies that these numbers are exclusively connected to Black women on the Southside of Chicago even though the statistics are inclusive of Cook County in its entirety.³⁷ The billboards are not found in any other area of Cook County; they are only present in the area with a large African American population. Additionally, while Life Always chose to frame the statistics to target Black women; they disregard the fact that the same CDC report states that in 2005 and 2006 abortion rates for White women increased by 4% while Black women abortion rates increased by 1%. In 2007, abortion rates for Black women decreased by 7%, but only 2% for White women.³⁸ The narrative of this billboard not only ignores the abortion practices of others, but also uses misleading rhetoric that suggests a higher number of abortions are occurring on the Southside of Chicago than statistics support.

Ideological Meaning

As with the previous example, the ideology of this ad is full of racial and class based discrimination. The misuse of statistics that include the rate of abortion amongst all women in Cook County and frame it as an African American issue only, exemplifies racial discrimination. However, when digging deeper, a quandary presents itself. By positioning this as a community problem caused by African American women's decision to terminate a pregnancy, Life Always disregards the fact that President Obama's mother is White, his father is African, and he is pro-choice. The underlying assumption is that the viewer will look past this inconsistent comparison and respond to the brown face of our leader.

Oppositional Reading

Many that support this billboard believe this ad and similar messages will help reduce the rates of abortion in the African American community. Life Always uses the statistics to show the impact that Planned Parenthood and other abortion providers have on Black communities. Stephen Broden, African American founder of Life Always, states, "They've convinced our women that

³⁷ Karen Pazol, Suzanne Zane, Wilda Parker, Laura Hall, Sonya Gamble, Saeed Hamdan, Cynthia Berg, and Douglas Cook, "Abortion Surveillance in the United States: Future Directions for Public Health Statistics and Information Systems," *Surveillance Summaries*, 60, no. SS01 (2011): 1-39.

³⁸ Pazol et al., "Abortion Surveillance."

the answer to social injustice is to kill their babies and the answer to unintended pregnancies is to kill their babies.” Broden ignores those alternatives throughout the entire scenario.³⁹ Although Life Always brings significant attention to the issue of abortion in African American communities, their campaign ends with awareness instead of measurable behavioral change, and ignores the reasons that fuel the high abortion rates.

Spend Your Nights Crying Like a Baby. With No Baby to Comfort You

Surface Meaning, Clarity, and Unity

The final artifact we analyze, and arguably one of the most troubling, preys on Black women’s assumed faulty decision-making and inability to handle the repercussions. Life Always points to the perceived alarming aftershock of receiving an abortion. They assume that when a mother chooses to abort, because it is always a “choice,” she will regret her decision and have to cry alone with no one to comfort her. Because no images accompany the message, clarity and unity remain stable.

Narrative

The narrative of the ad creates alarming visual imagery for the reader. I picture a young, Black girl curled up in a bay window overlooking a desolate urban city street, holding an old Raggedy Anne doll, crying and rocking herself into hysteria over her lost baby. I imagine an entire world of regretful decision-making because the banner leaves no room for alternative discourses surrounding the decision to abort a pregnancy. As I yank myself out of the pathos, and detach my mind from a girl that doesn’t exist except in the imagined, I am left remembering, not everyone regrets the decision to abort, not everyone cries, not everyone experiences aftershock. The narrative of this banner, then, is accusatory, exclusionary, and unfair.

Ideological Meaning

The ideological assumptions behind this ad render African American women incapable of making “good” decisions about our own health, and incapable of handling the ramifications of those decisions. It renders us psychologically and mentally incompetent, and further denies us agency over our minds, bodies, and voices. The banner also hinges on the ideology that crying is negative versus purifying and healing. To metaphorically demote crying to something only a baby does is to delegitimize our natural, emotional reactions. For those women who do mourn an abortion, their mourning does not carry regret by default, nor does their mourning have to be categorized as negative or immature. In addition, the banner presupposes that women who receive abortions do not already have children or families they can count on to for support. While the Angry Black Women Syndrome assumes Black women prefer to handle their abortions alone so as to not look weak, not all Black women avow to that script. Support can come in many forms other than the aborted fetus that never had the chance to grow into a baby.

³⁹ Dawn Trice Turner, “Billboard that Highlight Black Abortion Disparity Spark Debate,” *Chicago Tribune*, April 9, 2011, http://articles.chicagotribune.com/2011-04-19/news/ct-met-abortion-trice-0420-20110419_1_abortion-rate-black-abortion-abortion-providers.

Oppositional Meaning

Some might argue that the banner signifies the exaggerated outcomes of an abortion, or that Life Always uses psychological fear appeals to change abortion attitudes. We argue that the narrative is too exclusive and personal to warrant entire shifts in ideologies. In addition, history suggests that fear appeals manage to raise levels of awareness, but not necessarily shift ideological perspectives.

Discussion

The abortion debate is so laden with fear, deceit, religious rhetoric, racism, and classism, that it is impossible to decipher the truth from fact. Life Always hides behind an ethic of care in order to push a public agenda to seize control over our private bodies and further promote reproductive injustice. Societal control over our bodies, and the discourse that shapes the stereotypes about what it means to be/perform Black womanhood in the U.S. and globally impede our progress and performance as women. Life Always utilizes negative health messages to attack Black women. The discursive appeal of their campaigns silences the complexity of reproductive justice, ignores the agency and voice of Black women, stagnates progress towards actually shifting *doxastic* knowledge of Black women and reproductive issues, and channels the power of naming to further blame, ostracize, and demonize Black women. *Life Always* mimics *DeathAlways* personified.

Missing from the dominant discourse is a more complete discussion of reproductive justice, which, if explored correctly, reveals the fact that Black women differ when it comes to reproduction. To approach reproductive health in the same manner for all women regardless of race, class, and nationality is to disregard the special circumstances that affect health outcomes. Our unique circumstances require a different set of research questions, frameworks by which to study us, and the revealing of ideological histories that inform our bodies. Then, and only then, can we begin to understand why Black women abort pregnancies and how to shift the ideologies from choosing to abort to making better decisions that are informed by self-value, self-worth, and balance.

To promote the well being of African American women is to participate in the fight for reproductive justice. Abortion is one small facet of the cycle of reproductive injustice which begins with the objectification and fetishization of Black women's hypersexual bodies pre-slavery,⁴⁰ our lack of access to adequate health care, health education, negative health messages, the denial of agency, and unethical health research. The cycle continues with unwanted pregnancy, abortion, and a lack of unbiased, patient centered, counseling and guidance. Not only is abortion the wrong facet to begin with, the abortion debate further ignores our unique situation. Approaching reproductive health with ignorance further perpetuates negative stigmas and continues the cycle of reproductive injustice.

If Life Always wants to change our nation's ideologies concerning abortion, creating laws that attack Black women's wombs presents an ineffective and misdirected plan. Changing legislatures and criminalizing abortion do not lead to ideological shifts. We must venture back to the beginning, with reproductive injustice. Then, we must create a new ideology that eliminates the pro-life/pro-choice dichotomy and instead promotes pro-health. We must help women and com-

⁴⁰ Patricia Hill Collins, *Black Feminist Thought: Knowledge, Consciousness, and the Politics of Empowerment* (London: HarperCollins, 1990); Gail Wyatt, *Stolen Women: Reclaiming Our Sexuality, Taking Back Our Lives* (Hoboken, NJ: Wiley, 1998).

munities achieve psychological, emotional, physical, and reproductive health through education, unbiased health-care, community support, and culturally relevant services so we can stop high instances of unwanted pregnancy. We must challenge the repetitious cycle that is reproductive injustice by advertising pro-health messages that reconstitute what it means to be agents of our health versus passive consumers of life-threatening practices and disease. Once we fight for a pro-health agenda, maybe abortion statistics will decrease because of reproductive justice, which allows for healthy decision making informed by unbiased information, healthy communities, self and communal love, and the ability to be whatever we need to be at the time we need to be it, which may or may not include mothering, fathering, or heteronormative depictions of family.

We love the tagline, *Life Always*, but we are not living; we are going through the motions. Life is impossible without reproductive justice. Reproductive justice is impossible without pro-health. Pro-health requires agency. Agency includes the ability to make decisions based on unbiased information, unbiased health education, and culturally relevant research to fuel effective health messages. Life Always' campaign attacks black women and deepens the health disparity that is our reproductive system. Billboards like the ones analyzed here add to a body of discourse that stigmatizes black women as promiscuous and sexually irresponsible, psychologically immature, and murderers. Life Always does not promote life because it does not promote health.