

# Health Status and Needs of African Immigrant Women in the United States: A Systematic Review

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## Introduction

- ❖ African immigrants are one of the fastest growing minority populations in America, making up over 36% of the total foreign-born black population<sup>1</sup>
- ❖ As the number and diversity of Africans in the U.S. increases, there is a growing need to assess their health care needs and practices<sup>2</sup>

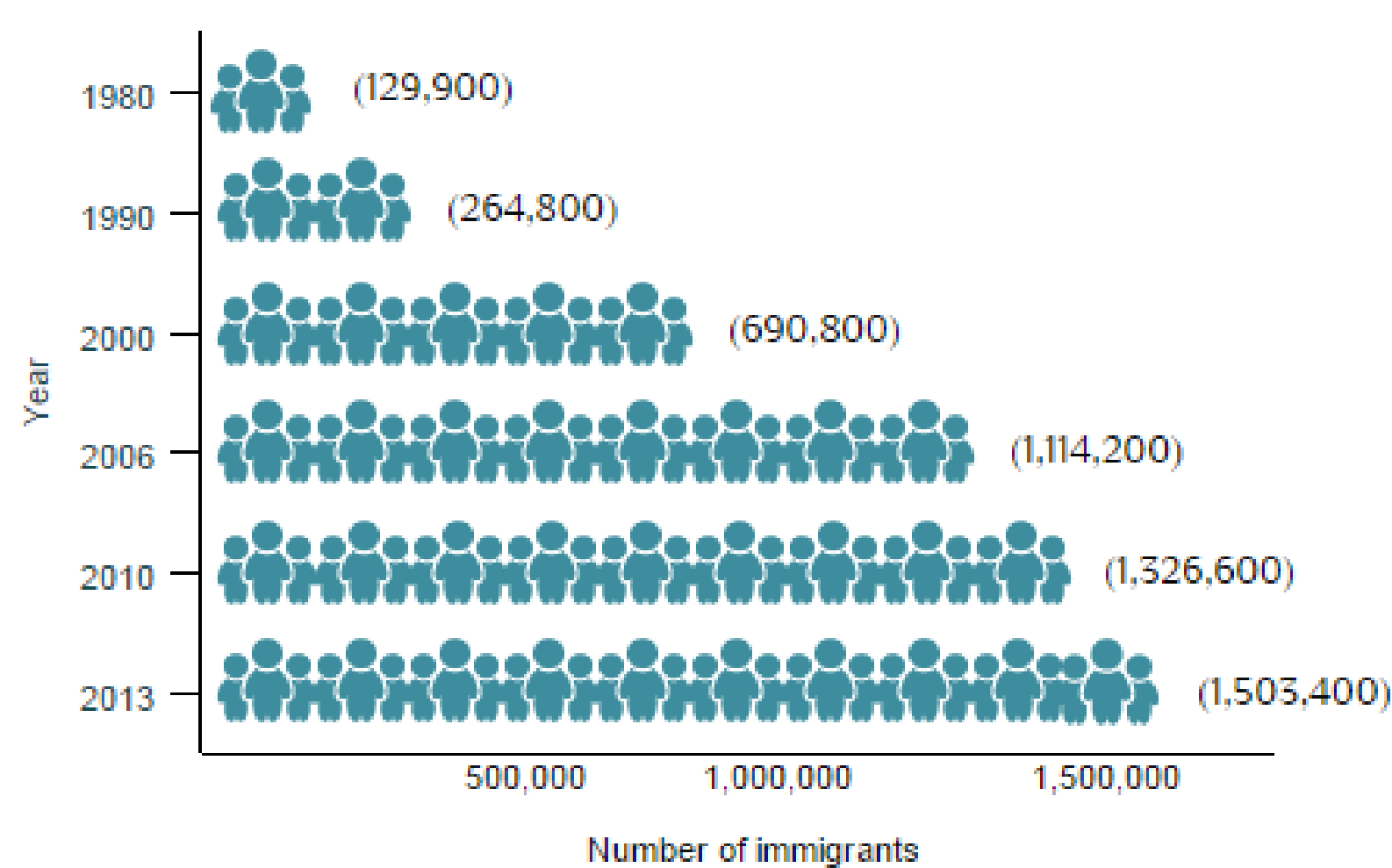


Figure 1. Sub-Saharan African Immigrant Population in the United States, 1980-2013

- ❖ Although infectious diseases have been a traditional point of contact between health care systems and African immigrants, there is a clear and unmet need to determine the risks and prevalence of chronic diseases in that population<sup>2</sup>



- ❖ Health behavior and risk factors for chronic diseases as well as other health disparity issues concerning African immigrant women in particular have not been largely explored

## Aim

- ❖ To review existing literature on the health of African immigrant women in the United States in order to identify existing barriers to optimal health of African immigrant women and to identify areas that need further research

## Method

### Systematic Review

- Databases searched → PubMed, Web of Science, EbscoHost
- Keywords → African, Immigrant, Foreign-born, women, African-born, African descent, health status, health needs, United States

### Inclusion Criteria

- Journal articles published between 1990 to 2015
- Full-text studies that reported on the health outcomes and/or health needs of African Immigrant women
- Studies reporting on the gaps in health programs/interventions and making recommendations for improving the health of African immigrant women

### Exclusion Criteria

- Studies not conducted in the United States
- Studies examining other immigrant populations in the U.S
- Studies examining other issues not related to the aim of the study

### Data Synthesis and Analysis

- A narrative synthesis was performed and studies were categorized according to the following domains:
  - Health behavior
  - Health attitudes
  - Access to health care
  - Other health disparity issues

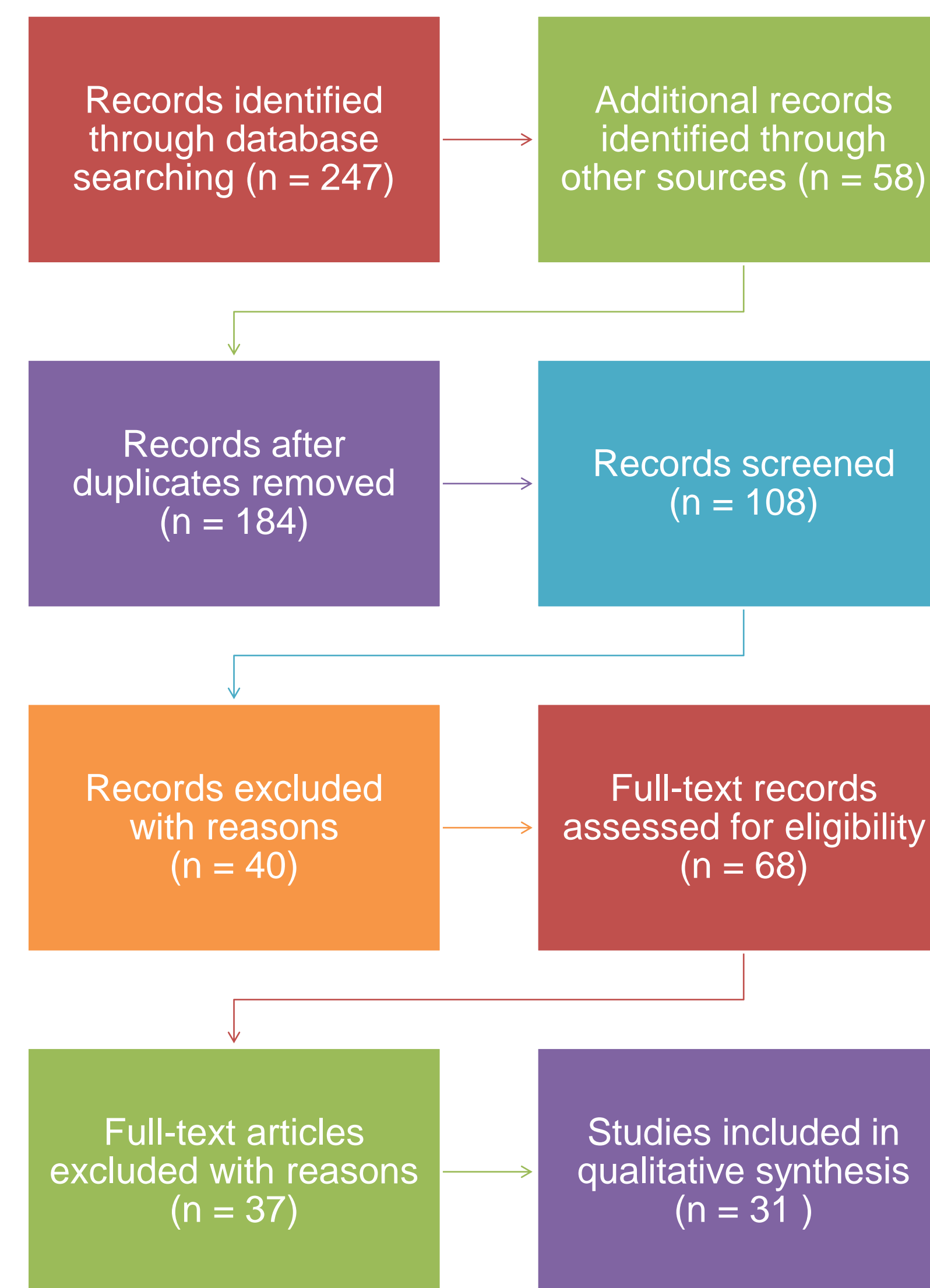


Figure 2. Selection process for the articles included in the study

## Results

Table 1. Categorization of included studies

Domain	Health issue/Health outcome	Health status or Need identified
Physical activity & nutrition	Physical activity & nutrition	<ul style="list-style-type: none"> <li>• Need for acceptable, socioculturally-responsive fitness program (6)</li> <li>• Need for a multidisciplinary approach to develop nutritional guidelines addressing African/ethnic food preferences (19)</li> <li>• Need for tailoring dietary advice to suit cultural dietary practices and food preferences for hypertension control (22)</li> <li>• Need for more research to understand the long-term effects of western dietary acculturation measures and prevention of diet-related chronic diseases so that more culturally appropriate and effective health promotion programs can be implemented (31)</li> </ul>
	Maternal nutrition	<ul style="list-style-type: none"> <li>• Higher risk of poor nutritional status during pregnancy and adverse outcomes (26)</li> </ul>
Health attitudes	Barriers to seeking screening for breast and cervical cancer	<ul style="list-style-type: none"> <li>• Shame (8)</li> <li>• Fatalism, stigma &amp; privacy (7)</li> <li>• Spiritual beliefs and secrecy (28)</li> <li>• Fear of pain (30)</li> </ul>
	Access to health	<ul style="list-style-type: none"> <li>• Insurance status as a predictor of health outcomes (8)</li> <li>• Tend to have lower insurance coverage (14)</li> <li>• Lack of insurance (28)</li> <li>• Access to/difficulty with transportation (8) (30)</li> </ul>
Other health disparity	HIV	<ul style="list-style-type: none"> <li>• Need to consider the complex social and structural barriers to healthcare access (16)</li> <li>• Access to care at later stages of HIV disease (11)</li> </ul>
	Birthweight	<ul style="list-style-type: none"> <li>• Low rates of preterm births (4)</li> <li>• Low rates of prematurity and small-for-gestational age (20)</li> <li>• High birthweight of infants (17)</li> <li>• Greater risk of preterm birth (12)</li> </ul>
	HIV	<ul style="list-style-type: none"> <li>• More likely to receive intrapartum ARV prophylaxis (24)</li> <li>• Higher rates of HIV via heterosexual transmission (16)</li> <li>• Lower rates of HIV via injection-drug-use-related (16)</li> <li>• Incomplete surveillance data (16)</li> <li>• Need for using a culture-centered model to examine the role of sociocultural expectations in HIV prevention research and to develop culturally responsive prevention strategies (23)</li> <li>• HIV patients are more likely to be women and do not routinely get tested for HIV (11)</li> <li>• Need for increased awareness of HIV testing (11)</li> <li>• Need for health care providers and public health officials to tailor educational programs and prevention efforts (11)</li> <li>• Need for culturally appropriate education about HIV prevention and treatment needs (9)</li> <li>• Need for culturally appropriate education to understand the experiences, fears, and concerns of this population (9)</li> <li>• Need for exploring the impact of acculturation on cancer screening among recent immigrant women (21)</li> <li>• Need for provision of screening in a culturally sensitive manner (21)</li> <li>• Lack of knowledge (28) (30)</li> <li>• Need for health care providers and policy makers to be cognizant of the various sociocultural factors influencing health-related beliefs and health care utilization (33)</li> <li>• Need for culturally relevant screening strategies and programs(33)</li> <li>• Lower rates of depression (10)</li> <li>• Increase in rates of depression with increase in length of time spent in the U.S (10)</li> <li>• Need for further research with ethnically validated instruments to identify protective and risk factors associated with depression (10)</li> <li>• Need for better mental health screening services and referrals (29)</li> <li>• Need for providers to focus on evidence-based, culturally specific research, and illuminate issues surrounding depression (32)</li> <li>• Need to provide sensitive education within African immigrant communities to reduce FGC rates (27)</li> <li>• Need to educate women who have already experienced FGC on how to work with their health care providers (27)</li> <li>• Need to train professionals to provide culturally-sensitive therapeutic services for those who have experienced FGC or are at risk for it (18)</li> <li>• Greater risk for gestational diabetes mellitus (15)</li> <li>• Greater risk of foeto-infant mortality (12)</li> <li>• Increased risk for vitamin D deficiency/insufficiency among East African immigrants (25)</li> <li>• Need for widespread education and intervention (25)</li> <li>• Similar risk for chronic diseases as US-born patients (14)</li> <li>• Need for heightened surveillance of chronic diseases (14)</li> <li>• Need for targeted health education and better access to primary care services (14)</li> <li>• Need for examining coping strategies among intimate partner violence (IPV) survivors (13)</li> <li>• Need to provide information about services and rights as victims of criminal behavior (13)</li> <li>• Need for culturally sensitive research, interventions and active outreach (13)</li> <li>• Need for coordinated services and training of first responders (13)</li> <li>• Need for treatment goals to be prioritized differently for this group (13)</li> <li>• Self-blame, loyalty, concern for children, and lack of knowledge regarding abuse, services, and legal rights (34)</li> </ul>
	Cancer	<ul style="list-style-type: none"> <li>• Need to consider the complex social and structural barriers to healthcare access (16)</li> <li>• Access to care at later stages of HIV disease (11)</li> </ul>
Mental health	<ul style="list-style-type: none"> <li>• Need for increased awareness of HIV testing (11)</li> <li>• Need for health care providers and public health officials to tailor educational programs and prevention efforts (11)</li> <li>• Need for culturally appropriate education about HIV prevention and treatment needs (9)</li> <li>• Need for culturally appropriate education to understand the experiences, fears, and concerns of this population (9)</li> <li>• Need for exploring the impact of acculturation on cancer screening among recent immigrant women (21)</li> <li>• Need for provision of screening in a culturally sensitive manner (21)</li> <li>• Lack of knowledge (28) (30)</li> <li>• Need for health care providers and policy makers to be cognizant of the various sociocultural factors influencing health-related beliefs and health care utilization (33)</li> <li>• Need for culturally relevant screening strategies and programs(33)</li> <li>• Lower rates of depression (10)</li> <li>• Increase in rates of depression with increase in length of time spent in the U.S (10)</li> <li>• Need for further research with ethnically validated instruments to identify protective and risk factors associated with depression (10)</li> <li>• Need for better mental health screening services and referrals (29)</li> <li>• Need for providers to focus on evidence-based, culturally specific research, and illuminate issues surrounding depression (32)</li> <li>• Need to provide sensitive education within African immigrant communities to reduce FGC rates (27)</li> <li>• Need to educate women who have already experienced FGC on how to work with their health care providers (27)</li> <li>• Need to train professionals to provide culturally-sensitive therapeutic services for those who have experienced FGC or are at risk for it (18)</li> <li>• Greater risk for gestational diabetes mellitus (15)</li> <li>• Greater risk of foeto-infant mortality (12)</li> <li>• Increased risk for vitamin D deficiency/insufficiency among East African immigrants (25)</li> <li>• Need for widespread education and intervention (25)</li> <li>• Similar risk for chronic diseases as US-born patients (14)</li> <li>• Need for heightened surveillance of chronic diseases (14)</li> <li>• Need for targeted health education and better access to primary care services (14)</li> <li>• Need for examining coping strategies among intimate partner violence (IPV) survivors (13)</li> <li>• Need to provide information about services and rights as victims of criminal behavior (13)</li> <li>• Need for culturally sensitive research, interventions and active outreach (13)</li> <li>• Need for coordinated services and training of first responders (13)</li> <li>• Need for treatment goals to be prioritized differently for this group (13)</li> <li>• Self-blame, loyalty, concern for children, and lack of knowledge regarding abuse, services, and legal rights (34)</li> </ul>	
Female genital cutting	<ul style="list-style-type: none"> <li>• Need to provide sensitive education within African immigrant communities to reduce FGC rates (27)</li> <li>• Need to educate women who have already experienced FGC on how to work with their health care providers (27)</li> <li>• Need to train professionals to provide culturally-sensitive therapeutic services for those who have experienced FGC or are at risk for it (18)</li> </ul>	
Diabetes	<ul style="list-style-type: none"> <li>• Greater risk for gestational diabetes mellitus (15)</li> </ul>	
Infant mortality	<ul style="list-style-type: none"> <li>• Greater risk of foeto-infant mortality (12)</li> </ul>	
Vitamin deficiency	<ul style="list-style-type: none"> <li>• Increased risk for vitamin D deficiency/insufficiency among East African immigrants (25)</li> <li>• Need for widespread education and intervention (25)</li> <li>• Similar risk for chronic diseases as US-born patients (14)</li> <li>• Need for heightened surveillance of chronic diseases (14)</li> <li>• Need for targeted health education and better access to primary care services (14)</li> </ul>	
Chronic diseases	<ul style="list-style-type: none"> <li>• Similar risk for chronic diseases as US-born patients (14)</li> <li>• Need for heightened surveillance of chronic diseases (14)</li> <li>• Need for targeted health education and better access to primary care services (14)</li> </ul>	
Domestic violence	<ul style="list-style-type: none"> <li>• Need for examining coping strategies among intimate partner violence (IPV) survivors (13)</li> <li>• Need to provide information about services and rights as victims of criminal behavior (13)</li> <li>• Need for culturally sensitive research, interventions and active outreach (13)</li> <li>• Need for coordinated services and training of first responders (13)</li> <li>• Need for treatment goals to be prioritized differently for this group (13)</li> <li>• Self-blame, loyalty, concern for children, and lack of knowledge regarding abuse, services, and legal rights (34)</li> </ul>	

## Conclusions

- ❖ Although African immigration to American cities is increasing, there is little published demographic or epidemiological data on this population
- ❖ More information must be gathered in the broad categories of health behavior, health attitudes, access to health care and other health disparity issues commonly experienced by immigrants to better promote the health of African immigrant women in the United States
- ❖ There is a serious need for disaggregating the black race in studies to better understand health issues, outcomes and needs of African-born women in the U.S. in order to design and implement programs and policies to meet their unique needs

## Limitations

- ❖ Majority of the studies examined heterogeneous population of black immigrant women (e.g. Caribbean black, foreign-born black) → difficulty in retrieving studies specific to population of interest
- ❖ Variations in African immigrant population (e.g. West Africans vs East Africans) in studies → generalizability of results
- ❖ Variable definitions of exposures and outcomes, varying sample sizes, study designs → no meta-analysis

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