

Xenophobic and racist policies in the US may have harmful effect on birth outcomes

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The first U.S. Executive Order of the 2017 travel ban targeting individuals from Muslim majority countries may be associated with preterm births for women from those countries residing in the U.S.,

according to a new study conducted at Columbia University Mailman School of Public Health. The research also showed that structurally xenophobic and racist policies in the U.S. may have a harmful effect on early life indicators of life-long health outcomes. The findings are published on line in the journal *Social Science and Medicine*.

This is the first national study to consider the impact of a policy that is both xenophobic and Islamophobic (anti-immigrant and anti-Muslim) on birth outcomes of women from Muslim countries impacted by the 2017 [travel ban](#).

"Our study provides new evidence about the importance of social characteristics of host countries and structurally stigmatizing contexts and reveals the potential public health implications of the global rise in xenophobia and populism," said Goleen Samari, Ph.D., assistant professor of population and family health at Columbia Mailman School, and principal investigator. "Even for populations that historically experience positive birth outcomes, anti-immigrant and Islamophobic policies are associated with abrupt and detrimental shifts in health outcomes."

The researchers conducted a national-level examination of women from Middle Eastern and North African (MENA) countries included in the 2017 travel ban, many of which include a Muslim majority. These populations are typically overlooked and understudied because of how religion and race and ethnicity are defined in health survey research.

Women from countries impacted by the 2017 travel ban experienced a nearly 7% increase in the odds of delivering a preterm infant between September 2017 and August 2018—a period that began approximately eight months after the executive order travel ban was enacted. Trends in preterm birth remain unchanged for native-born non-Hispanic White women.

The data controlled for seasonality, other forms of autocorrelation, and population-level shifts in [preterm birth](#) among all [women](#) giving [birth](#).

"As many countries continue to shut down migration systems because of the COVID-19 pandemic, it is important to understand the secondary and tertiary effects of such restrictions. This study, therefore, is an important contribution to the literature on xenophobia, structural racism, and [health](#) and perinatal demography for an often overlooked and understudied immigrant population."

More information: Goleen Samari et al, The Muslim Ban and preterm birth: Analysis of U.S. vital statistics data from 2009 to 2018, *Social Science & Medicine* (2020). [DOI: 10.1016/j.socscimed.2020.113544](https://doi.org/10.1016/j.socscimed.2020.113544)

Provided by Columbia University's Mailman School of Public Health

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