Social inequality and depressive disorders in Bahia, Brazil: interactions of gender, ethnicity, and social class

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Abstract

We conducted a study of the association between gender, race/ethnicity, and social class and prevalence of depressive disorders in an urban sample ($N = 2302$) in Bahia, Brazil. Individual mental health status was assessed by the PSAD/QMPA scale. Family SES and head of household's schooling and occupation were taken as components for a 4-level social class scale. Race/ethnicity (white, *moreno*, mulatto, black) was assessed with a combination of self-designation and a system of racial classification. The overall 12-month prevalence of depressive symptoms was 12%, with a female:male ratio of 2:1. Divorced/widowed persons showed the highest prevalence and single the lowest. There was a negative correlation with education: the ratio college educated:illiterate was 4:1. This gradient was stronger for women than men. There was no F:M difference in depression among Whites, upper-middle classes, college-educated, or illiterate. Prevalence ratios for single, widowed and Blacks were well above the overall pattern. Regarding race/ethnicity, higher prevalences of depression were concentrated in the *Moreno* and Mulatto subgroups. There was a consistent social class and gender interaction, along all race/ethnicity strata. Three-way interaction analyses found strong gender effect for poor and working-class groups, for all race/ethnicity strata but Whites. Black poor yielded the strongest gender effect of all (up to nine-fold). We conclude that even in a highly unequal context such as Bahia, Blacks, Mulattos and women were protected from depression by placement into the local dominant classes; and that the social meaning of ethnic-gender-generation diversity varies with being unemployed or underemployed, poor or miserable, urban or rural, migrant or non-migrant.
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Introduction

In the USA, the Epidemiological Catchment Area (ECA) study and the National Comorbidity Study (NCS) confirmed that depression is the most common psychiatric disorder, with a lifetime prevalence of up to 17%, either in isolation or comorbid with anxiety and

substance abuse disorders (Robins & Regier, 1991; Kessler et al., 1994). Similar results have been found for European countries in the Outcome of Depression International Network (ODIN) study (Ayuso-Mateos et al., 2001). A WHO survey conducted in 14 countries found depression to be the most frequent psychological problem in primary care, with an average lifetime prevalence of 20% (Maier et al., 1999).

Consistently, research findings suggest that people from lower social strata are more likely to suffer from mental health problems, including depression, than