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Are We Stressed: Women of Color and Discrimination

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ABSTRACT

Research continues to illustrate that Women of Color (WoC) have multiple sources of stress that has been found to contribute to negative health outcomes. In order to effectively achieve health equity among WoC, it is imperative to understand how WoC define, understand and cope with their daily stressors.

This study aims to add to the discourse examining WoC stress and methods of coping with stressors. An electronically based survey was distributed utilizing a snowball distribution technique via social media, email and traditional methods.

Ninety-seven percent (97%) of the respondents who identified as female, identified as Women of Color. The respondents reported that they had, 44% attained a Master's degree or more, and 34% earn more than $100k annually. In regards to stress indicated that they "sometimes" experience discrimination based on race and gender and they have been limited in actions due to their race and gender. Coping mechanisms vary among the women, with, 79% "spending time alone" in response to race and gender bias.

Over all WoC perceive that they experience racial and gender bias with negative health impacts. The coping mechanisms utilized, include spending time alone require further exploration to determine if it supports positive health outcomes.

Keywords: Women of Color, Stress, Anxiety, Nervous system, Headaches, Discrimination

BACKGROUND

Women of Color (WoC) have markedly poor health outcomes in comparison to non-Hispanic white women. WoC have greater mortality associated cardio-vascular disease, cancer and diabetes [1]. Additionally, poor reproductive health outcomes have been brought to the forefront of health the health care discussion [2]. Research on stress has proven to impact disease progression as well as success in reproductive rates, disease treatment and management of disease [1]. As defined by Lazarus and Folkman [3], stress occurs when individuals experience demands or threats without sufficient resources to meet these demands or mitigate the threats. Stress is a natural response to any perceived threat. Studies have proven long term stress to be detrimental to a person's health. Routinely dealing with stressors, such as consistent exposure to racial bias and prejudice, over a prolonged period can invoke life-threatening effects. Overexposure to stress increases the risk of health problems including anxiety, depression, digestive problems, heart disease, headaches, weight gain, sleep problems, memory and concentration impairment [4]. Women of Color tend to be disproportionately affected by external stressors, thus contributing to higher incidences of negative health outcomes. Stress is generated not only from acts of bias and racism but also from culturally incompetent health care providers, socio economic demands, as well as environmental limitations. The way WoC process, confront and cope with these stressors has not been well defined. However, studies reveal that Women of Color have an increased allostatic load of stress which has been found to contribute to negative health outcomes such as cardiovascular disease, cancer, hypertension, low birth weight babies, pre-term labor and HELLP syndrome [5-9].

Women of Color report having increased exposure to multiple forms of discrimination and bias associated with

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racial and gender characterization. Over the last fifty years' research has proven stress has negative impacts on brain functions resulting in health complications. Chronic stress produces structural changes in the brain with lasting effects on the nervous system. Elevated blood pressure and heart rate are also life-threatening conditions that can be the result of long-term stress. Over time, hypertension can lead to serious health problems such as a heart attack or stroke.

Women of Color's ability to successfully reproduce without complications is also affected by correlates of stress. Women that suffer from higher levels of stress have a more difficult time getting pregnant; while pregnant mothers under high stress are more likely to experience preterm labor and experience hypertensive diseases during pregnancy [10]. Maternal stress is a potential explanatory factor for excess preterm delivery among WoC because of their associated stress [11]. In the 2007 study by Jackson, it was found that WoC perceived stress as one of the greatest threats to the wellbeing of themselves and their child [12].

Syndromes such as The Strong Black Woman Syndrome, Sojourner Syndrome and John Henry Syndrome were defined largely by and for Women of Color [13-16]. All the fore mentioned conditions seek to identify and outline the physical and mental impact of long-term stress exposure on a woman. WoC not only experience higher cumulative amounts of stress but may not have effective mechanisms to cope with the stress thus also contributing to poor health outcomes. Coping is a term used to describe the adaptive and maladaptive strategies that are employed to reduce stress [17]. Many coping mechanisms are learned socially throughout formative years and therefore socially derived. Furthermore, it has been well documented that the preponderance of stress among WoC shortens their life expectancy, increases their risk of chronic disease and reduces their chances of successful birth outcomes.

A challenge still remains: How do you measure the stress associated with intentional/un-intentional bias, micro and macro aggressions among WOC? How and what prevention measures can be taken to reduce stress and increase life expectancy and improve quality of lives for WOC across the lifespan. This research seeks to identify how often WoC perceive they experience racism, bias, and micro/macro aggressions, as well as what, if any coping mechanisms WoC may employ to manage the stress associated with such experiences.

METHODS

A short electronic survey was created utilizing valid and reliable survey items that collected demographic, health and stress measures. Additional questions were created to identify Women of Color's perceptions and impact of experiencing stress, acts of bias, aggression and racism as well as, diagnosed health conditions and coping mechanisms. Prior to the beginning the survey a brief description of the study, as well as an informed consent was provided to each participant and electronic agreement was secured before the participant could complete the survey. The survey collection system provided for anonymous completion of the survey, as well as the opportunity to provide personal contact information for follow up and the opportunity to share the survey with friends and family who may have been interested in completing the survey. The survey was distributed utilizing a snowball technique it was made available via email, and social media with options to forward or share with others. The University of Las Vegas, Nevada Institutional Review Board deemed this study to have an exempt status.

The survey consisted of 25 questions with: 12 demographic, 9 discrimination, 5 coping, 2 health status and an opportunity to provide contact if there was a desire to participate in further exploration. The survey was available for completion for 6 weeks in the spring of 2019. A total of 522 surveys were began. Thirty-six (36) (7%) of the surveys were incomplete. There was one survey completed by a person who identified as male and along with those who identified as not Women of Color were removed from the analysis. The majority of the surveys were accessed anonymously or via social media (N=494). All of the surveys were completed in English.

RESULTS

The majority of the women who completed the survey identified as African American (79%) (**Figure 1**). Only the participant responses that identified their gender as women were utilized in the analysis (90.9%). The majority (92.2%) of the respondents identified as heterosexual (**Table 1**). The average household income of the female respondents was between $100k-$149k, and an overwhelming 93% identified as not dependent with 96% reporting that they had access to health insurance. The majority (68%) of the respondents reported that they had attained at least a master's degree. Over half, (51%) identified as single with 59% reporting having no dependent children or elderly.

The majority of the women reported that they "sometimes" experience racial/ethnicity and gender discrimination however, the majority reported to "never" experiencing discrimination based on sexual orientation. The participants perceive that their race and gender "never/sometimes" prevent them from doing something. Over 85% of the WoC reported feeling as though they have been expected to act as the representative for their race/ethnicity and over 60% for their gender.

The majority of women (59%) indicated that they act in response to racial discrimination while the balance accepts it as a fact of life. Women had a varied response on how they relieve stress related to discrimination. Most feel frustrated or angry by discrimination (**Figure 2**). The top 5 ways of coping with stress include: spending time alone (79%),

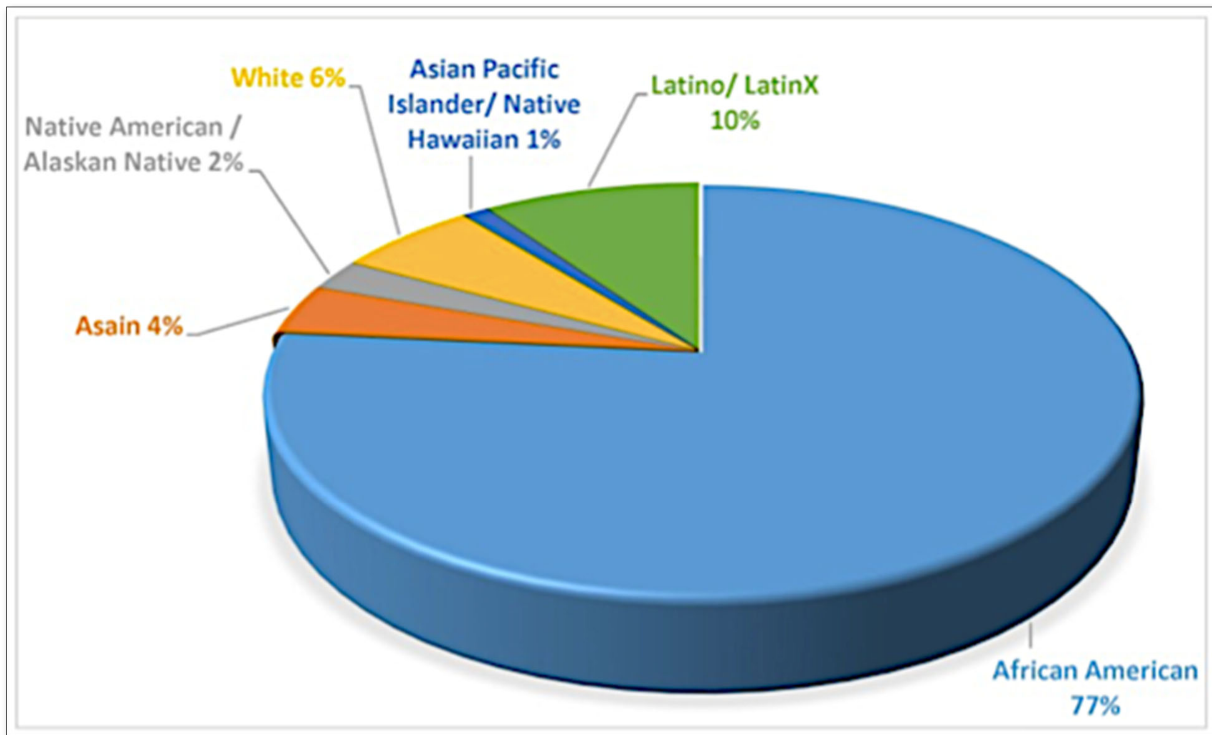

Figure 1. Race and ethnicity of the participants.

Table 1. Sexual orientation.

Response	%	Count
Heterosexual	91.74%	**433**
Lesbian	1.91%	**9**
Queer	1.48%	**7**
Bisexual	2.54%	**12**
Pansexual	0.85%	**4**
Asexual	0.21%	**1**
Other	1.27%	**6**
Total	**100%**	**472**

eating (72%), watching television or movies (71%), listening to music (70%) and spending time with friends and family (69%) **(Table 2)**. Over half of the female participants reported experiencing at least one chronic disease or condition related to stress and almost half (48%) of the female respondents believed that discrimination contributes to their health conditions.

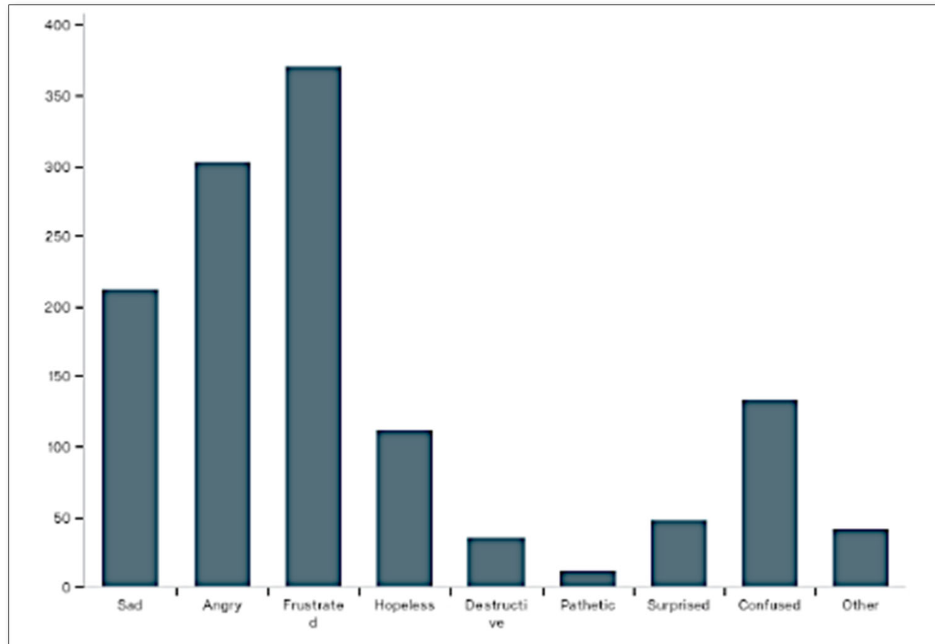

Figure 2. Emotional response to discrimination.

Table 2. Coping with stress related to discrimination.

Response	Count	Frequency	Response	Count	Frequency
Exercise	237	65%	Praying	221	**61%**
Drinking alcohol	175	48%	Reading	167	**46%**
Working	133	36%	Sex	95	**26%**
Dancing	132	36%	Masturbation	110	**30%**
Eating	261	72%	Watching TV or movies	258	**71%**
Doing arts and crafts	89	24%	Listening to music	256	**70%**
Smoking cigarettes or tobacco	11	3%	Singing or playing instruments	64	**18%**
Smoking marijuana	37	10%	Cooking	143	**39%**
Street drugs	1	<1%	Thrill-seeking	14	**4%**
Spending time with animals	83	23%	Self-harm	6	**2%**
Spending time with friends/family	253	69%	Volunteering/philanthrop y	57	**16%**
Spending time alone	287	79%	Playing video games	34	**9%**
Crying	175	48%	Shopping	181	**50%**
Meditating	151	41%	Travel	89	**24%**
Going to therapy	**78**	**21%**	**Other**	**30**	**8%**

DISCUSSION

The findings of this survey provide insight into a rarely discussed segment of the population. The women who participated in this survey were independent, educated, employed and reported access to healthcare. This is the exact population that continues to have the worst reproductive health outcomes in the United States [11]. Many recognize the presence of racial/ethnic and gender discrimination in their lives however not sexual orientation discrimination. Given the overwhelming heterosexual orientation the participants the lack of experiencing sexual orientation discrimination is predictable. WoC do perceive that their exposure to discrimination impacts their health negatively and feel frustrated and angry about the exposure [18,19]. The coping mechanisms employed by the women in response to discrimination were varied; in moderation could prove to be beneficial however the top two ways of coping isolation and/or eating in excess could lead to detrimental health concerns. Women reported acting in the presence of discrimination however, from this survey we cannot discern how they choose to act on discrimination and what impact that may have on their perceived stress or health outcomes.

CONCLUSION

This survey explores a unique subset of Women of Color and serves as a first step in understanding how women perceive discrimination, as well as, how they manage the stress associated with the discrimination. The self-report nature of a survey create opportunity for recall and social desirability response bias. However, the health outcomes of Women of Color support the findings of this survey. This population deserves more attention not only to continue to define how they experience discrimination but also how it impacts their lives and their health in order to help develop systems, programs and interventions to support stress management and reduce the deleterious impact of stress associated with discriminations among this population.

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