American International Journal of Humanities and Social Science, Vol. 6 No 1; September 2020
ISSN 2415-1270 (Online), ISSN 2415-1424 (Print)
Published by Center for Global Research Development

African American Persistent Infant Mortality High Rates and Associative Implications for Disparities in Race, Socioeconomic status and Gender Intersections

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Abstract

The disparity in white and African American infant mortality rates has not only persisted but increased over time and is not expected to diminish in the near future, without any planned intervention initiatives. This research article reviews the theoretical and empirical literature on the intersections of race, socioeconomic status, and gender vulnerabilities on African American life as manifested in infant mortality. The disparity in infant mortality between whites and African Americans stems strongly from differences in socioeconomic status, poverty, racial discrimination, and gender inequalities. Thus, specific policies and services grounded in human right perspectives are needed to address those structural barriers that thwart the efforts of African Americans to improve their status in the areas of employment, education, income, housing, and health ,that will reduce their families stresses and ultimately improve infant mortality. Additionally, ethnic-sensitive practice perspective is emphasized along with empowerment, strengths and Africentric perspectives as frameworks to understanding and dealing with issues relating to African American infant mortality.

Keywords: African American, Infant Mortality, Racial Discrimination, Human Rights, Structural Racism

Introduction

Although there is a steady and encouraging decline in overall infant mortality rates (IMR) in the United States, Africa America infants, nevertheless, are contiguously twice as likely to die before their first birthday compared to non-Hispanic white infants. The United States ranks 55th out of 225 counties for infant mortality rates, despite ranking first in per capita health care expenditure (CDC, 2017). While technological advances in medicine and other health-related resources are abundantly available to the average American, the African American infant mortality rate (AAIMR) continue to be exceptionally high, relative to other ethnic groups and when compared to other developed counties (Smith, Bentley-Edwards, El-Amin,& Darity, 2018; Ely, & Driscoll, 2019). Infant mortality, an international measure of general health status, is the rate at which babies die before their first birthday (Chima, 2001). Infant deaths in the United States are mostly the consequence of mother's poor health, labor and delivery complications, pre-term birth, birth defects, lack of adequate care at the time of delivery, infection, and sudden unexpected infant death. In a 2017, Centers for Disease Control (CDC, 2017) report, 22,341 infants died before their first birthday, representing a rate of 5.79 deaths per 1,000 live births. The 2017 infant mortality rate for African Americans was 10.97 deaths per 1,000 live births, representing more than twice as high as that for white infants at the rate of 4.67 (Ely & Dristoll, 2019).

Historically, research shows that African American infant mortality rate has been coarsely twice that of White infant mortality rate for at least the last 35 years (Hogue, Strauss, Buehler, & Smith, 1989; Ely, & Driscoll, 2019).)

Research has shown that the economically disadvantaged have higher infant mortality rates, a higher ratio of low birth weight babies, and that there is a need to improve the health of young mothers' years before they become pregnant (Chima, 2001). A significant factor that is associated with infant mortality in the United States is preterm birth. Commonly, preterm birth is when childbirth occur before 37 weeks of pregnancy. There is a strong existence of racial and ethnic disparities for preterm and low birth rate between African Americans and White women.

In 2016, the rate of preterm birth among African American women was estimated at fourteen percent while the rate of preterm births among White women was considerably lower at nine percent (Smith, Bentley-Edwards, El-Amin, & Darity, 2018; CDC, Preterm Births, 2017; CDC, & National Center for Health Statistics, 2017). Neonatal mortality , those that occur in the first 27 days of life are 2.3 times for African American babies as likely as white babies, with African American babies more likely to die of disorders related to premature birth and low birth weight (Chima, 2001; CDC,& National Center for Health Statistics, 2017; Berns, Boyle, Popper,& Gooding, 2007). Furthermore, seventy-three percent of African American infant deaths were because of complications associated with preterm births (Berns, Boyle, Popper, & Gooding, 2007). Research has shown that infant mortality is associated with many and varied risk factors that include poverty, poor nutrition, deprived home conditions, socioeconomic status, discrimination, racial oppression, gender inequalities, and lack of prenatal care (Chima, 2001). The purpose of the article is to add to the understanding of the complex interaction and impact of race, socioeconomic status, and gender inequalities on the persistent African American and White infant mortality gap.

The purposes of this research article are: (1) provide an introductory review of the gap in infant mortality rates between African Americans and Whites; (2) review the literature on the association of race, socioeconomic status, and gender in terms of differences and as sources of disparities, inequities, and barriers to African American well-being and as factors affecting the social problem of African American infant mortality. Additionally, ethnic-sensitive practice perspective is emphasized along with empowerment, strengths and Africentric perspectives as frameworks to understanding and dealing with issues relating to African American infant mortality.

Theoretical Perspective

To fully comprehend the ecological variables that cumulatively affect the infant mortality of African Americans, it is elemental to elucidate paramount concepts that have historically shaped the dynamics of their experiences and continue to affect their lives. These concepts are race, gender, and socioeconomic status.

Race and African American Infant Mortality

Thomas Jefferson, the third President of the United States of America, in 1776 wrote these words:

> *"We hold these truths to be self-evident, that all men are created equal,*
> *that they are endowed by their Creator with certain unalienable Rights, that*
> *among these are Life, Liberty and the pursuit of Happiness" (Arulkumaran, 2016).*

It took nearly 200 years from the time that Jefferson wrote these words for President Lyndon Johnson to pass the Civil Rights Act in 1964, enabling African Americans to have equal rights with the whites. Even before this historic event, many people had lost their lives fighting human rights, the most notable being President Abraham Lincoln, who publically started the civil rights movement and won the war to abolish slavery *(Arulkumaran, 2016).*

Race in the United States is eminently associated with the continuum of health problems for African Americans from infancy to later years, and is highly associated with socioeconomic status (Chima, 2001). The concept of race in the United States remains one of the most dangerous and tragic myths despite all the evidence indicating that there are no perspicuously delineating characteristics of any race (Chima, 2001). According to Brondolo, Gallo and Myers (2009), racism can take the form of cultural communication (e.g., advertisements or movies that depict members of ethnic minority group in derogatory or stereotype-confirming ways).

It includes institutional policies that restrict access to opportunities or resources, and interpersonal behaviors that either subtly and blatantly convey a message that the members of the targeted group should be excluded and/or rejected and to not deserve the opportunities of protections against dangerous and unfair treatment that others receive. African Americans have been victims of oppressive practices and dehumanizing treatment throughout the history of the United States. Historically, skin color and other phenotypic characteristics have been used to identify populations for oppression, violence, and unequal treatment (Chima, 2014).

African Americans are descendants of Africans who have identical physical features, identify themselves culturally with those in the continent of Africa, and are citizens of the United States (Chima, 2019; Leashore, 1995). African Americans have endured over 400 hundred years of racism in the United States. Racism, not race itself, is the driving force behind disparately high rates of maternal and infant mortality rate among African Americans, and the systemic barriers are fueled by both explicit and implicit bias (Taylor, Novoa, Hamm, & Phadk, 2019). Racial discrimination against African Americans in a competitive society severely impede their chances to obtain the expedient resources to lead a contented and comfortable life, making it difficult to obtain adequate housing, financial resources, a quality education, and adequate health care (Chima, 2001). For African Americans, the social determinants of health, including income level, education, and socioeconomic status are not protective factors as they are for white Americans when it comes maternal and infant maternity (Taylor, Novoa, Hamm, & Phadk, 2019). Any account of structural racism within the United States must start with the experiences of African Americans and the Indigenous people of North America. It was on these two groups that the initial colonizers of North America (the English, French, Dutch, and Spain) first promulgated genocide and enslavement, and created both legal and tacit systems of racial oppression (Bailey and Colleagues, 2017).

Structural and institutional racism are used to structure the life experiences of African Americans so that advantages tend to cluster to whites while disadvantages accumulate to African Americans (Chima, 2001). The pervasive practice of racism reinforces and perpetuates racial inequity, results in abuse of reproductive justice, and maintain the structure of human rights abuses of African Americans. Racism is the root cause of disparities in maternal and infant mortality between African Americans and White America. Racial isolation and antagonism resulting from racism have stimulated social rejection of African Americans that has helped maintain a social order in which social opportunities and equality are preferentially accorded to whites and denied African Americans (Chima, 2001).

Structural racism in health care and social delivery means that African Americans women often receive poorer quality care than white. It means the denial of care when African American women seek help when enduring pain or that health care and social service providers fail to treat them with dignity and respect (Novoa, & Taylor, 2018; Tello, 2017). These stressors and the cumulative experiences of racism and sexism, especially during sensitive developmental periods, trigger a chain of biological processes, known as weathering, that undermine African American women's physical and mental health (CDC, 2019; Novoa, & Taylor, 2018). Furthermore, the long-term psychological toll of racism puts African American women at higher risk for a range of medical conditions that threatens their lives and their infants' lives, including preeclampsia (pregnancy-related high blood pressure), eclampsia (a complication of preeclampsia characterized by seizures), embolisms (blood vessel obstructions), and mental health conditions (Taylor, Novoa, Hamm, & Phadk, 2019; Ely & Driscoll, 2019; Solomon, 2018). Racism and health inequity among Americans influences discrimination in healthcare delivery and its association with disparities in disease incidence, treatment and outcomes (Shavers & Shavers, 2006).

Goosby and Colleagues (2015) clearly noted that the issue with health disparities, as it relates to infant mortality in America, is in fact not about racial differences among people, as much as it is racism and the experiences of being an African America woman in this society. Perceived discrimination is comprehensively linked to increased levels of inflammation and systolic and diastolic blood pressure, depressive systems, and allostatic load (Goosby, Malone, Richardson, Cheadle & Williams, 2015; Walsemann, Bell, & Goosby, 2011; Duru, Kenrik, Harawa, Kermah, & Norris, 2012). For African American women, exposure to discrimination and racialized stress throughout the lifespan can negatively affect birth outcomes (Novoa, & Taylor, 2018). Wallace and Colleagues (2017) identified and defined structural racism as a composite variable consisting of inequities regarding unemployment, education, and median household income, and was associated with increased rates of infant mortality for African Americans but not whites. Research (Wallace, Crear-Perry, Richardson, Tarver, Theall, 2017) examined associations between state-level measures of structural racism and infant mortality among African America and white populations across the United States.

This research found that from 2010-2013, overall infant mortality averaged 6 deaths per 1000 live births across all 50 states and the District of Columbia (DC) ranging from a low 4.26 in Massachusetts to a high of 9.37 in Mississippi. Nationally, African American infant mortality averaged 7.57 per 1000 live births and exceeded the estimate among whites in every state (Wallace, Crear-Perry, Richardson, Tarver, Theall, 2017)

Socioeconomic Status and African American Infant Mortality

Undeniably, a pregnant woman's socioeconomic status and access to quality health care and nutritious food can have significant effect on her infant's health. The term socioeconomic status (SES) has a distinctly economic meaning and describes people in a hierarchical ranking in terms of family wealth and income, occupational status, educational attainment, financial security, and amount of power and authority over others (Chima, 2001; Williams, Priest, & Anderson, 2016). Racially and ethnically stigmatized people experience higher than average rates of illness, impairment, and death in their societies in the United States and Globally (Williams, Priest, & Anderson, 2016). Historically, the categorization of social groups into races has reflected oppressions, exploitation, and social inequality.

In the United States, 39 percent of African American children and adolescents and 33 percent of Latino children and adolescents are living in poverty, which is double the14 percent poverty rate for non-Latino White, and Asian children and adolescents (Williams, Priest, & Anderson, 2016). Across multiple health outcomes, these disparities are seen in the earlier onset illness, more severe disease, and poorer quality of care for racial minorities compared with their white majority peers. Socioeconomic status (Williams, Priest, & Anderson, 2016), whether measured by income, education, or occupational status, is among the most determinants of variations in health outcomes in virtually every society.

Regarding racial inequality in context, full equality between whites and African Americans, however, is still far from being achieved. Poor education, high joblessness, low incomes and the subsequent hardships of poverty, and family and community instability plague many African Americans (Oliver, & Shapiro, 2018). Most indubitable is the continuing large economic gap between African Americans and whites. Median income figures show African Americans earning only about 55 percent of the amount made by whites. According to data report on annual income in the United States (Semega, Kollar, Creamer, &Mohanty, 2019), the median income of African American household in 2018 was $41,361, up from $40,258 in 2017. For non-Hispanic white household, the median income in 2018 was $70,642, up from $68,145. Therefore, while income levels increased for both African American and white households, the increase was more for whites than for African Americans, thus, indicating that the racial income gap widened. In 2017, the median income level for African American household was 59.1 percent of the median income for non-Hispanic household. In 2018, the median African American family income was 58.6 percent of the median income for white families. The racial gap in median income between whites and African American families has remained significant and virtually unchanged for nearly a half-century, with only minor fluctuations. Whites are more than three times as likely as African Americans to come from high-income households (Semega, Kollar, Creamer, &Mohanty, 2019).

Similarly, poverty overall influences a large segment of African Americans, according to the U.S. Census Bureau report on poverty in the United States. The report shows that in 2018, nearly 9 million African Americans were living below the poverty line in the United States. This (Semega, Kollar, Creamer, &Mohanty, 2019) was 21percent of the entire African American population. In contrast, only 8.1 percent of the non-Hispanic white population was living in poverty. In 2018, nearly 30 percent of all African Americans below the age of 18 were living in poverty. For non-Hispanic white children, the rate was 8.9 percent. Consequently, (Semega, Kolla, Creamer, & Mohanty, 2019) the African American- white poverty rate gap where African Americans are about three times as likely to be poor as whites, has remained virtually unchanged for the past half century.

While the greatest economic gains for African Americans occurred in the 1940s and 1960s, the economic status of African Americans since the early 1970 has, on average, stagnated or have more than twice the jobless rate as white youths. African American unemployment rates are more than twice those of whites. Nearly one out of three African Americans lives in poverty, compared with less than one out of ten whites (Oliver & Shapiro, 2018).

Adler and Prather (2015), noted that 60 percent of premature deaths are associated with Social, environmental, and behavioral circumstances, more than 80 percent of a person's health is connected to factors other than clinical care. Furthermore, only 10 percent are the result inadequate clinical care and 20 to 30 percent stem from genetic.

Additionally, the Kaiser Family Foundation found that more one-third of total deaths in the United States every year are attributed to social factors such as low education, racial segregation, lack of social supports, and poverty (Heiman & Artiga, 2015).

Several studies (Bird, 1995; Blane, 1995) examined structural factors of poverty, education, and residual segregation and their contribution to African American infant mortality. Bird's Study found that African America infant mortality rates were higher in areas and states with concentration of African Americans, with higher levels of residential segregation in urban areas, and where many lived below the poverty level. African Americans are often segregated to areas with limited employment opportunities, limited access to health care, and to areas high concentration of adverse physical or environmental conditions (Bird, 1995). In these areas, parental disadvantage is associated with low birth weight, which in turn, is associated with social disadvantage during childhood (Chima, 2001; Bird, 1995; Blane, 1995). It is essential to note that the African American middle class has grown considerably over the years and is slowly gaining on the white class, even though it remains far smaller. African Americans are economically heterogeneous, with about 40 percent of theirs families in the middle class, 10 percent in the upper class, and about 50 percent in the lower class (Chima, 2001). Researcher (Bird, 1995; Blane, 1995) have concluded that the over representation of African Americans in the lower socioeconomic status contributes immensely to their higher infant mortality rate compared with whites.

For centuries, whites in the United States have and continue to unfairly benefit from generations of socioeconomic advantage and with it greater opportunities in education and employment, healthier neighborhood environment, higher quality healthcare and greater political power (Feagin & Bennefield, 2014). For pregnant African American women, the consequences of structural poverty resulting from structural racism may be transgenerational, increasing their own risk during pregnancy and the likelihood of their infant morbidity and mortality. Infant mortality risk decreases as income and educational levels increase within African American and white women, although the effects of socioeconomic measures on African American women's risk and generally smaller and more variable than among white women (Feagin & Bennefield, 2014; Wallace, Crear-Perry, Richardson, Tarver, Theall, 2017).

Research (Wallace, Crear-Perry, Richardson, Tarver, Theall, 2017) reported on their finding on the investigations on associations between socioeconomic status and infant mortality among African American and white populations across the United States. Unemployment rates were double, and median household incomes only two-thirds on average among African American residents compared to whites. Additionally, unemployment within the states' African American population was associated with African American infant mortality such that increasing unemployment was associated with higher infant mortality rates.

Furthermore, the high incarceration rate of African Americans was considered as a contributing factor in their infant mortality. The rate of imprisonment among African America residents (Wallace, Crear-Perry, Richardson, Tarver, Theall, 2017) was on the average 6.2 times higher than the white imprisonment rate, and the custody rate among African American juveniles was more than 7 times the white juvenile custody rate. States with lower imprisonment rates, and higher levels of educational, professional employment, and median household income had lower infant mortality overall. Furthermore, Wallace and Colleagues (2017) noted in their research findings that the proportion of African American residents with a Bachelor's degree or higher and the proportion employed in professional or managerial occupations were 0.64 and 0.70 times, respectively, than the proportions among white residents.

Gender and African American Infant Mortality

Racial and gender domination in the United States are forces that hold people down. Although socioeconomic status, race, and gender act independently of each other, they are at the same time very much interrelated in the effects they have on people's lives. Racism and sexism significantly compound the effects of class in United States (Mantsios, 2018). Issues of race and gender cut across class lines, with women experiencing the effects sexism whether they are well-paid professional or poorly paid office clerks. As women, they are not only subjected to stereotyping and sexual harassment, they face discrimination and denied opportunities and privileges that men have, particularly white men (Mantsios, 2018). Similarly, a wealthy African American man faces racial oppression, is subjected to racial slurs, and is denied opportunities because of his skin color.

The traditional socialization process and gender-role stereotyping pressures females to be passive, beautiful objects, nurturants, and males to be strong, dominant, successful, and career-oriented (Chima, 2001). This process has led to a number of problems such as sex discrimination in employment, with men earning more than women, and conflicts in role relationship in marriage and family patterns. To the extent that most indicators suggest that the problems of poverty, violence, and discrimination prevent women from full and equal participation in society, racial oppression and class inequalities are potent forces in the lives of African Americans (Wilkinson, 1996). Literature on gender roles and identity are written from a white, middle class perspective and lacks emphasis on issues related to the sex-role experience and development of African Americans. For example, Walker (1995) noted that services available for women of color are often different from those available to white women. Those differences are heightened by factors such as few women of color as providers of help, large numbers of women of color are indigent, and thus not able to afford private services, as may be available, white male dominance in the criminal justice, medical, and psychiatric systems that invalidate the experiences of women in general and women of color specifically.

Wilkinson (1996) astutely argued that regardless of socioeconomic attainment and gender identity, segregation, discrimination and restricted access have historically delimited the life experiences of all African Americans. White men and women in any social class, regardless of educational attainment, level of literacy skills, ideological orientations, ethnic affiliations, gender, or sexual orientation are aware that our society favors them over African American. In fact, poor white men and women know that the entire system treats them preferentially over African Americans. Examples of these treatments are plentiful in the way the police, the courts, employers, and the daily news media deal with African Americans independent of socioeconomic status and educational achievements. Coinciding directly with this is the middle-class white males' and females' complete awareness that judges, lawyers, health professionals, the Senate, the House, administrators of predominantly white colleges and universities, and doctors, support and uphold their rights above all African Americans. Being white in America, regardless of sex or gender identity, means being supported in all actions over African Americans (Wilkinson, 1996).

Sex-role socialization in African American families is commonly sanctioned with the awareness that African American children must learn to survive and grow not only in their interactions with hostile mainstream America but with African American communities. Research (Wilkinson, 1996) suggest that African American parents communicate both general values and specific role responsibilities to their children. This dual socialization perspective provides the prerequisite for coping with the range of stresses that inevitably face African Americans because of oppression and discrimination (Chima, 2001; Wilkinson, 1996). African American husbands are more willing than white husbands to accommodate themselves and their households to the needs of their working wives such as in the area of childcare. A substantial number of African American husbands have indicated that they are capable of effectively carrying out tasks traditionally associated with women such as cooking, washing, ironing, sewing, keeping house, and shopping (Chima, 2001).

Men traditionally are socialized to define their sense of self-esteem through their roles in the community as protectors, providers, and breadwinners. Many African American men who are left without the means to fulfill these traditional roles have become angry and alienated. Because of their high unemployment rate and powerlessness in the society, some feel emasculated, stripped of authority and driven from the family. Regardless of their class standing, women and members of minority groups are constantly dealing with institutional forces that hold them down precisely because of their gender, the color of their skin, or both. It is understandable that power is incremental and class privileges can accrue to individual women and to individual members of the racial minority. While power is incremental, oppression is cumulative, and those who are poor, African American, and female are often subject to all of the forces of race, and gender discrimination simultaneously (Mantsios, 2018). This cumulative circumstance is what is sometimes referred to as the double and triple jeopardy of women and people of color. Furthermore, oppression in one sphere is related to the likelihood of oppression in another, and if you are female (Mantsios, 2018), you are much more likely to be poor or working class than you would be as a white male.

Human Rights and Racism in Relation to Infant Mortality

Evidence accumulated since the beginning of the United States shows that racism against African Americans existed then and continues to exist (Cose, 1997). While undeniable progress has been made in removing the more blatant forms of discrimination and segregation, social and economic difficulties afflict African Americans more than their Caucasian counterparts because of subtle and covert racism. The concept of social justice is commonly viewed as society's way of making choices and responding to its obligations regarding resource utilization. The major arenas in which equality of opportunity is paramount to achieving distributive justice are in the employment sectors and professions, in gaining money or market power, in freedom of choice and expression, and in attaining political power.

Human Rights Perspective for Health Equity and Infant Mortality

The rationale for incorporating a human rights framework in the discussion of the persistent high rates of African American infant mortality is justified by both the United States' Constitution and the United Nations' (UN) Declaration of Human Rights. Following World War 11, the United Nations created a Commission on Human Rights and, with input from nations around the world, the commission developed a Universal Declaration of Human Rights. On December 10, 1948, Eleanor Roosevelt, the widow of former U.S. President Franklin D. Roosevelt and Chairwoman of the Commission read the Universal Declaration of Human Rights to the General Assembly for approval and adoption (Cloud, 1998). As adopted, this document, consisting of a preamble and thirty articles, sets forth the basic civil, economic, political and social rights, and freedom of every person.

Article I of the Declaration laid down the basic philosophy of the document: "All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood" (United Nations, 1987). The declaration that all people are "equal in dignity and rights," means not only that laws apply equally to all but that people have a right to be treated equally regardless of their actions or place in life. Article 3 declares that: "Everyone has the right to life, liberty and security of person," thus forming the basis for human beings' civil and political rights listed in Articles 4 to 21. Further, Article 22 states, in part, that everyone is entitled to the realization of the rights "Indispensable for his/her dignity and the free development of his/her personality" (United Nations, 1987). This Declaration supports Articles 23 to 27, which explicates human beings' economic, social, and cultural rights. Just as America's Declaration of Independence and Constitution provide a solid foundation for developing a fully open and equitable society in the United States, more than two hundred years after these documents were written, so the Universal Declaration of Human Rights provides the world a beacon as we move toward the 21st Century (Cloud, 1998). Yet in the United States, the strongest voice for human dignity was that of Martin Luther King, whose fight for civil rights began in a revolt against the indignities of segregation and racial violence inflicted on African Americans.

Racial Discrimination in Health Care as Violation of Human Rights

Although there is only one human race, the concept of race becomes a very dangerous myth when it is assumed that differences in physical traits are linked to intellectual differences and cultural achievements. Racism has been a concern for the United Nations for many years. In 1970, the convention on the Elimination of All Forms of Racial discrimination was established (Scott, 1995). From 1983 to 1993, the UN observed the "Second Decade to Combat Racism and Racial Discrimination." The 1993 session of the UN Human Rights Commission adopted a resolution on measures to combat "Contemporary forms of racism, racial discrimination, and related intolerance."

Statements of the resolution (Scott, 1995) include that:

(1) the scourges of racism and racial discrimination are continually assuming new forms,
(2) requiring a periodic re-examination of the methods used to combat them,
(3) that racism and racial discrimination, in whatever form, are intensified by conflicts over economic resources, in developed as well as developing countries, and can best be defeated by a combination of economic, legislative and educational measures,
(4) all human rights and fundamental freedoms, economic, social and cultural, as well as civil and political, are indivisible and interrelated,
(5) all governments are urged to undertake immediate measures and to develop strong policies effectively to combat racism and eliminate discrimination.

In the direction of reducing the high rate of African American infant mortality, some research (Villarosa, 2018; Salam, 2018) argues that to end high IMR among African American children, the United States needs to address the social and societal issues that plaque African Americans. Some scholars (Smith &Colleagues, 2018; Villarosa, 2018) argue that issues such as institutional racism, mass incarceration, poverty, and heath care disparities that are disproportionately present amongst the African American communities need to be addressed by the United States Government in order for policy to be created to combat the infant mortality problem. If institutional inequalities are addressed and repaired, daily stressors for African Americans, and African American women in particular, will be reduced, therefore lessening the risk of complications in pregnancy and infant mortality. Furthermore, adding diversity in the health care industry can help reduce the high IMR because more representation can undertake deep-rooted racial biases and stereotypes that exist towards African American women (Salam, 2018). Additionally, deliberate efforts by non-profit organizations in particular can be directed at helping women deal with stress by forming support networks, keeping an open dialogue around race and family life, and finding these women a secure place in the workplace.

Ethnic-Sensitive Practice Perspectives

Various perspectives and models to understand culturally specific populations and to develop an appropriate framework for practice began in the 1970s with a heightened focus on the interrelationship between their culture, norms, problems, and the larger social environment. Devore and Schlesinger (1996) identify four assumptions that underlie ethnic-sensitive practice. They are: (1) individual and collective history have a bearing on problem generation and solution; (2) the problem is more important; (3) ethnicity has a significant influence on individual identity formation; and (4) ethnicity is a source of cohesion, identity, and strength as well as a source of strain, discord, and strife. African Americans have great diversity, as well as many commonalities. Perspectives (Chima, 2001) that are viewed to be useful in providing social services and proactive work with African Americans include: the empowerment, strengths, and Africentric.

Empowerment Perspective

Empowerment perspective is based upon the belief that African Americans are potentially competent people whose problems result from an oppressive social structure and negative evaluation, which causes powerlessness and barriers in the supply of essential resources for these competencies to be asserted. The social worker engages in a range of activities with the client population or system that aims to reduce the powerlessness and hopelessness, encourage a sense of control over their lives associated with having choices and options. As a treatment goal and process, it can counter racial oppression and poverty by helping African Americans increase their ability to make progress toward self-determination and self-efficacy (Leashore, 1995).

Strengths Perspective

African Americans are a diverse group of people with varied interests and beliefs. The utilization of a strengths perspective in intervention seeks to identify, use, build, validate, and reinforce the strengths and abilities that people have in contrast to the pathological perspective, which focuses on their dysfunctional patterns and inabilities (Leashore, 1995). The African American family is a source of strength. However, the value placed on the family and the extent of commitment to involvement in the solution of diverse family problems are affected by the negative stereotypes and devaluation from the social environment. Therefore, it is necessary to recognize how these same values may produce strain, clash, or conflict with the demands and prejudices of the larger society (Devore & Schlesinger, 1996).

Zastrow (2010) reported on the five strengths identified by the National Urban League that allow African American families to function effectively in a racist society:

1. Strong kinship bonds. *Blacks are more likely than whites to care for children and the elderly in an extended family network.*
2. A strong work orientation. *Poor blacks are more likely to be working, and poor black families often include more than one wage earner.*
3. Adaptability of family roles. *In two-parent families, the egalitarian pattern of decision making is the most common. The self-reliance of black women who are the primary wage earners best illustrates this adaptability.*

4. A high achievement orientation. *Working-class blacks indicate a greater desire for their children to attend college than working-class whites. Even a majority of low-income African Americans desire to attend college.*
5. A strong religious orientation. *Black churches since the time of slavery have been the source of many significant grassroots organizations.*

Integrating these strengths across the life cycle and throughout the stages of assessment, intervention, and evaluation is a useful helping process (Leashore, 1995).

Africentric Perspective and Worldview

The Africentric perspective, derived from the African-centered paradigm, recognizes African culture and expressions of African values, beliefs, institutions, and behaviors. It acknowledges that African Americans have retained, to some degree, the elements of African life and values (Leashore, 1995). Daly, Jennings, Beckette & Leashore (1995) discuss the significance of the Africentric orientation to African Americans as effective strategies to coping and resolving externally caused racial problems through interpersonal processes. The values indicative of the Africentric paradigm maintain that in African culture: (1) life is highly regarded and incorporates the mind, body, and spirituality in healing, (2) cooperation and interpersonal connectedness by differences is stressed, rather than competition, (3) humanity is viewed as collective responsibility and seeks system maintenance for the group, rather than rugged individual achievements and independence from others, (4) behavioral dispositions emphasize restraint, respect, responsibility, and reciprocity (Chima, 2001). Daly et al. (1995) note that those values have provided the African America community with the resilience to make effective responses against the violence and oppression of slavery and legalized segregation. Evidence of Africentric orientation exists in the African American extended family values, which cannot be underestimated as mechanism of survival in the African American community. African American church organizations and religious leaders provide an important support systems and essential group-derived ego strength to mediate against assaults on self from the hostile wider society (Daly et al., 1995).

The concept of worldview involves one's perceptions of oneself in relation to other people, objects, institutions, and nature (Zastrow, 2010). The world view of African Americans are shaped by unrivaled and foremost experiences, such as racism and discrimination, an African heritage, traditional attributes of the African American family and community life, and a strong religious orientation. The Africentric perspective contends that Eurocentric theorists have historically vilified people of African descent and other people of color. Furthermore, the Africentic perspective challenges the efficacy traditional Eurocentric human services models in working with African American families. It clearly contends that the existing tools for human services, including healthcare practices are grounded with Eurocentric epistemologies and as such are ill-equipped, based on history of racism for the task of nurturing and developing African American families and their children, psychologically, socially or spiritually.

Africentric perspective advocates anti-discriminatory and ant-racist developed practice models, which are based upon the premise of limiting the damage, with an underlying knowledge based, confined to the parameters of racism and oppression (Graham, 1999). Moreover, the traditional hegemony of the existing Eurocentric knowledge base has been challenged in recent years amidst a growing demand for pluralism and multiculturalism, not only between groups in American society but between epistemologies and worldviews. Eurocentric theorists explicitly or implicitly claimed that that people of African descent are pathological or inferior in their social, personality, or moral development (Zastrow, 2010). Based on the racist orientations of the Eurocentric theorists, the Africentric perspective holds that the application of Eurocentric theories to the explanation of the behavior and ethos of African Americans is incurrently infelicitous. Thus, knowledge of the Africentric perspective may contribute to cultural competence of professionals working with African Americans.

Conclusion

This research article adds to the literature by documenting the complex interaction of race, socioeconomic status upon birth outcomes of African American infants. The review of literature conducted in this research paper indicates that responses to the African American infant mortality requires integrative intervention approaches that take into account their complex experiences with institutional barriers affecting their socioeconomic status, racial discrimination in all forms , and gender oppression in the United States.

Despite these forces, they have proven to be amazingly resilient. Positive perspectives in African American coping and survival qualities include strengths of their families and communities as strong kinship bonds, strong achievement orientation that requires empowerment through Africentric values orientation.

African American infant mortality which has not only persisted but is growing at a rate almost twice as high as that of whites is clearly a concern for America, particularly those involved in human rights issues and policy development. Human rights leadership is essential in responding to infant mortality as a social problem. Policy makers, also, have the responsibility to take practical actions that demand social justice for all. Change approaches need to consider the aggregation of external forces such as income inequality and racism that have had a destructive impact on African America wellbeing and their resulting high infant mortality rates. Leadership in developing policies and programs that acknowledge the unique and viable aspects of the African American community and family structures, and aimed at recognizing and overcoming systemic barriers to service utilization such as agency fee structures and location is essential.

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