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Intersectional sleep disparities: association between multiple social intersections, perceived neighborhood deprivation and sleep disturbance in Europe

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Oral presentation

Intersectional sleep disparities: association between multiple social intersections, perceived neighborhood deprivation and sleep disturbance in Europe

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Abstract

Background: The prevalence of sleep disturbance, related with social status and privilege, is unevenly distributed within societies. Individual social determinants that are embedded within broader neighborhood contexts intersect and jointly shape sleep disparities. This study incorporates a quantitative intersectional framework to better understand the structural inequalities in sleep disturbance, with a focus on the social-ecological model of sleep and how individual and social context factors interact.

Methods: Our sample consisted of 17,035 individuals aged 50 and older from waves 4 and 5 of the Survey of Health, Aging and Retirement in Europe (SHARE). We created 72 unique intersectional strata by interacting individual axes of social inequality (sex/gender, family caregiving, education, occupation) with perceived neighborhood deprivation. To investigate the variations in sleep disturbance across intersectional strata, we employed intersectional Multilevel Analysis of Individual Heterogeneity and Discriminatory Accuracy (MAI-HDA).

Results: Intersectional strata explained a fair magnitude of the variance in sleep disturbance (6.3%). The most disadvantaged groups, particularly women with low-education, low-skill occupations who were caregivers in perceived highly-deprived neighborhoods, exhibited the largest number of sleep disturbance. Sex/gender and perceived neighborhood deprivation were the main predictors of such differences. While some multiplicative effects were found, additive effects predominated.

Conclusions: Given the importance of sleep for health, coupled with increasing social inequalities, our findings suggest that intersectionality is a valuable framework for mapping and addressing sleep disparities. Tailored interventions should go beyond individual factors to include community-level measures, targeting socially vulnerable groups, especially women experiencing neighborhood deprivation.

Keywords

Sleep; Intersectionality; MAIHDA; Social-ecological; Neighborhood

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