Original Research

Social determinants of self-perceived discrimination in Spain

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SUMMARY

Objectives: To analyse the association between self-perceived discrimination and social determinants (social class, gender, country of origin) in Spain, and further to describe contextual factors which contribute to self-perceived discrimination.

Methods: Cross-sectional design using data from the Spanish National Health Survey (2006). The dependent variable was self-perceived discrimination, and independent and stratifying variables were sociodemographic characteristics (e.g. sex, social class, country of origin, educational level). Logistic regression was used.

Results: The prevalence of self-perceived discrimination was 4.2% for men and 6.3% for women. The likelihood of self-perceived discrimination was higher in people who originated from low-income countries: men, odds ratio (OR) 5.59 [95% confidence interval (CI) 4.55–6.87]; women, OR 4.06 (95% CI 3.42–4.83). Women were more likely to report self-perceived discrimination by their partner at home than men [OR 8.35 (95% CI 4.70–14.84)]. The likelihood of self-perceived discrimination when seeking work was higher among people who originated from low-income countries than their Spanish counterparts: men, OR 13.65 (95% CI 9.62–19.35); women, OR 10.64 (95% CI 8.31–13.62). In comparison with Spaniards, male white-collar workers who originated from low-income countries [OR 11.93 (95% CI 8.26–17.23)] and female blue-collar workers who originated from low-income countries (OR 1.6 (95% CI 1.08–2.39)] reported higher levels of self-perceived discrimination.

Conclusions: Self-perceived discrimination is distributed unevenly in Spain and interacts with social inequalities. This particularly affects women and immigrants.

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Introduction

Discrimination has been defined as a process in which one or more members of a socially established group are treated differently (pejoratively) as a result of group membership.[1] Social determinants of discrimination have been identified, as the inequality of power according to gender, social class or ethnic group, which interrelate and condition the effect of this problem on the affected population.[2]

Social epidemiology has considered discrimination as a determinant of health.[3–5] Studies carried out in the USA and European countries have found links between experiencing discrimination and the possibility of suffering from high blood pressure,[6] cardiac and respiratory diseases,[7] diabetes[8] and mental health problems.[9] Inequalities are also experienced when using health services.[10] These studies provide important information about how the effects of discrimination vary by racial/ethnic group, gender and socioeconomic position,[11] reporting that immigrants and ethnic minorities, women and socially deprived people that perceived discrimination were more likely to report health problems.[6–10]

Most surveys on discrimination have been regional in nature,[12] designed to study the problem among ethnic minorities[13] or an immigrant population.[14] However, few nationwide surveys have included a question on discrimination, and the data are not sufficiently categorized by either sex or social class.[15] In Spain, two recent studies observed that perceived discrimination of different types[16] and perceived sexism[17] showed positive and consistent associations with poor physical and mental health outcomes. The data obtained from the Spanish National Health Survey (2006) through a question about self-perceived discrimination provide a unique opportunity to observe the frequency of the problem at national level, and to determine the extent to which it occurs among different social groups.

Accordingly, the aims of this study were to determine the prevalence of self-reported discrimination in Spain, to analyse the association between self-perceived discrimination and social determinants (gender, social class, origin country), and to describe the contextual factors which contribute to self-perceived discrimination.

Methods

Study population, sample and data collection

This was a cross-sectional study. Data were collected as part of the Spanish National Health Survey (2006), and random multistage stratified sampling was used. The first-stage units were census tracts, and the second-stage units were family households. Within each household, an adult (aged ≥ 16 years) was selected to complete the questionnaire, and if there were any children (aged 0–15 years), one of them was also included in the study for interview. The response rate was 96% of the total theoretical sample. In total, 29,476 adults were interviewed. Data were collected through face-to-face interviews at the interviewees' homes between June 2006 and June 2007.[18]

Variables

Outcome variables

Self-perceived discrimination was the main dependent variable. A discrimination questionnaire based on the questionnaire designed by Krieger et al.[19] was used, asking whether the interviewee had experienced discrimination because of his/her sex, ethnicity or country of origin, educational level or social class, sexual orientation or religion during the previous year. If the interviewee responded affirmatively, they were asked what types of discrimination they had experienced (sex, country of origin, social class, sexual orientation, religion) in the following situations: when seeking work, in the workplace, at home (by his/her partner), at home (by someone other than their partner), when receiving health care, in a public place (including the street). Answers were given using a Likert scale, with possible responses being 'never', 'sometimes', 'often' or 'many times'. The responses were dichotomized into 'yes' (sometimes, often and many times) and 'no' (never).

Main explicative variables

Information was gathered on the following sociodemographic variables: sex (male, female), age (15–24, 25–34, 35–49, ≥ 50 years), education level (none, primary, secondary, university), country of origin and social class.

The country of origin was based on the respondents' country or region of birth, and was categorized as: 'Spanish', 'European Union and developed countries' (Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Ireland, Italy, Japan, Republic of Korea, Ireland, Netherlands, Norway, Portugal, Sweden, Switzerland, UK, USA; these are European Union-15 countries and countries with a human development index ≥ 0.9) or 'low-income countries' (countries with a human development index <0.9).[20]

Social class was based on the highest ranking occupation of the household, and measured using a widely used Spanish adaptation of the British Register General classification, as follows[21]:

- class I: Directors of the Public Administration and companies with ≥ 10 employees, professionals associated with university studies;
- class II: Directors of companies with <10 employees, technical and support professionals;
- class III: employees of administrative and professional support for administrative and financial management, personal service workers and security, self-employed workers, supervisors of manual workers;
- class IV: skilled manual workers, semi-skilled manual workers; and
- class V: unskilled workers.

Due to the small numbers of individuals in some categories, the six original classes were merged into two groups: white-collar workers (Classes I, II and III) and blue-collar workers (Classes IV and V).