

Building Reconciliation at the U of S

Interpersonal Discrimination and Depression among On-Reserve First Nations People in Rural Saskatchewan

The First Nations Lung Health Project (FNLHP) Research Team

A collaborative effort involving: two First Nations communities in Saskatchewan; the Dept of Community Health & Epidemiology and the Canadian Centre for Health & Safety in Agriculture, College of Medicine, University of Saskatchewan; Indigenous Peoples' Health Research Centre; First Nations University of Canada

INTRODUCTION

Racial discrimination is increasingly recognized within the population health literature as an important determinant of health inequities.

Different levels of discrimination exist, ranging from the structural to the interpersonal, the latter referring to the inequitable treatment of one person by another.

Interpersonal discrimination is a psychosocial stressor that can result in adverse psychological and physiological sequelae for targeted groups.

Limited quantitative research has examined the relationship between interpersonal discrimination and depression among rural-dwelling, First Nations adults living on-reserve in Canada.

Also lacking is an understanding of how gender and discrimination may intersect to impact mental health; that is, exposure to sexism may act as an additional psychosocial stressor for First Nations women translating into an even greater risk of compromised mental health compared to First Nations men.

STUDY OBJECTIVES

To determine among rural-dwelling on-reserve First Nations people in Saskatchewan whether: 1) interpersonal discrimination is associated with depression; and 2) the relationship between interpersonal discrimination and depression differs for women and men.

METHODS

The present study uses cross-sectional data collected in 2012-2013 as part of the Saskatchewan First Nations Lung Health Project (FNLHP), a community-based participatory study examining the determinants of respiratory health in 2 Cree First Nations communities in rural central Saskatchewan.

Trained student research assistants residing in each community went door-to-door to invite every adult to visit the health care center in their respective communities to complete interviewer-administered questionnaires.

Variables

Depression, the dependent variable, was measured dichotomously (yes,no) by the question "Has a doctor or primary care giver ever said you have...depression". Self-reported, health professional-diagnosed depression has shown to be a suitable proxy measure for diagnosis of depression based on clinical interview.

The primary exposure was interpersonal discrimination, measured by the 9-item Experiences of Discrimination (EOD) scale. Participants were asked whether they had ever experienced discrimination because of their race, cultural group or color, in nine different situations (eg. at school, getting a job, getting service in a store or restaurant). Affirmative responses were summed and categorized into 3 groups: 1) no situations; 2) 1-2 situations; or 3) 3 or more situations. Cronbach's alpha was 0.87.

Covariates included gender, age, needed housing repairs, employment, education financial strain, self-rated physical health, and diabetes.

METHODS CON'T

Analysis

Chi-square and multiple logistic regression were the main analytic techniques. Generalized estimating equations were applied to account for clustering within households. Effect modification by gender was examined by entering two-way multiplicative interaction terms between gender and each independent variable.

RESULTS

Of the 1570 eligible adults (18 years of age and older) and 580 eligible households in the two First Nations communities, 874 (55.7 %) individuals living in 406 (70 %) households participated in the survey.

Table 1. Distribution (N, %) of study variables for total sample (n=874) and by gender (men=431; women=443)

	Total Sample	Women	Men	p value
Age (years), mean ± SD	35.22 ± 14.39	35.05 ± 14.42	34.37 ± 14.32	0.084
Housing in need of repairs				
Yes, major repairs	345 (42.3)	186 (44.0)	159 (40.6)	
Yes, minor repairs	232 (28.5)	119 (28.1)	113 (28.8)	0.58
No, regular maintenance	238 (29.2)	118 (27.9)	120 (30.6)	
Employment				
Employed/student	301 (34.7)	121 (27.6)	180 (42.1)	<0.0001
Unemployed	410 (47.3)	198 (45.1)	212 (49.5)	
Other	156 (18.0)	120 (27.3)	36 (8.4)	
Educational attainment				
High school or greater	441 (50.6)	248 (56.2)	193 (44.9)	0.001
Less than high school	430 (49.4)	193 (43.8)	237 (55.1)	
Financial hardship				
No	460 (53.0)	218 (49.5)	242 (56.5)	0.039
Yes	408 (47.0)	222 (50.5)	186 (43.5)	
Self-rated physical health				
Excellent/very good/good	629 (72.1)	301 (67.9)	328 (76.3)	
Fair/poor	244 (27.9)	142 (32.1)	102 (23.7)	0.007
Ever diagnosis of diabetes				
No	728 (86.7)	355 (83.5)	373 (89.9)	
Yes	112 (13.3)	70 (16.5)	42 (10.1)	0.007
Discrimination				
No situations	305 (35.8)	159 (36.8)	146 (34.7)	0.590
1 or 2 situations	224 (26.2)	107 (24.8)	117 (27.8)	
3 or more situations	324 (38.0)	166 (38.4)	158 (37.5)	
Depression diagnosis				
No	668 (80.6)	324 (76.2)	344 (85.1)	0.001
Yes	161 (19.4)	101 (23.8)	60 (14.9)	

Table 2. Multivariable logistic regression of association of interpersonal discrimination with depression, adjusting for covariates*

	Odds Ratio (95% CI)
Gender	
Men	1.00
Women	1.75 (1.17-2.61)
Interpersonal discrimination	
No situations	1.00
1 or 2 situations	1.76 (1.05-2.95)
3 or more situations	1.97 (1.22-3.15)

*Adjusted for age, need of housing repairs, education, employment, financial strain, self-rated physical health, diabetes

DISCUSSION

The main finding of this study was that exposure to interpersonal racism among rural-dwelling, on-reserve First Nations women and men in Saskatchewan was associated with an increased odds of depression in a dose-response manner, after adjusting for potential confounders.

The present study adds to the growing body of research in Canada and elsewhere documenting a relationship between exposure to interpersonal discriminatory experiences and compromised mental health among Indigenous peoples.

The association between interpersonal discrimination and depression was similar for women and men. Women in our study, however, were more likely than men to report a diagnosis of depression. The relationship between gender, depression and related symptomatology is likely a result of a complex interplay of factors, including gender-role related differences in help seeking behaviour and expressions of distress. Indigenous women's social and economic disadvantage relative to Indigenous men has been causally linked to the denigration of gender-egalitarian Indigenous culture following colonization.

Strengths of this study include its participatory methodology and community partnerships, a respectable response rate, statistical control of key confounders, the use of a psychometrically sound measure of interpersonal discrimination, and its gender lens. Limitations were also present. Misclassification was likely introduced by this study's focus on perceived discrimination meaning that only discriminatory behaviors apparent to the individual and at the interpersonal level were assessed, likely resulting in an underestimation of our primary exposure. Additional limitations included our use of self-reported, health professional diagnosed depression and a Western ethnocentric conceptualization of depression. The cross-sectional design prevents us from making causal inferences.

CONCLUSION

These findings highlight the importance of interpersonal discrimination as a determinant of mental health among First Nations women and men in rural Saskatchewan. Research directed at identifying the most efficacious interventions, programs and policies to combat racism is required to advance the goal of health equity.

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