

# Social and Economic Patterning of Self-Reported Discrimination among on-Reserve First Nations Women and Men in Saskatchewan, Canada

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# Background

- **Racism** refers to a system in which opportunities, resources and status within a society are unfairly allotted to social groups on the basis of ethnicity.
  - One manifestation of racism is **discrimination** – the differential treatment of social groups deemed as inferior.
  - Serves to maintain privileges for members of dominant groups at the cost of deprivation for others.

# Background con't

- Discrimination can occur across a range of levels, from open threats and racial slurs to being entrenched in societal systems and institutions.
  - **Interpersonal discrimination** – perceived discriminatory interactions between individuals – whether in their institutional roles (e.g. employer/employee) or as public or private individuals (e.g. shopkeeper/shopper).

# Background con't

- Numerous studies, primarily focusing on the experiences of African Americans, have documented associations between interpersonal discriminatory practices and poorer health outcomes.
- Small but growing body of research in Canada
  - Allan, B. & Smylie, J. (2015). *First Peoples, Second Class Treatment: the Role of Racism in the Health and Well-Being of Indigenous Peoples in Canada*. Toronto, ON: the Wellesley Institute.

# Background con't

- Discrimination an understudied determinant of population health.
- Understanding of the social and economic correlates of discrimination among First Nations people in Canada is limited, particularly in relation to gender.
  - This is the focus of the present study.

# METHODS

# Data source and participants

- The First Nations Lung Health Project involving two on-reserve First Nations communities in rural Saskatchewan.
- The adult component of the baseline survey (2012-2013) consisted of two components, an interviewer-administered questionnaire and clinical assessment.

# Methods con't

- Trained research assistants from each community invited every community resident (18 years and older) via door-to-door canvassing to visit the Health Centre in the community to complete the interviewer-administered questionnaires/clinical tests.
  - Pahwa et al (in press). A community-based participatory research methodology to address, redress, and reassess disparities in respiratory health among First Nations. *BMC Research Notes*.



# Experiences of Discrimination (EOD)

*Have you ever experienced discrimination or racism, been prevented from doing something, or been hassled or made to feel inferior (badly) in any of the following situations because of your race, cultural group or color... (yes/no)*

- At school?
- Getting hired or getting a job?
- At work?
- Getting housing?
- Getting medical care?
- Getting medicine at pharmacies?
- Getting service in a store or restaurant?
- Getting credit, bank loans or a mortgage?
- On the street or in a public setting?
- From the police or in the courts?

**Summed and categorized:**

**0 situations, 1 or 2 situations, 3+ situations**

**Krieger et al. 2005**

# Other variables

- Age
- Marital status
- Education
- Household income
- Financial strain
- Employment status
- Residence on reserve previous year
- Knowledge of Indigenous languages
- Participation in traditional cultural activities
- Community strengths
- Residential school

# Analysis

- Chi-square and multiple logistic regression were the main analytic techniques.
  - Clustering effects within households were adjusted using Generalized Estimating Equations.
- Stratified by gender

# Results

# Sample

- Participants: 874 adults (446 women, 428 men) living in 406 households
- Response rate: 56% of individuals; 70% of households

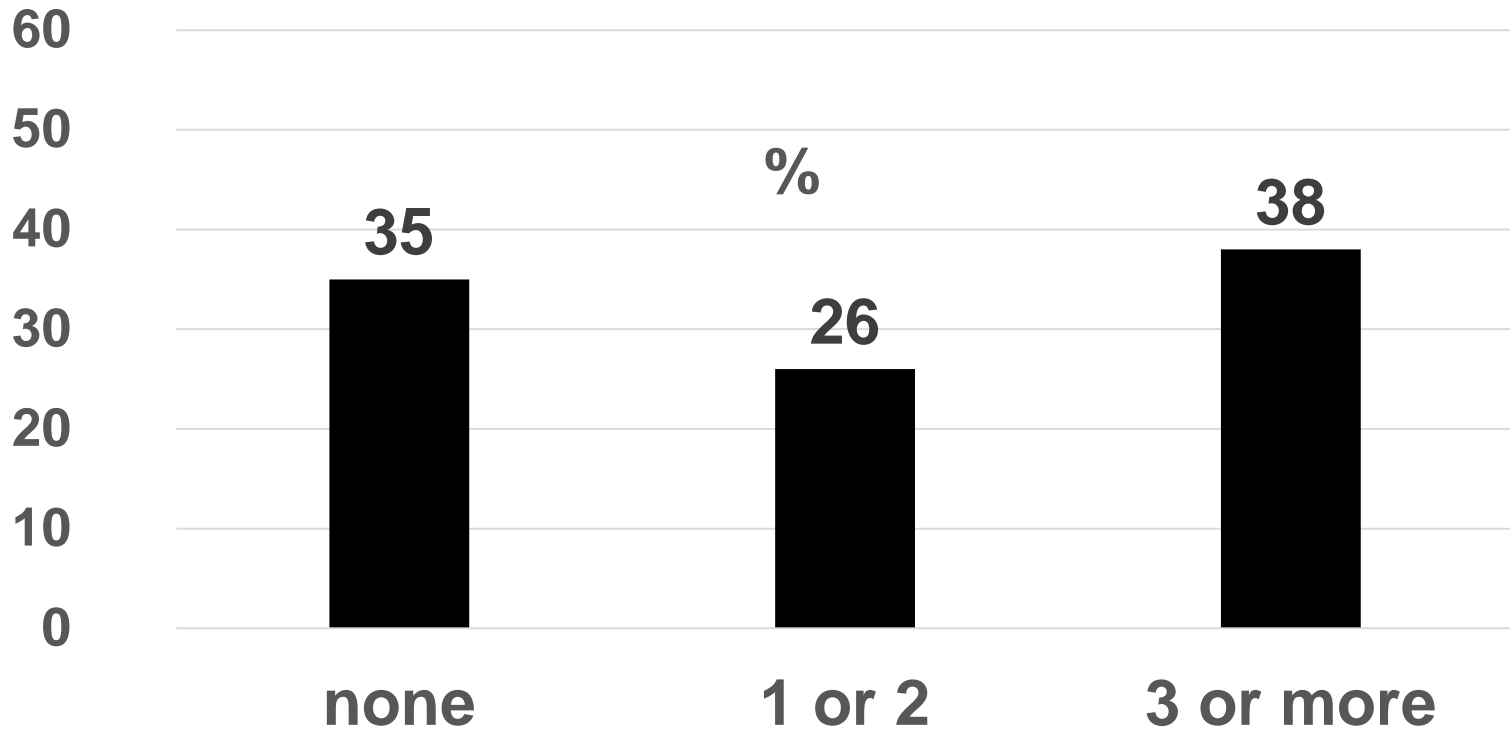
# Descriptives

- 45% under 30yrs; 20% 50+yrs
- 40% partnered
- Most (70%) lived continuously on reserve previous year
- 61% annual household income <\$30,000
- 58% spoke Cree
- Always (19%) or sometimes (55%) attended traditional ceremonies
- 41% attended a residential school; 89% parents/grandparents

# A few gender differences...

	Women	Men
Some/completed post-secondary	33%	19%
Employment (full, part, seasonal)	20%	35%
Struggled to meet basic living needs	51%	44%

# Experiences of Discrimination (EOD)





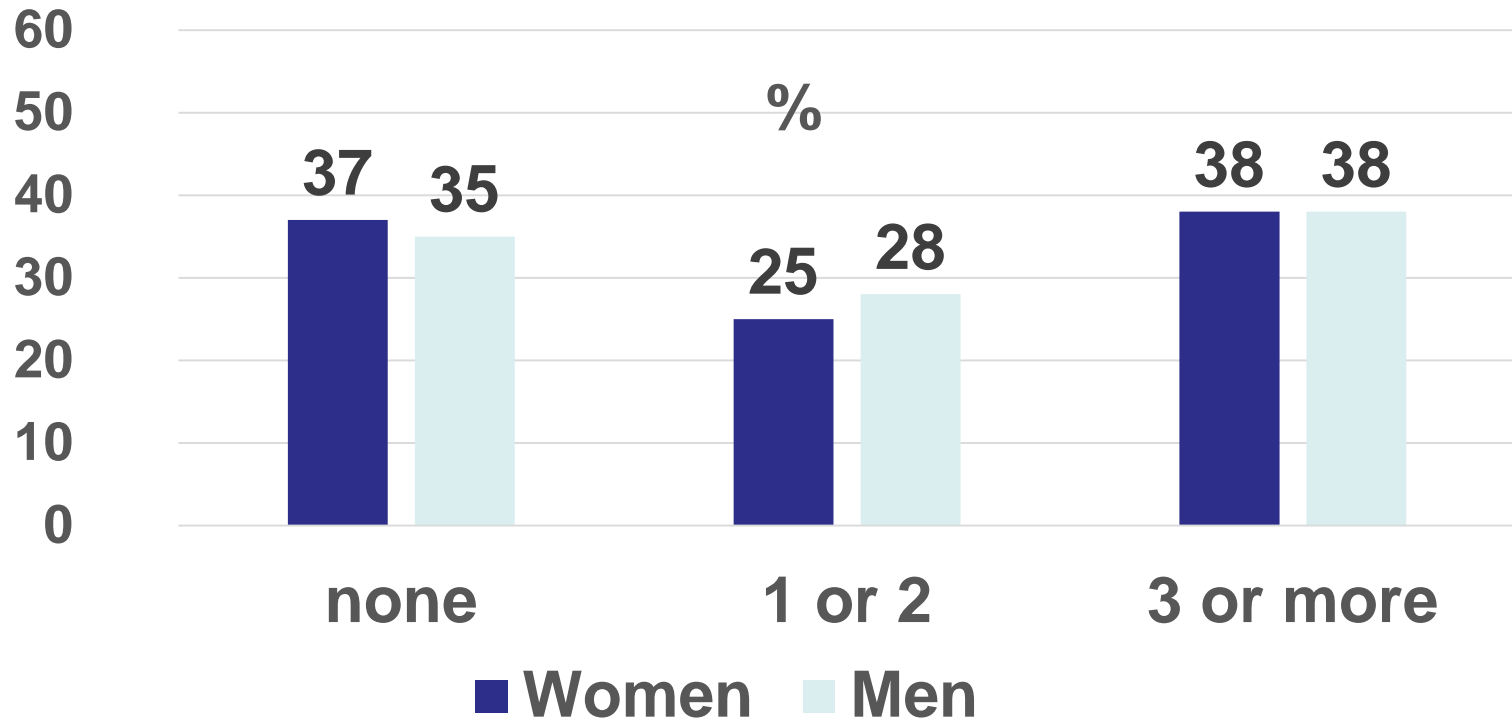
# EOD Comparisons

	Our study (%)	Black Americans (%)*	Latino Americans (%)*	Aboriginal students (%)**
0	35	33	53	20
1-2	26	29	23	13
≥3	38	38	24	67

\*Krieger et al.(2005)

\*\*Currie et al. (2012)

# EOD by gender



# EOD con't

	Women (% yes)	Men (% yes)
On the street or in a public setting	40.9	40.7
Getting service in a store/restaurant	36.5	31.7
At school	33.6	32.6
From the police/courts	25.9	27.3
Getting hired or getting a job	26.4	26.6
At work	24.1	21.5
Getting housing	22.7	22.0
Getting credit, bank loans, or a mortgage	20.1	15.5
Getting medical care	14.2	10.7

# Multivariable results: women

	Odds Ratio	95% CI
<b>Income</b>		
1 (Highest)	<b>2.57</b>	<b>1.07-6.13</b>
2	<b>2.52</b>	<b>1.06-6.00</b>
3	0.85	0.42-1.73
4 (Lowest)	1.00	
<b>Education</b>		
1 (Highest)	0.85	0.29-2.44
2	<b>0.32</b>	<b>0.11-0.95</b>
3	0.80	0.29-2.19
4 (Lowest)	1.00	

# Women con't

	Odds Ratio	95% CI
<b>Financial Strain</b>		
No	1.00	
Yes	<b>2.82</b>	<b>1.62-4.90</b>
<b>Community Strength: Leadership</b>		
No	<b>2.34</b>	<b>1.33-4.13</b>
Yes	1.00	

# Multivariable results: men

	Odds Ratio	95% CI
<b>Financial Strain</b>		
No	1.00	
Yes	<b>2.40</b>	<b>1.52-3.78</b>
<b>Attended Residential School</b>		
No	1.00	
Yes	<b>2.34</b>	<b>1.52-3.78</b>

# Discussion

- Life time exposure to discrimination prevalent.
- Various socio-demographic factors associated with discrimination and this varies by gender.
  - Particularly for women, higher SES related to greater discrimination.
- Future studies: “unpack” relationships btw SES, discrimination, and health.

# Limitations

- Cross-sectional survey
- Not population based
- Response rate
- Focus on self-report, interpersonal discrimination
  - While some experiences of discrimination may be interpersonal and obvious, they are more likely to be institutional and invisible
  - *Whereas changes in fundamental causes lead to changes in outcomes, interventions in the intermediate or proximal pathways, without corresponding changes in fundamental causes, are unlikely to produce long-term improvements in population health (Williams & Mohammed, 2013, p. 1158)*



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