

The African American Women plight and Adverse Birth Outcomes

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### Abstract

*Introduction:* In regards to public health it has been shown that African American Women are more prone to adverse birth outcomes due to chronic stress caused by racism. This birth outcome unfortunately does not change even with socio economic status.

*Methods:* Using 10 peer reviewed articles that justified why African American Women had preterm birth, low birth weight infants, or infant mortality.

*Results:* This showed how chronic stress from racism throughout a African American women's life affected her birth. The articles also argued why just being “black” had a lasting effect generationally involving birth outcomes as well.

*Discussion:* Adverse birth outcomes go hand in hand with racism, stress and the simple fact of just being born a minority in this country in particular. This is a multi generational phenomenon that can not be avoided regrettably, as long as your offspring are born in the United States.

*Conclusion:* Unfortunately there are people in the world that do not believe that there is racism in this country anymore. They believe that all black people get the same outcomes as their counterparts. As it is seen here, this is not true. It doesn't matter if the black woman makes the same six figures as her counterpart, she will still succumb to and adverse birth outcome. She could go to all the best doctors and still be behind the curve because of psychosocial stress due to racism.

*Key Words:* African American woman, birth outcomes, stress, racism

## **Introduction**

This literature review's purpose was to answer the question: Why do African American Women have health disparities in relation to birth outcomes? The literature review's that incorporated this question, and the specific key terms opened up the discussion of chronic stress and racism. Being black and pregnant subsequently gave women two strikes against them from the begin.

African American women for years have had the most negative birth outcomes compared to their counterparts. They have succumbed to preterm labor, low birth weight, and high infant mortality. Because of the question, what are the reasons for this? It has been determined that stress, racial discrimination and even the location of your residence can give an African American woman an adverse birth outcome no matter their socioeconomic status.

In order to fill in the gap, the community needs to become aware of how racism throughout a minorities life can cause chronic stress and in return affect their pregnancy in a negative way. African American Women can become more aware of the reasoning behind their preterm births and low birth weight infants. They should realize this is a generational aspect that can not be avoided as long as racism impacts them and their children personally.

## 1.1 Methods

The interesting fact that African American women suffer from different birth outcomes than others started this search. The end result was to find out why this minority group was prone to adverse birth outcomes.

This literature review started with the main search terms, “African American woman,” “birth outcomes,” “stress,” and “racism.” These terms were searched from the University of Nevada-Reno advanced one search engine in order to find public health journals between 2006 and 2014. These terms were used in order to find journals on African American woman and adverse birth outcomes.

African American was used to exclude other races and birth outcomes was used to get articles that focusuld on birth. Then racism and stress was added to zone in on the disparities associated with those terms. Articles that related to the initial question were utilized.

Using these terms, 66,341 results were found. From those results 10 articles were found from the main search and then branching out from selecting the articles and looking through the related content section. The journals came from Social Science and Medicine, American Journal of Public Health, Health Psychology, Social Work in Public Health, Annals of Behavioral Health, Journal of Midwifery and Women's Health, and Maternal and Child Health Journal. Articles that had a Web Science shared number next to it were the main focus in selecting options for the literature review.

From these journals the results were allowed to be broken up into categories. These categories consist of birth outcomes related to stress, economic status, residency, and

discrimination. All these categories relate to the reason why African American women have the worst outcomes.

### *1.2 Road Map/Organization*

The literature review can show that African American woman from childhood have experienced some type of discrimination that has carried on into adulthood and affected their mindset. Weather it be racism from their actual childhood, directly or indirectly from their own children, interpersonal, institutional, or internalized forms .

Also picking a journal that includes the fact that most minorities live in a segregated underdeveloped, poor area, around people that relate to them validates a stereotypical census that all blacks are not middle class and live in harsh conditions.

Because of the fact that adverse birth outcomes are subject to chronic stress, an article that describes the makeup of stress and how it works in the body would maximize the results that are trying to be achieved. Showing how stress gradually increases over time and the impact on your body physically and mentally in correlation to discrimination would be a good contribution to the literature review.

## **2. Why the adverse birth outcomes?**

### *2.1 Residential segregation and racism*

Residential segregation has been apart of the black community since the 1900's in housing markets. It is still a common practice in the United States, arising from discrimination. Now minority groups still tend to stick with the group they most identify with and congregate in the same neighborhoods, no matter their socioeconomic status. There is also the alternative, where a certain group is forced to live in a particular area with whom society thinks they fit with.

This could be that affordable housing are only in blighted neighborhoods. This type of residential isolation can lead to lower birth weight and higher rates of prematurity and fetal growth restriction, common health disparities among women of color. In segregated communities health disparities are on a rise. Minorities tend to be in the poor quality area's and the persons act on negative health behaviors, have a higher rate of welfare recipients and tend to have a more than average violence rate. All of these aspects can result in automatic discrimination through stereotypes (Bell, 2006).

## *2.2 Levels of Racism and stress*

Discrimination through stereotypes justifies one of the many reasons for health disparities. There are said to be 3 levels of racism, institutionalized, differential access to goods, services and opportunities. Personally mediated, differential assumptions about the abilities, motives, and intentions of others, and internalized, acceptance of negative messages about own abilities and worth (Giurgescu, 2011). Minorities can be impacted by all three levels starting as early as childhood. One of the many reasons African American women are condemned from the begin is the simple fact that they are black, and the trials and tribulations that come along with it. Everyday racism, weather it is being followed in the store, or growing up and being pointed out just for the color of your skin, will ultimately result in chronic stress (Nuru-Jeter, 2009).

Because of the fact that racial discrimination is a unique psychosocial stressor, African American women experience more racial discrimination in their lifetime, meaning more chronic stress as well. The theory behind it all is that persistent encounters of racial discrimination may lead to an allostatic overload. An allostatic overload describes acute stress as an adaptive process, and chronic stress as a maladaptive process. The stress will then cause a cascade of

physiological events, which, in the acute phase are adaptive. Constant insults or threats to the human body create disequilibrium. This imbalance is the allostatic load, which affects health outcomes (Giurgescu, 2011). Constant insults or threats to the human body would be an individual inflicted by stereotypes. Assumptions that an African American woman is on welfare, has multiple children by different fathers, has no education or home training are all jabs at a black woman's ego.

A study shows the relation between Racial discrimination and low birth weight among minorities as an adverse birth outcome. 420 women participated between that ages of 14 and 21 years old. 62 % were Latina, and 38 % were Black. They measured everyday discrimination during the women's second third trimester of pregnancy. Then birth weight of the newborn was of course recorded after birth. Everyday discrimination was measured by how often the women experienced ten forms of discrimination, for example whether they had been less respected than another group. A mean score was created from those answers. Depressive symptoms, pregnancy distress, and pregnancy symptoms were also included in the final result (Earnshaw, 2013). In conclusion 13.9% of the African American woman had a low birth weight infant compared to the 6.1% of Latina women in the study.

The discriminative jabs to the African American Women lead to stress related situations, like going to the grocery store and the clerk asking an African American woman if she is using a "food stamp" card. Even a child growing up and peers assuming the child has no father or father figure in the home. This type of stereotyping that leads to chronic stress, causes adverse birth outcomes for African American Women.

### *2.3 Chronic Stress in connection with birth outcomes*

Chronic stress itself can lead to negative health outcomes on its own, this combined with pregnancy can be even more detrimental for African American Woman. Three pertinent sources of stress would be abuses by the medical system regarding issues of power in obstetrics that disadvantage African American women, contradictory societal pressures exerted on African American women about whether they should have children and historical and contemporary stereotypes related to sexuality and motherhood. These three sources combined make African American mothers worried about the racial discrimination their children will face in the future, suspicion and mistrust of the medical system that could be passed along intergenerationally because of historical medical abuse to the Black communities. Then back to internalized racism where an African American woman is automatically seen as not being the norm, as in married with a nuclear family. So single, young mothers are being seen as “welfare queens,” or taking advantage of public assistance programs by intentionally getting pregnant (Rosenthal, 2011). This is obviously not so for every African American woman in a community but this is the public's perception of Blacks and it is hard to get over that invisible red line. Until that invisible line is erased African American Women will continuously be stressed out.

#### *2.4 Can socioeconomic status change this theory?*

If an African American Woman is better off financially can the invisible red line be erased? Probably not. African American's in general rate the lowest on annual income, lowest education, and three times more likely to be poor. Since race and class go hand in hand, then it could be said that health disparities depend on a group's socioeconomic status. So one would think that once the income of an African American got higher than their negative birth outcomes would decrease. This is not the case, the term “middle class” wasn't even attainable for African



Americans until the Civil Rights Act, so “middle class” is something that was new not a generational come up. Because of that then any African American woman that has a high SES more than likely experienced the same disadvantages as their lower SES counterparts as a child. Those disadvantages will be carried with them up until adulthood and even down to a second generation high SES African American woman, whom still have two times more likely to have a low birth weight baby and three times more likely to have a preterm birth (Dominguez 2011).

### *2.5 The Umbrella of Causes of birth outcomes*

If socioeconomic status does not change adverse birth outcomes, then could it be a genetic factor for having a high risk pregnancy. This could be a fact, but there is something about just living in the United States that is affecting minority women. Black immigrant women that are not born in the USA and have not succumbed to the life of an African American woman have better pregnancy outcomes, but unfortunately for their daughters born in the U.S. they have a significantly higher chance of a low birth weight baby (Dominguez, 2011). This could be a result from health disparities and racial inequality that ties back into residential segregation as stated before. If a pregnant woman was to participate in negative health behaviors and did not have the proper health care or even support system then it is possible to see why these immigrant children fall into the same category as the African American woman.

### *2.6 Possible Prevention of adverse birth outcomes*

If 1 out of 9 newborns are born low birth weight or preterm and cost taxpayers over \$26 billion a year (Lind, 2014) then there should be something to prevent it. According to this study a sure fire way to prevent negative birth outcomes is by using birth control to prevent the pregnancy in the first place. In some cases birth control fails or is just not used because of

carelessness or ignorance, in that case there is emergency contraception or Plan B. Plan B is to be used if there is a chance of pregnancy right after unprotected intercourse. Because an African American woman is more prone to an adverse birth outcome they may be more open to using emergency contraception for prevention. Once they have experienced it then they are hopefully more aware about what they want family planning wise.

In order for these women that do not want to become pregnant again so soon, they need to have an intervention postpartum. They need to develop reproductive goals, provided with support and access to effective family planning services that would include education on effective contraceptive methods, willingness to use EC and how and when to use it. These health care interventions can be held at clinical visits (Lind, 2014).

## **Discussion**

It was discovered that adverse birth outcomes go hand in hand with racism, stress and the simple fact of just being born a minority in this country in particular. This is a multi generational phenomenon that can not be avoided regrettably, as long as your offspring are born in the United States.

## **Conclusion**

Unfortunately there are people in the world that do not believe that there is racism in this country anymore. They believe that all black individuals get the same fair outcomes as their counterparts. As it is seen here, this is not true. It doesn't matter if the black woman makes the same six figures as her counterpart, she will still succumb to an adverse birth outcome, whether it be a genetic factor or not. She could go to all the best doctors and still be behind the curve because of psychosocial stress due to racism beginning from childhood.

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