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Racial and gender discrimination: Risk factors for high blood pressure?

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Abstract

Despite controversy as to the biologic and/or social meaning of "race" and "sex", few public health studies have directly examined the impact of racial or gender discrimination on health. One plausible condition they might affect is hypertension, since stress and internalized anger may constitute important risk factors for this disease. The present investigation therefore sought to determine the feasibility of asking questions pertaining to race- and gender-biased treatment plus response to unfair treatment, and to assess their predictive value regarding self-reported high blood pressure. Using random-digit dialing, 51 black and 50 white women, ages 20–80, who resided in Alameda County, CA in 1987, were identified and interviewed by phone. Among black respondents, those who stated they usually accepted and kept quiet about unfair treatment were 4.4 times more likely to report hypertension than women who said they took action and talked to others ($P = 0.01$ for linear trend); no clear association

existed among white respondents. The age-adjusted risk of high blood pressure among black respondents who recounted experiencing zero instances of race- and gender-biased treatment was 2.6 times greater than that of black women who reported one or more such instances (95% CI = 0.7, 10.5). Among white respondents, gender discrimination was not associated with hypertension. These results suggest that an internalized response to unfair treatment, plus non-reporting of race and gender discrimination, may constitute risk factors for high blood pressure among black women. They also bolster the view that subjective appraisal of stressors may be inversely associated with risk of hypertension.



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Keywords

blacks; gender discrimination; hypertension; racial discrimination; social class

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