

EXAMINING THE PSYCHOLOGICAL EFFECTS OF RACIAL BIAS IN MATERNAL CARE

RACIAL BIAS IN HEALTHCARE: PSYCHOLOGICAL EFFECTS

AP Seminar

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I. Introduction

When discussing racial bias in maternal care, a commonly touched upon issue is the psychological effects of implicit bias. Implicit bias, as opposed to explicit racial bias, is when a healthcare professional displays subtle hints of bias rather than outright racism. This can manifest as less hospitable care, aversion to contact, or ignorance of symptoms. In an insightful article studying the effects of implicit bias on Black female patients, researcher Olihe Okoro shows several quotes from Black women who have experienced bias in healthcare. Many women note assumptions of drug abuse, rushing to conclusions of disease, and aversion to physical contact (Okoro et al.). Experiences like these force us to consider the real issue implicit bias poses, and the effects on mental health. A serious issue that is shown to have connections to bias is postpartum depression (PPD), defined by the United States Office of Women's Health as a serious depression-like state after giving birth, lasting 2 or more weeks. A separate report created by the New Jersey Dept. of Health in conjunction with the CDC lists major PPD symptoms, notably extreme sadness/anxiety leading to sleep loss, unwillingness to breastfeed, and worsened mother-infant connection. Research by Brittany Chambers points out the correlation between bias and PPD-like symptoms, as Black women reported increased racial bias, especially over the COVID-19 pandemic and lockdown, increasing their anxiety and stress (Chambers et al.). This is also backed up by the same New Jersey Dept. of Health source, which highlights increased percentages of PPD symptoms that follow trends of perceived racial bias. Through this evidence of bias in healthcare settings, its effects on Black women psychologically, and its connection with the extremely debilitating disease of PPD we can answer the question, how can we lessen the negative psychological effects of implicit bias in healthcare in Black women?

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II. Evidence of Bias in Healthcare Settings

Throughout multiple case studies, Black women have commonly expressed that they receive discriminatory and biased treatment from healthcare providers, negatively impacting their psychological well being (Okoro et al., Chambers et al.). A shared theme among participants in these studies is implicit bias, such as providers assuming they have STDs or are drug-seeking (Okoro et al.). Sources indicate providers have avoided physical contact with black patients compared to white patients and dismiss their symptoms as exaggerated (Okoro et al, Saluja, Zenobia). As a result, Black women feel undervalued, distrustful of providers, and reluctant to seek further care (Lewis et. al, Okoro et al.). It has also been mentioned by Lewis and her colleagues that there is evidence of a perception that lighter skinned black people receive better medical treatment than darker skinned black people, which can cause distress and damage to self-image for many black women (Lewis et al.). Experiencing frequent racial discrimination in healthcare and other settings can lead to avoidance of hospitals and clinics, which may cause increased discomfort due to untreated medical issues, delayed healthcare seeking, and poor adherence to medical instructions (Lewis et al, Okoro et al.). Ultimately, there is a significant amount of evidence showing implicit bias towards Black women in healthcare settings, and clearly something must be done to combat its effects on the psyche.

III. Negative Psychological Effects

Mark Manning, a professor of psychology, argues the idea that self-presentation concerns can prevent African American patients from disclosing health information, especially if they expect unfair treatment (Manning et al.). This quite clearly outlines a correlation between bias and a general negative outlook on healthcare providers being reinforced in the mind. In healthcare

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settings, bias has been proven to produce negative psychological effects in those who experience it. One of the most commonly shared negative psychological effects is an increased distrust of healthcare providers which can lead to poorer communication with providers, and has a trend of causing lower treatment adherence and hesitance to follow up (Okoro et. al.). A study by the state government of New Jersey backs this up, finding that 14.2% of Black mothers reported perceiving racial bias compared to 2.9% of White mothers and that mothers who reported perceived bias were 4.4 times more likely to experience symptoms of postpartum depression. Furthermore, of the mothers suffering from PPD, Black women had 47% higher odds to report perceived bias than White women (NJ PRAMS). This shows a correlation between bias and negative psychological effects, as PPD is an extremely serious disorder that has far reaching effects on women and their children.

IV. Postpartum Depression Exacerbated by Bias

From the negative effects that can affect perinatal Black women as a result of bias, PPD is arguably one of the most important ones to address. Because of its negative effects on both the mother and the newborn, another stakeholder to the issue is revealed. As mentioned earlier, one of the common PPD symptoms in mothers is a decreased will to breastfeed, which can lead to infant malnutrition.

The New Jersey Department of Health conducted a survey from 2017 to 2020, and found that of 1 in 7 mothers surveyed who experienced PPD symptoms, 14.2% of Black NH (Non-Hispanic) women reported PPD symptoms after giving birth. Additionally, 16.3% of women included in the survey who experienced racial bias before and during maternity also experienced PPD symptoms, and 21.2% of Black NH mothers reported PPD indicators in the survey, compared to

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13.0% of White NH mothers (NJ PRAMS). From these numbers, a distinct correlation between bias and PPD indicators in Black women.

V. Promising Solution - Community Driven Mental Health Programs

A solution to this issue that appears extremely promising, are targeted community-led mental health programs. As demonstrated by McMorrow et. al, a minority health agency in Indiana tested a mental health program targeted specifically towards people of color. Over a span of 8 weeks, participants attended meetings focusing on building knowledge, self-efficacy, and stress management skills (McMorrow et al.). Results from pre, post, and follow-up surveys show a general positive trend in the improvement of mental health of female participants. The women displayed better use of Cognitive Behavioral Therapy (CBT) techniques such as mindful breathing and finding alternative thoughts to mitigate stress and depression. When asked, both participants and educators generally felt that the program achieved its goals well and helped community needs (McMorrow et al.). While there were limitations present, such as lower-than-expected retention and sample size, this study shows promise for community based mental health intervention for Black women.

Similar to this study, Nicolaidis et. al, published by the United States National Institute of Health examined a pilot program for African Americans with depression. This program was tailored specifically to African Americans with depression as was the previous one, and participant feedback was positive. One woman who was included in this program is quoted as saying, “Well I think, that being African American-led, being with sisters, with the women that have gone through what I have gone through - I see me when I see them and I can relate. (Nicolaidis et. al.). The participant feels more inclined to be open because the groups are

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Black-led and with other women who hold similar experiences. Positive feedback such as this for the program shows that a community driven approach is vital, as it helps Black women open up more when speaking with peers who have similar experiences. Lastly, there is a group called the California Black Women's Health Project (CABWHP), which is an implementation of similar practices outlined in the previously mentioned studies. This group focuses heavily on what they call "Sister Circles", groups of Black women with a strong cultural and social bond together (CABWHP). As backed up by Nicolaidis' findings, these tight-knit groups of peers can help women who are normally closed off and uncomfortable talking about issues like this open up and ultimately aid them in healing.

Based on findings of correlation between bias and adverse psychological effects such as PPD, hopefully more groups similar to the CABWHP can be formed. With the proper execution, smaller scale community-led support groups have been proven to be effective against anxiety, stress, and depression. If more of these support groups were to be formed in communities, then many more Black women struggling with PPD and other adverse effects could receive the help they require.

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