

Abstract

Background: The sexual and reproductive health of African American women has been compromised due to multiple experiences of racism, including discriminatory healthcare practices from slavery through the post-Civil Rights era. However, studies rarely consider how the historical underpinnings of racism negatively influence the present-day health outcomes of African American women. Although some improvements to ensure equitable healthcare have been made, these historical influences provide an unexplored context for illuminating present-day epidemiology of sexual and reproductive health disparities among African American women.

Methods: To account for the unique healthcare experiences influenced by racism, including healthcare provision, we searched online databases for peer-reviewed sources and books published in English only. We explored the link between historical and current experiences of racism and sexual and reproductive health outcomes.

Results: The legacy of medical experimentation and inadequate healthcare coupled with social determinants has exacerbated African American women's complex relationship with healthcare systems. The social determinants of health associated with institutionalized and interpersonal racism, including poverty, unemployment, and residential segregation, may make African American women more vulnerable to disparate sexual and reproductive health outcomes.

Conclusions: The development of innovative models and strategies to improve the health of African American women may be informed by an understanding of the historical and enduring legacy of racism in the United States. Addressing sexual and reproductive health through a historical lens and ensuring the implementation of culturally appropriate programs, research, and treatment efforts will likely move public health toward achieving health equity. Furthermore, it is necessary to develop interventions that address the intersection of the social determinants of health that contribute to sexual and reproductive health inequities.

What happened on that auction block centuries ago is still unfinished business for African American women today. —Dr. Gail E. Wyatt¹

Introduction

Racism in the United States is pervasive and is a major contributor to sexual and reproductive health disparities of African American women. The historical narrative about racial inferiority has exacerbated discriminatory healthcare practices, in turn negatively affecting the quality and types of healthcare provided to African American women.^{2–6} According to the Centers for Disease Control and Prevention (CDC), African American women experience a high burden of maternal mortality, infant mortality, and sexually transmitted infections (STI), including HIV.^{4–9} Furthermore, racism is a

fundamental determinant of health status because it contributes to social inequalities (e.g., poverty) that shape health behaviors, access to healthcare, and interactions with medical professionals.^{3,10,11}

Although legalized slavery, the most salient manifestation of race-based mistreatment for African Americans, ended in 1865, racism persists in institutions (e.g., criminal justice system), and attitudes that marginalize African American women.^{4,12,13} For this reason, a historical analysis might shed light on how current sexual and reproductive health outcomes for African American women are shaped by racism and inform public health interventions to improve outcomes and promote health equity.

Methods

First, we highlight a combination of significant historical events throughout four key eras that play a role in current health outcomes, including slavery, Black Codes/Jim Crow, Civil Rights, and post-Civil Rights (present day). The authors posit that a combination of these race-based events across eras impacts the current reproductive and sexual health status of African American women. We searched online databases (e.g., PubMed) for peer-reviewed sources and books published in English only. To account for the unique healthcare experiences influenced by racism, including healthcare provision and research, our search was limited to the United States only. Second, we describe contemporary sexual and reproductive health outcomes. Third, we explore the link between these historical experiences and current sexual and reproductive health outcomes. Finally, we discuss the potential benefit for public health interventions that acknowledge the historical and current health status and healthcare experiences of African American women, and interventions that promote health equity.

We argue that a careful examination of historical factors is essential to effectively address the current healthcare needs of African American women especially as they relate to chronic stress and impacts on health outcomes across a variety of conditions potentially rooted in racism, including STI (e.g., HIV) and pregnancy-related morbidity and mortality. If past influences that have potentially shaped current outcomes are not taken into consideration, then public health efforts may neglect the impact of larger, contextual factors that affect health and contribute to inequities. Given the nature of this article, our review was considered exempt by the institutional review board and not required.