

Gender, race/skin color and control of arterial hypertension in ELSA - Brasil: intersectional approach

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Our results reinforce previous findings of a higher prevalence of inadequate BP control among men with hypertension, especially Brown and Black men. The intersectional approach also showed worse BP control among Black women.

BACKGROUND

In general, racial and gender inequities in BP control are treated in isolation, disregarding the intersection of these categories. The theory of intersectionality considers that the categories of the intersection in gender-race/skin color express not only personal trajectories but also historical and cultural trajectories, as well as the institutional and structural processes involved in inequities. Thus, the intersectional approach of gender-race/skin color as inseparable categories focus on synergies and heterogeneous health experiences, and contributes to reveal differences within groups generally considered homogeneous, such as “women” and “Blacks”. We investigated the association of the intersectional categories of gender-race/skin color with inadequate blood pressure (BP) control in Brazilian adults using medication for hypertension (HTN).

METHODS

- Cross-sectional analysis
- 4,499 participants living with hypertension from visit 2 (2012-2014) of the Longitudinal Study of Adult Health (ELSA-Brasil) undergoing pharmacological treatment.
- The association of the intersectional categories – White woman, Brown (Pardo) woman, Black woman, White man, Brown (Pardo) man, Black man – with inadequate BP control was estimated by the prevalence ratio (PR) and 95% confidence interval (95% CI) obtained by generalized linear models with Poisson distribution, adjusted for age and education.

RESULTS

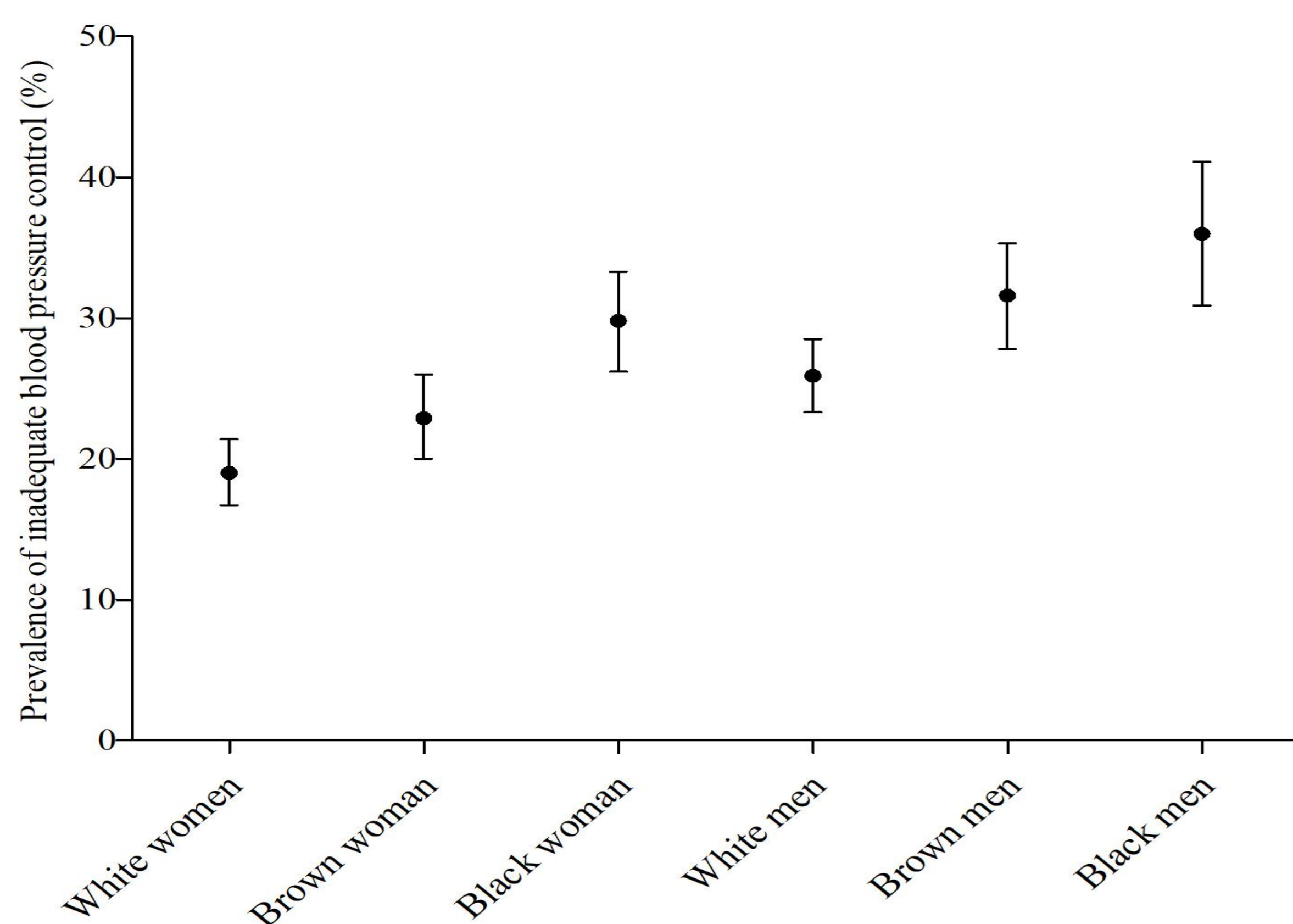


Figure 2. Prevalence of inadequate blood pressure control among those treated with antihypertensive drugs standardized by age according to the gender – race/color intersection. ELSA-Brasil, 2012-2014

RESULTS CONTINUED

Table 1. Association between gender – race/color intersection and inadequate blood pressure control among those treated with antihypertensive drugs. ELSA-Brasil, 2012-2014.

Gender – Race/color	PR	95% CI
White women	1.00	-
Brown women	1.07	0.84 – 1.35
Black women	1.36	1.13 – 1.64
White men	1.34	1.14 – 1.57
Brown men	1.47	1.24 – 1.74
Black men	1.55	1.36 – 1.78

PR = Prevalence ratio; 95% CI = 95% confidence interval

CONCLUSIONS

Our results reinforce previous findings of a higher prevalence of inadequate BP control among men with hypertension, especially Brown and Black men. The intersectional approach highlighted the complex relationships between racial and gender inequities in BP control, highlighting that the frequency of inadequate BP control in Black women is higher than that in White men compared to White women. The results of the present study can contribute to the development of more equitable BP control strategies among people with hypertension, which consider the specificities of socially marginalized intersectional groups, especially Black men and women.

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