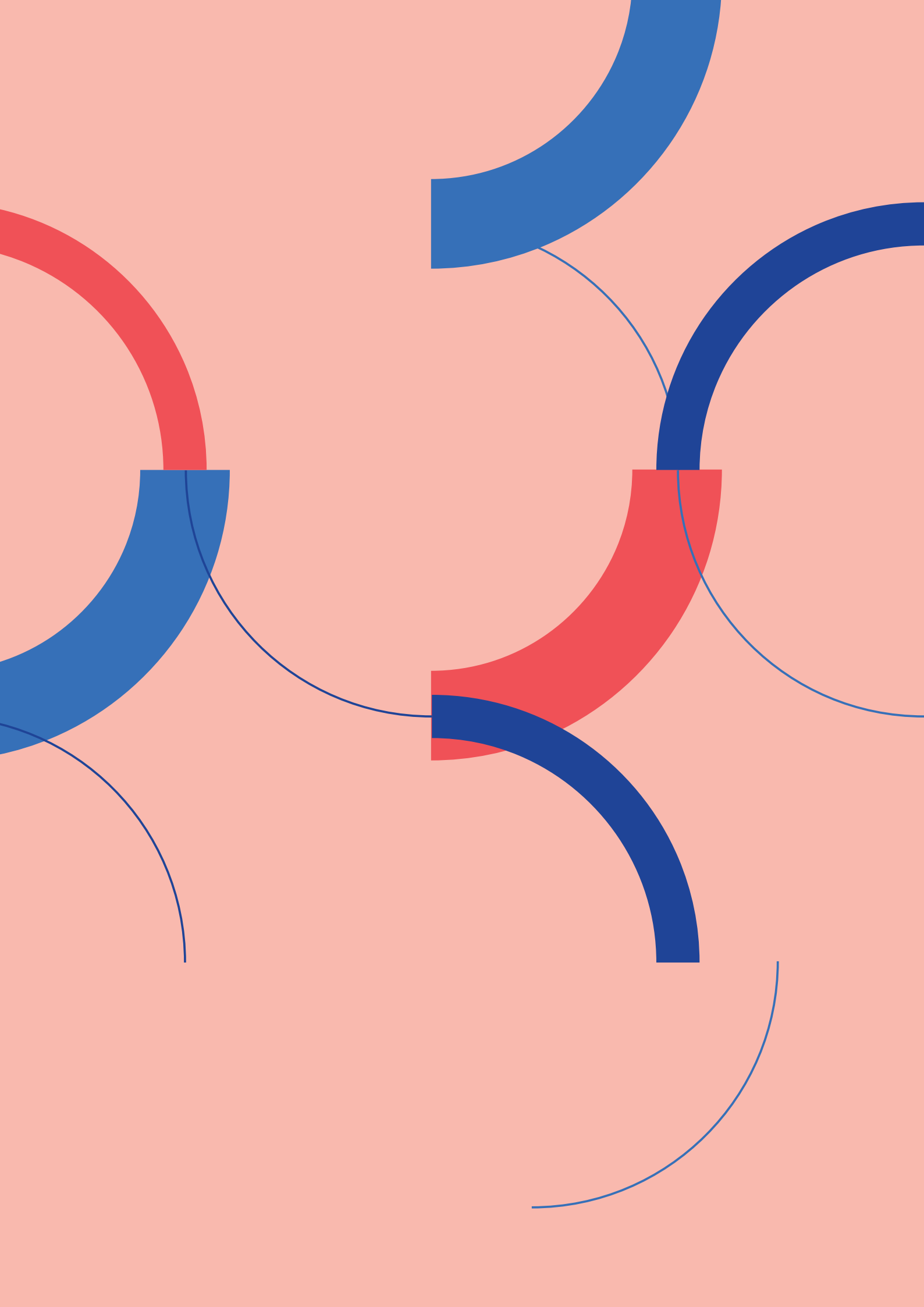
mais **dados**
mais **saúde**

EXPERIENCE OF EVERYDAY DISCRIMINATION BY THE BRAZILIAN POPULATION



Brazil, 2025

mais dados mais saúde

EXPERIENCE OF EVERYDAY DISCRIMINATION BY THE BRAZILIAN POPULATION

Support

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This publication is the result of the MoU nº 4/2024 - MIR, established between the Ministry of Racial Equity and Vital Strategies, whose objective is to use data to measure racism in the country's public health.

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DEAR READERS,

With great satisfaction, we present the main findings of the first Brazilian study that applied the Everyday Discrimination Scale at the national level. This work, the result of a collaboration between several institutions committed to equity, reveals emphatically that the Black and brown population in Brazil faces a higher frequency and a higher number of reasons for discrimination in daily life. Racial discrimination, in particular, stands out as the most recurrent in the country.

Although the results reaffirm historical evidence on the impact of racism in Brazilian society, this study emphasizes the importance of quantitative measurement and the continuous production of reliable data to subsidize effective public policies. Understanding the mechanisms through which racism operates, generating health inequities, remains a fundamental methodological challenge.

The research is not an end in itself, but an instrument of continuous monitoring, which makes it possible to assess patterns of inequity over time. We believe that consistent monitoring and collective commitment are essential to tackle discrimination and ensure a fairer future for all people.

Good reading!

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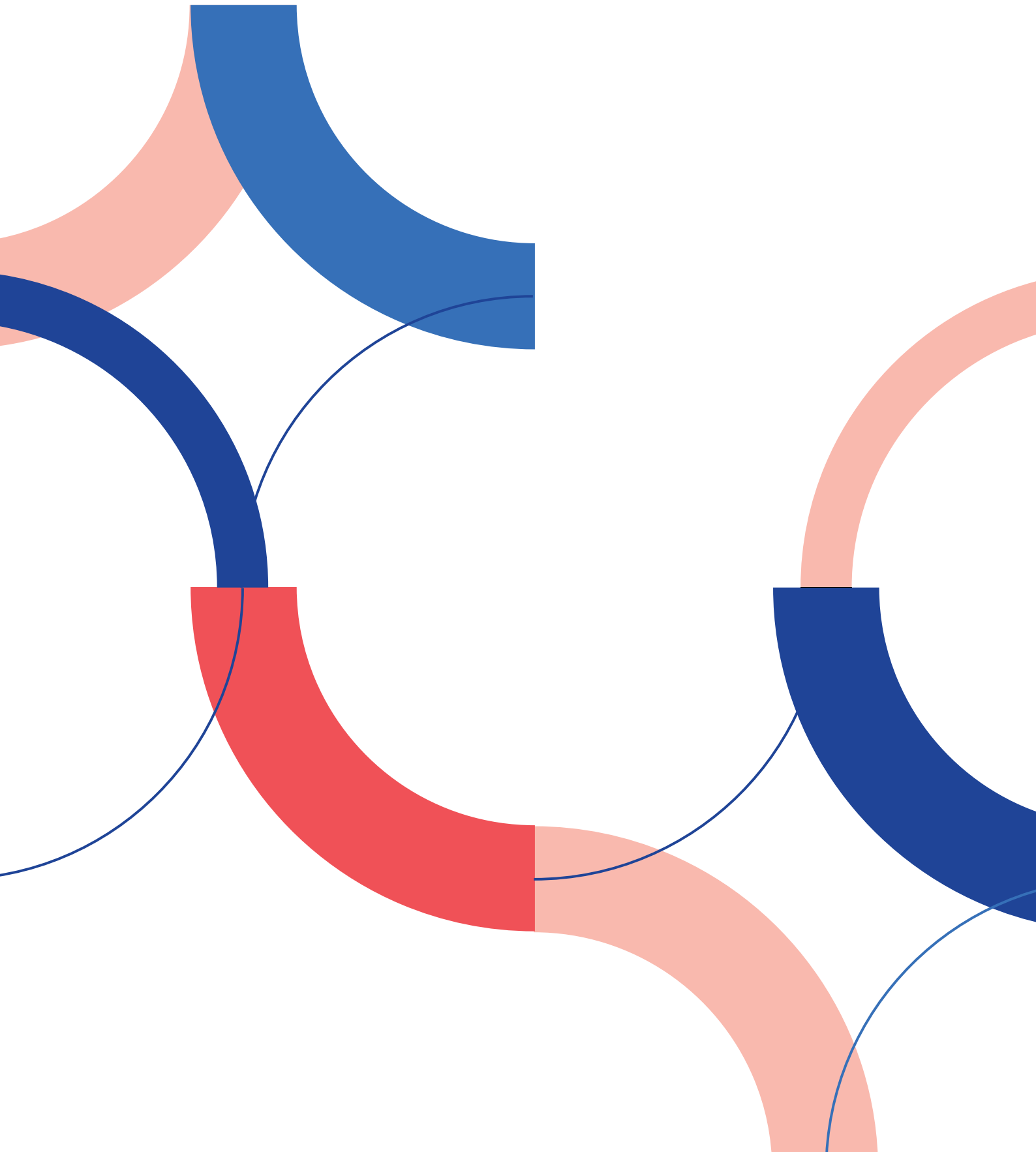

Introduction

Racism is considered a central element in the production of racial inequities, and, in recent decades, there has been a great growth in research on the various ways in which it can act and negatively affect health, being recognized as an important social determinant in the process of health and disease production[1,2].

This interest has been driven by the persistent racial inequities in health observed and by the evidence that socioeconomic factors alone are not sufficient to explain them.

One of the ways racism manifests itself is through discrimination, that is, the unequal and unfair treatment of members of a particular social group, resulting from beliefs and prejudices, reflecting patterns of dominance and oppression, and disputes over power and social privileges[3].

Why does the perception of discrimination matter?

A growing number of studies from around the world indicate that experiences of discrimination are a form of psychosocial stress that negatively affects mental and physical health in different racial and ethnic groups[4]. This evidence supports the idea that discrimination may be a central factor for racial inequities in several important health indicators[4]. Despite the social and historical specificities, discrimination can be seen as a universal construction, with common aspects and forms of manifestation in different population groups[5]. Racial discrimination, in particular, is considered a stressor that can lead to behavioral, psychological, cultural, and physiological responses that can harm health[2].

In Brazil, discrimination is recognized as one of the structuring factors of the economic and social disadvantages faced by socially marginalized racial groups. However, the theoretical and methodological incorporation of this social phenomenon in epidemiological studies has been a continuous movement, under constant discussion and updating[6]. The goal of this publication is to present the descriptive analysis of the Everyday Discrimination Scale applied for the first time throughout the national territory as a stimulus to expand the discussion on methods for analyzing discrimination and its mechanisms and consequences in the production of racial inequities in Brazil.

Origin of the Everyday Discrimination Scale

The Everyday Discrimination Scale is a tool developed to measure the perception of discrimination experienced by individuals in their day-to--day life, particularly in social and everyday contexts. It was created to capture discrimination perceived in a subtle but constant way in everyday situations, as opposed to more explicit forms, and is one of the most used instruments in different countries and populations to assess these scenarios[7]. This type of discrimination can include prejudice, unfair treatment, or discriminatory attitudes that a person faces in ordinary interactions, such as at work, school, shopping, or in interactions with government and public services. Participants answer these questions based on their experiences, and the answers are used to assess the frequency and intensity of discrimination experienced. In particular, the scale allowed to address an important gap in the research on the effects of racial discrimination on health, which mostly focused on large experiences of discrimination, without considering the consequences of minor but chronic and recurrent discriminatory events[8,9].

Originally proposed by Professor David Williams and collaborators as part of a study on the city of Detroit (Detroit Area Study) in the US to evaluate experiences and frequency of self-reported discrimination of ethnic-racial groups and their impact on health, the scale has been used in different populations, but its application in Brazil has been limited to certain localities or specific methodological objectives[5,9,10].

Data collection method on everyday discrimination in Brazil

Although it has already been used in some contexts in Brazil[10], this study presents the first application of the Everyday Discrimination Scale with a national scope. The scale was a part of the More Data Better Health survey, carried out by Vital Strategies and UMANE, with Government Partnership from the Ministry of Racial Equity (MIR), technical partnership from the Federal University of Pelotas (UFPel), and support from Instituto Devive.

Before applying the questionnaire, a qualitative study was conducted to obtain information on participants' understanding of the terms used in the Everyday Discrimination Scale. Originally in English, we used, for this study, the translation into Portuguese made by the ELSA study[10], which underwent minor linguistic adaptations after the qualitative phase. Thus, the results allowed the improvement of the survey questions. For this, in June 2024, eight focus groups were organized via videoconference platform with 64 adult Brazilian participants from various municipalities and different administrative regions of the five regions of the country. Questionnaire adjustments were made based on the results of the focus groups, including the adaptation of the response options for four categories, in order to facilitate understanding and avoid a possible lack of positioning for respondents who tend to select the intermediate option in the scale.

For data collection, participants were recruited via social networks and answered the online questionnaire, without human interaction. The sample consisted of 2,458 records collected throughout Brazil between August and September 2024. The response rate of invitations and reversion in completed questionnaires was 4.7%. The participants came from several municipalities in the five regions of the country, grouped by place of residence – capital/metropolitan region and cities in the countryside, sex, and region.

Seeking greater representativeness of the Brazilian population, sample weights were created from the data collected by the 2022 Census referring to region, sex, age, and race/color. Subsequently, a post-stratification weight was constructed for schooling, and the proportions of the 2019 National Health Survey were applied to the 2022 Census population. The weighting was necessary to assign values to each respondent, correcting for the influence of disproportionately represented subpopulations in the sample on the final estimates. Confidence intervals were calculated for the everyday discrimination estimates presented in this study. This approach allows us to assess the accuracy of the estimates and provide a margin of statistical uncertainty for the results obtained.

Application of the Everyday Discrimination Scale

The Everyday Discrimination Scale was applied from the question "In your everyday life, how often do the following things happen to you?" Subsequently, ten situations were presented and, for each of them, were also presented the following response alternatives with their respective points assigned to each option: 1 = never, 2 = rarely, 3 = frequently, and 4 = always.

- I am treated with less courtesy than other people are
- I am treated with less respect than other people are
- I receive poorer service than other people at restaurants or stores
- People act as if they think I'm not smart
- People act as if they are afraid of me
- People act as if they think I am dishonest
- People act as if they are better than me
- I am cursed at with profanity and insults
- I am threatened or harassed
- I am followed in stores

Respondents who answered “frequently” or “always” in at least one of the above situations were then asked: “What do you think is the main reason for these experiences? Check all relevant options.” The following response options were presented: your descent or place of origin (such as quilombola, indigenous, ribeirinhos, northeastern, northern, etc.); your gender; your race; your age; your religion; your height; your weight (overweight, obesity, etc.); your weight (anorexia, bulimia, thinness, etc.); some other aspect of your physical appearance; your sexual orientation; your education or income level.

What does this measure inform?

From the responses to the ten items, a score was generated, the average of the points of the alternatives selected by the interviewees, which could vary between 1 and 4, indicating that the higher the score value, the higher the frequency of experiences of discrimination.

Some demographic and socioeconomic variables were used to describe the experience of discrimination by survey participants: individual income categories (up to R$2,000; R$2,000-3,000; R$3,000-5,000; R$5,000-10,000; or above R$10,000); gender (male and female); age group in full years (18-34, 35-59 and 60 years or more); schooling in categories of full years of study: (0-8, 9-11 and 12 or more); color or race (white, Black, brown). The ‘yellow’ and ‘indigenous’ racial categories (used in accordance with the racial categories used in the Brazilian census by IBGE) represented little value in the sample for the stratifications made in the study and, for this reason, were disregarded from the analyses.

The reasons attributed to the experience of discrimination were also evaluated through the frequency of reporting for each of them and categories that indicated whether the interviewees reported one, two, or more reasons. This choice was made given that previous evidence indicates that the accumulation of stressful experiences is associated with adverse health events.

Results

As noted in Table 1, the average discrimination score was higher among women, individuals who did not complete higher education, users of the Unified Health System, and residents of the countryside (compared to capitals and metropolitan regions). There is also an inverse gradient between the frequency of discrimination and the income and age of the respondents, that is, a decrease in the score with increasing income and age.

Regarding the color or race of the participants, we observed an average of 1.44 points in the discrimination score among white people, 1.64 points among brown people and 2.03 among Black people.

Table 1 - Average score of the Everyday Discrimination Scale by sociodemographic characteristics. Brazil, 2024.

Characteristics		Everyday Discrimination Scale	
		Average	IC 95%
Total		1.64	1.48; 1.80
Administrative Region	Capital/Metropolitan Region	1.60	1.43; 1.77
	Other	1.67	1.43; 1.91
Gender	Male	1.59	1.43; 1.74
	Female	1.68	1.44; 1.91
Age range	18-34 years	1.74	1.42; 2.06
	35-59 years	1.58	1.40; 1.76
	60 years or older	1.60	1.34; 1.86
Higher Education	Yes	1.54	1.49; 1.58
	No	1.66	1.48; 1.85
Income	Up to R$2,000	1.76	1.50; 2.02
	R$2,000-3,000	1.58	1.44; 1.73
	R$3,000-5,000	1.55	1.28; 1.83
	R$5,000-10,000	1.50	1.41; 1.58
	R$10,000 or more	1.38	1.27; 1.48
Uses SUS	No	1.44	1.34; 1.54
	Yes	1.66	1.49; 1.84
Color or race	White	1.44	1.35; 1.53
	Black	2.03	1.74; 2.32
	Brown	1.64	1.39; 1.89

The results also show that Black and brown individuals report a higher frequency of perception of discrimination in everyday life in practically all situations presented (Figures 1, 2 and 3).

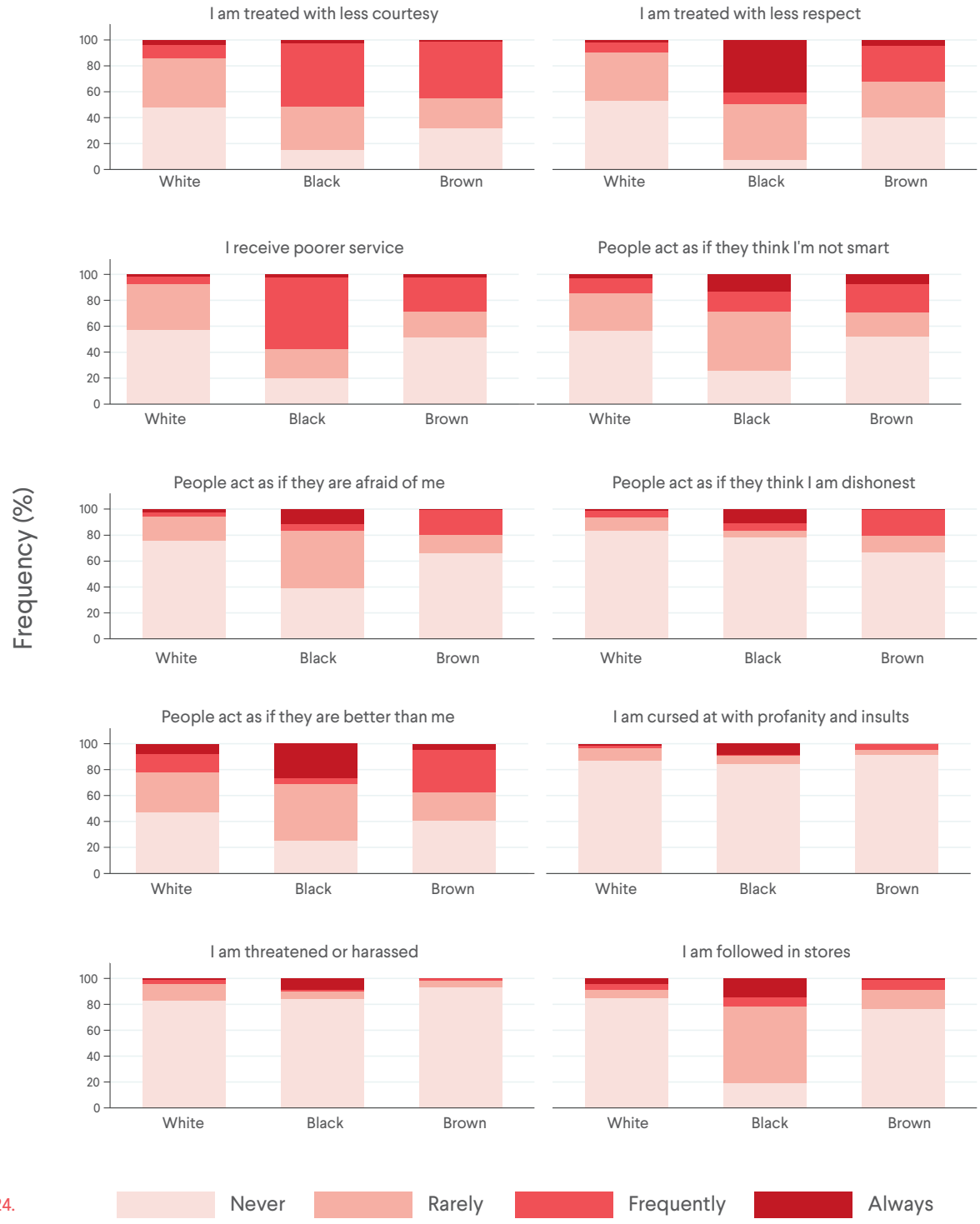

Figure 1 - Experience of discrimination in each of the ten situations presented by color or race. Brazil, 2024.

When considering the response options “rarely”, “frequently” and “always”, as shown in Figure 2, it is observed:

- For the Black race/color group, perceptions of discrimination were more frequent in the situations “I am treated with less respect” (92.5%), “I am treated with less courtesy” (84.7%), “I am followed in stores” (80.7%), “I receive poorer service” (79.9%), and “People act as if they think I am not smart” (74.3%).
- For the brown race/color group, the situations with the highest perception of occurrence were “I am treated with less courtesy” (68.2%), “I am treated with less respect” (60.1%), “People act as if they are better than me” (59.5%).
- Among the white race/color group, the most frequent situations were “People act as if they are better than me” (52.8%) and “I am treated with less courtesy” (52.2%).

Figure 2 - Experience of discrimination in each of the ten situations presented (sum of the “rarely”, “frequently” and “always” categories) by color or race. Brazil, 2024.

However, when considering only the "frequently" and "always" options, there is a reduction in the frequency of reports of discrimination, especially among white people (Figure 3). In this scenario, the reports of "I receive poorer service" (57.0%), "I am treated with less courtesy" (51.2%), and "I am treated with less respect" (49.5%) are more prevalent for Black people. Among brown people, there is a highlight for the occurrence of these situations: "I am treated with less courtesy" (44.9%), "People act as if they are better than me" (37.4%) and "I am treated with less respect" (32.1%). Among white people, the situations "People act as if they are better than me" (21.7%), "People act as if I am not smart" (14.4%) and "I am treated with less courtesy" (13.9%) were the most frequent.

Figure 3 - Frequency of experiences of discrimination in each of the ten situations presented (sum of the "frequently" and "always" categories) by color or race. Brazil, 2024.

When asked about the reasons attributed to the experience of discrimination (Figure 4), the most frequent among both Black and brown race/color groups were: race, education or income, physical appearance, descent or place of origin. Brown people reported higher frequency of discrimination for religion and sexual orientation; for white people, the experience of discrimination due to age, gender, height and weight (both related to overweight and thinness) was more frequent.

Figure 4 - Reasons attributed to the experience of discrimination by color or race. Brazil, 2024.

Participants were classified as having experienced everyday racial discrimination if they reported some discrimination in at least one of the situations presented and attributed these experiences to their race. It was observed that 84.0% of respondents whose race/color was Black reported racial discrimination, followed by those of brown race/color, with 10.8%, and white, with 8.3%.

In addition to the reasons analyzed individually, it is observed that the groups of Black and brown race/color report more concomitant reasons for the perception of discrimination than white people, as illustrated in Figure 5.

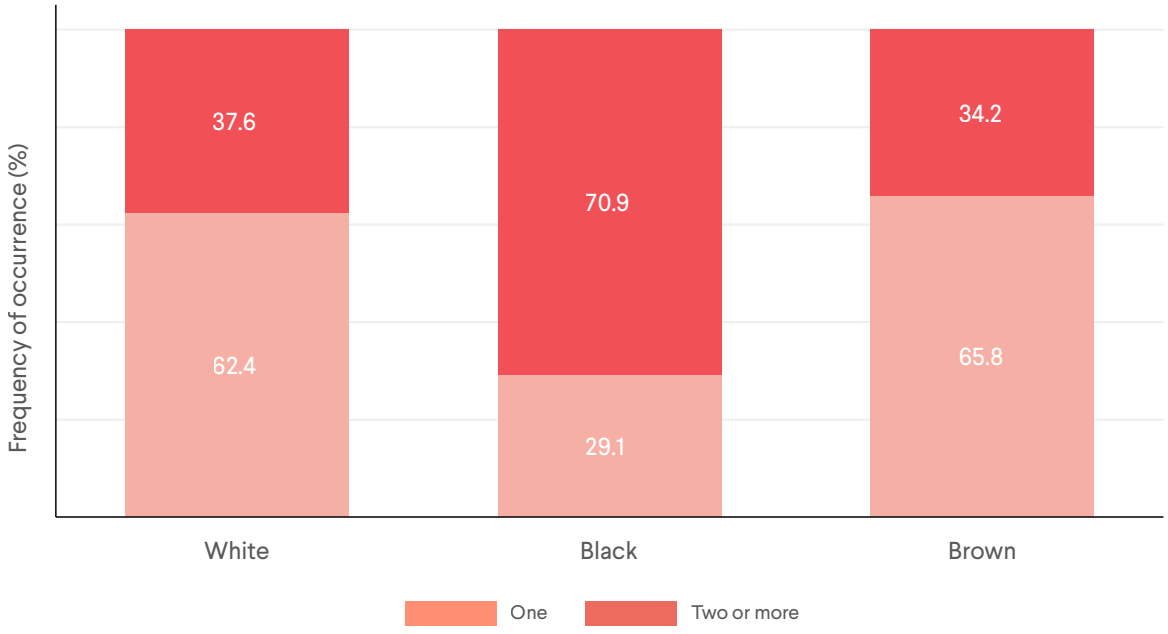

Figure 5 - Number of reasons attributed to the experience of discrimination by color or race. Brazil, 2024.

The percentages of Black and brown people who reported two or more main reasons for the experience of discrimination occurring in everyday life were 70.9% and 34.2%, respectively; among white people, the estimate was 37.2% (Figure 5).

Intersectionality

It is crucial to consider the fact that individuals often occupy more than one socially disadvantaged position and that these can interact to shape their experiences[4]. Therefore, the intersectionality approach, combining different categories of discrimination for analysis, is central in the process of understanding the dynamics of discrimination. One of the ways to evaluate the combination of different social groups is the disaggregation by more than one category, as presented in Figure 6, in which the number of reasons attributed to the experience of discrimination is presented for categories created from the combination of race/color and gender of the people interviewed.

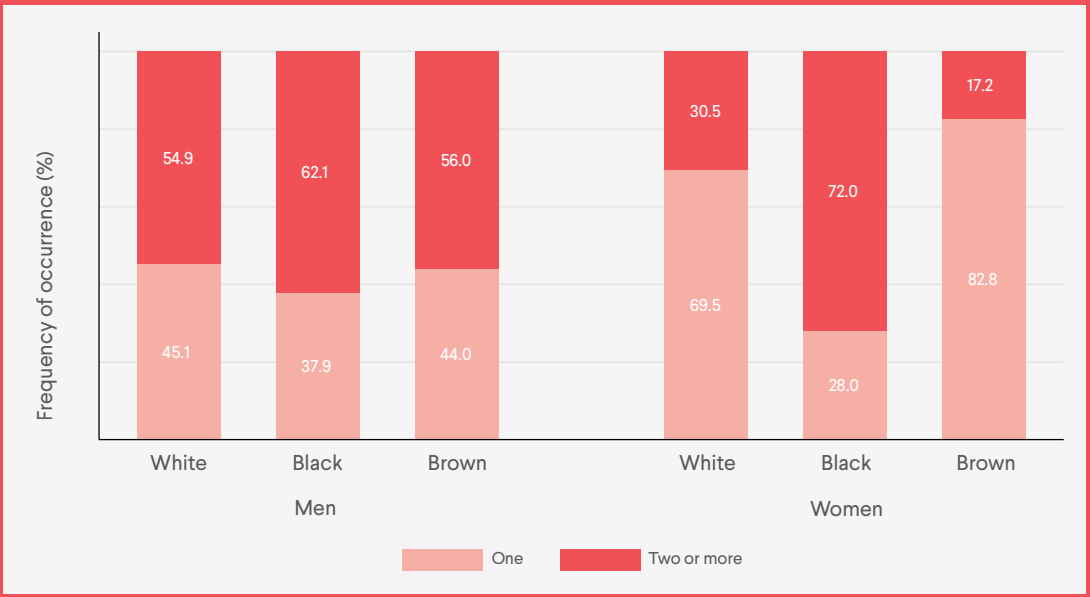

Figure 6 - Number of reasons attributed to the experience of discrimination by color or race and gender. Brazil, 2024.

In all racial groups, when the frequencies by gender were analyzed, it was observed that women report a greater number of reasons for the experience of discrimination than men, with estimates of those who reported two or more reasons reaching 72.0% for Black women, followed by Black men (62,1%). More white men and brown women attributed one reason for the reported experience of discrimination, respectively, 45.1% and 82.8%.

What do these results mean?

The exercise of applying the Everyday Discrimination Scale at the national level is only one of many efforts to understand the mechanisms through which racism operates and produces inequity in health, bringing to the center of the discussion also the theoretical, methodological, and operational challenges of this task.

The differences observed in the experience of discrimination among racial groups in Brazil reflect the historical and continuous effects of racism, which directly affect the quality of life and health conditions of the Black population, composed of Black and brown people. This phenomenon is even more pronounced among Black women, who face the intersection of racism and sexism, making them doubly exposed to discrimination. Increased exposure to racial discrimination is not only an issue of social inequality but also a reflection of a deeply entrenched power structure that perpetuates marginalization and exclusion. In addition to documenting disparities in health conditions, it is crucial to investigate the mechanisms through which racism operates, perpetuating these inequities and negatively impacting the physical and mental well-being of affected individuals. Racial discrimination, when internalized and experienced in daily life in a systemic and continuous way, not only directly harms health but also decreases access to essential resources, such as adequate care, education, and work opportunities, creating a cycle of disadvantages.

Understanding the experience of racial discrimination and its effects is a crucial step for the development of interventions and public policies that not only aim to reduce health disparities but also act more broadly to combat structural racism. It is necessary that these policies be designed to address the roots of racism, considering the specificities of each group and the multiple forms of discrimination that coexist in Brazilian society.

What are the challenges?

As mentioned earlier, objective measures of perception and experience of discrimination run into some challenges and limitations. Operationally, some individuals may perceive less discrimination than actually exists, which is known as minimization bias, or they may perceive more discrimination, called vigilance bias. In this way, there is a difficulty in differentiating between perceptions and concrete experiences.

In addition, discrimination is only one of several forms of stress that can have effects on people's health, especially racialized groups, so interpersonal discrimination should not be understood in isolation, since there are other manifestations, such as institutional discrimination and internalized racism that have also been identified as harmful health exposures, commonly associated with interpersonal discrimination[11].

Methodologically, one of the limitations of the Everyday Discrimination Scale is the difficulty in making accurate comparisons between different social groups, which can lead to attenuation or exaggeration of the differences between them[10]. Regarding the data used in the study, we observed that the nature of the selection of participants determined a sociodemographic profile different from that expected for the adult Brazilian population, with a greater representation of women and individuals with a high level of education and living in the South and Southeast regions. This limitation was alleviated by weighting the estimates, which allows generalization and greater accuracy of the results for the country and for the groups analyzed.

Implications and contributions of the study

Although data demonstrating the existence of discrimination alone cannot correct health inequities, the absence of such data is in itself harmful. In this context, even though it is a widely documented phenomenon, the systematic and continuous measurement of the occurrence of discrimination, the types and intensity in which it occurs, remains important to strengthen empirical evidence and offer a solid quantitative basis for effective public policies, especially using standardized instruments. Tools such as the Everyday Discrimination Scale and others that have been developed and validated help to document and monitor these findings consistently, complementing qualitative approaches or more general analyses of population data. These initiatives, therefore, contribute to the planning of interventions on the social determinants of health, which include racism, and encompass different conditions and mechanisms that influence the process of illness, health, and disease.

Factors such as surveillance, harassment, interaction with social institutions, and other aspects of relationships crossed by racism and its association with adverse health outcomes still require more robust investigations, based on theory. It is also necessary to strengthen the field of research into effective interventions that can ultimately reduce the impact of discrimination on health outcomes, especially considering the cumulative effect of stress.

Despite the limitations and challenges presented, the present study contributes to efforts to understand the various forms of stress associated with racial inequities, with the aim of generating relevant knowledge for the transformation of relationships, especially related to health inequities. From the results obtained, complementary to other existing and yet to be

produced studies, some recommendations can be made, including the application of other instruments for the objective assessment of stressful events associated with racism in Brazilian society and their impacts on health. It is essential to emphasize the psychometric properties of the tools to achieve the expected objectives.

Although the double disaggregation by race and gender was used in this study to introduce the debate on intersectionality in the assessment, few published scales address discrimination from an intersectional perspective. Broadening this approach is essential to capture the intertwining of racism with other forms of oppression that also generate adverse health effects. In addition, it is essential to investigate regional differences in experiences of discrimination, with a more particular look at geographical variations, including surveys with a design that also includes representation by regions of the country, and considering their racial distribution.

In order for disparities in access, health care and health status to be effectively addressed, an integrated effort by multiple sectors of society is necessary, including the development of strategies aimed at combating discrimination as part of a broader health promotion agenda; the inclusion or adaptation of tools for mapping and monitoring the prevalence and impact of racial discrimination for more accurate diagnosis of the situation (for example, continuous national surveys and national health surveys); as well as concrete actions that seek to mitigate the effects of racial discrimination on health, with an approach that is more localized and sensitive to specific social contexts, considering Brazilian society's historical accumulation on the subject.

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Supplementary Material

Supplementary Material

Supplementary Table 1 - Experience of discrimination in each of the ten situations presented by color or race. Brazil, 2024.

Situation	Race	Never		Rarely		Frequently		Always	
		%	IC95%	%	IC95%	%	IC95%	%	IC95%
I am treated with less courtesy	White	47.8	37.6; 58.2	38.3	29.2; 48.3	10.0	6.1; 16.1	3.8	1.5; 9.8
	Black	15.3	4.0; 44.0	33.4	9.3; 71.2	49.1	14.3; 84.8	2.1	0.7; 6.4
	Brown	31.8	18.8; 48.6	23.3	14.4; 35.3	43.8	25.0; 64.6	1.1	0.5; 2.3
I am treated with less respect	White	53.5	43.4; 63.4	36.7	27.7; 46.7	8.4	5.1; 13.5	1.4	0.8; 2.5
	Black	7.5	2.7; 19.5	43.0	12.9; 79.4	9.3	2.9; 26.1	40.1	8.1; 83.6
	Brown	39.9	24.6; 57.6	28.0	15.9; 44.4	27.6	10.5; 55.3	4.5	1.0; 18.3
I receive poorer service	White	57.5	47.2; 67.2	34.8	25.7; 45.3	6.3	3.4; 11.5	1.4	0.8; 2.6
	Black	20.1	5.7; 51.4	22.9	5.2; 61.5	54.6	18.8; 86.2	2.4	0.8; 6.9
	Brown	51.4	32.5; 69.8	20.1	11.2; 33.3	26.4	9.7; 54.5	2.1	0.4; 10.8
People act as if they think I am not smart	White	57.0	46.8; 66.6	28.6	20.3; 38.7	11.8	7.2; 18.7	2.6	1.6; 4.2
	Black	25.7	6.5; 63.3	46.0	12.0; 84.2	15.1	3.8; 44.7	13.2	2.6; 46.2
	Brown	52.5	33.3; 70.9	18.4	10.3; 30.8	21.4	6.3; 52.4	7.8	2.1; 24.7
People act as if they are afraid of me	White	76.1	67.2; 83.1	18.8	12.2; 27.8	3.1	2.0; 4.7	2.0	1.1; 3.5
	Black	39.2	11.7; 75.9	44.0	10.6; 83.9	5.5	1.3; 20.3	11.2	2.2; 41.6
	Brown	66.2	42.6; 83.7	13.7	6.8; 25.7	19.8	5.2; 52.6	0.4	0.1; 0.9
People act as if they think I am dishonest	White	83.4	76.0; 88.9	10.6	6.8; 16.3	4.7	1.8; 11.9	1.2	0.6; 2.5
	Black	78.1	47.9; 93.2	5.4	1.9; 14.3	5.9	1.5; 20.6	10.7	2.0; 41.6
	Brown	66.5	42.7; 84.1	13.3	6.4; 25.7	19.5	5.0; 52.6	0.6	0.2; 1.5
People act as if they are better than me	White	47.2	37.0; 57.6	31.1	22.9; 40.8	13.9	8.7; 21.6	7.7	3.9; 14.7
	Black	25.3	6.3; 63.0	43.8	10.5; 83.8	4.1	1.3; 11.8	26.8	7.7; 61.6
	Brown	40.5	24.9; 58.4	22.1	11.9; 37.4	32.9	15.0; 57.8	4.5	1.8; 10.6
I am cursed at with profanity and insults	White	87.2	78.0; 92.9	9.4	4.5; 18.6	2.2	0.5; 8.6	1.2	0.6; 2.4
	Black	84.3	54.7; 96.0	6.7	1.8; 22.1	0.6	0.1; 3.7	8.4	1.1; 43.1
	Brown	91.5	80.6; 96.5	4.1	2.0; 8.1	4.4	0.9; 18.6	0.0	0.0; 0.2
I am threatened or harassed	White	82.7	74.1; 88.9	12.6	7.2; 21.1	3.9	1.7; 8.6	0.8	0.5; 1.5
	Black	84.3	55.5; 95.8	5.3	1.7; 15.5	1.9	0.4; 8.4	8.5	1.1; 42.9
	Brown	93.4	88.8; 96.2	4.7	2.5; 8.8	1.8	0.9; 3.5	0.1	0.1; 0.4
I am followed in stores	White	84.7	76.4; 90.4	6.8	4.9; 9.4	4.4	1.2; 14.7	4.2	1.5; 11.1
	Black	19.3	5.3; 50.5	59.4	24.0; 87.1	6.5	1.8; 21.2	14.8	3.8; 43.5
	Brown	76.4	60.4; 87.4	15.1	7.4; 28.4	7.5	2.1; 23.5	1.0	0.4; 2.1

Supplementary Table 2 - Experience of discrimination in each of the ten situations presented ("never" versus sum of the "rarely", "frequently", and "always" categories) by color or race. Brazil, 2024.					
Situation	**Race**	**Never**		**Rarely/Frequently/Always**	
		%	**IC95%**	**%**	**IC95%**
I am treated with less courtesy	White	47.8	37.6; 58.2	52.2	41.8; 62.4
	Black	15.3	4.0; 44.0	84.7	56.0; 96.0
	Brown	31.8	18.8; 48.6	68.2	51.4; 81.2
I am treated with less respect	White	53.5	43.4; 63.4	46.5	36.6; 56.6
	Black	7.5	2.7; 19.5	92.5	80.5; 97.3
	Brown	39.9	24.6; 57.6	60.1	42.4; 75.4
I receive poorer service	White	57.5	47.2; 67.2	42.5	32.8; 52.8
	Black	20.1	5.7; 51.4	79.9	48.6; 94.3
	Brown	51.4	32.5; 69.8	48.6	30.2; 67.5
People act as if they think I am not smart	White	57.0	46.8; 66.6	43.0	33.4; 53.2
	Black	25.7	6.5; 63.3	74.3	36.7; 93.5
	Brown	52.5	33.3; 70.9	47.5	29.1; 66.7
People act as if they are afraid of me	White	76.1	67.2; 83.1	23.9	16.9; 32.8
	Black	39.2	11.7; 75.9	60.8	24.1; 88.3
	Brown	66.2	42.6; 83.7	33.8	16.3; 57.4
People act as if they think I am dishonest	White	83.4	76.0; 88.9	16.6	11.1; 24.0
	Black	78.1	47.9; 93.2	21.9	6.8; 52.1
	Brown	66.5	42.7; 84.1	33.5	15.9; 57.3
People act as if they are better than me	White	47.2	37.0; 57.6	52.8	42.4; 63.0
	Black	25.3	6.3; 63.0	74.7	37.0; 93.7
	Brown	40.5	24.9; 58.4	59.5	41.6; 75.1
I am cursed at with profanity and insults	White	87.2	78.0; 92.9	12.8	7.1; 22.0
	Black	84.3	54.7; 96.0	15.7	4.0; 45.3
	Brown	91.5	80.6; 96.5	8.5	3.5; 19.4
I am threatened or harassed	White	82.7	74.1; 88.9	17.3	11.1; 25.9
	Black	84.3	55.5; 95.8	15.7	4.2; 44.5
	Brown	93.4	88.8; 96.2	6.6	3.8; 11.2
I am followed in stores	White	84.7	76.4; 90.4	15.3	9.6; 23.6
	Black	19.3	5.3; 50.5	80.7	49.5; 94.7
	Brown	76.4	60.4; 87.4	23.6	12.6; 39.6

Supplementary Table 3 - Frequency of experience of discrimination in each of the ten situations presented (sum of the "never" and "rarely" categories versus sum of the "frequently" and "always" categories) by color or race. Brazil, 2024.

Situation	Race	Never/Rarely		Frequently/Always	
		%	IC95%	%	IC95%
I am treated with less courtesy	White	86.1	79.0; 91.1	13.9	8.9; 21.0
	Black	48.8	14.7; 84.0	51.2	16.0; 85.3
	Brown	55.1	34.7; 73.9	44.9	26.1; 65.3
I am treated with less respect	White	90.3	85.2; 93.7	9.7	6.3; 14.8
	Black	50.5	15.1; 85.4	49.5	14.6; 84.9
	Brown	67.9	42.6; 85.8	32.1	14.2; 57.4
I receive poorer service	White	92.3	87.2; 95.5	7.7	4.5; 12.8
	Black	43.0	13.0; 79.1	57.0	20.9; 87.0
	Brown	71.4	44.7; 88.5	28.6	11.5; 55.3
People act as if they think I am not smart	White	85.6	78.7; 90.5	14.4	9.5; 21.3
	Black	71.7	36.9; 91.6	28.3	8.4; 63.1
	Brown	70.9	44.5; 88.0	29.1	12.0; 55.5
People act as if they are afraid of me	White	94.9	92.7; 96.5	5.1	3.5; 7.3
	Black	83.2	53.7; 95.5	16.8	4.5; 46.3
	Brown	79.8	47.5; 94.6	20.2	5.4; 52.5
People act as if they think I am dishonest	White	94.1	87.5; 97.3	5.9	2.7; 12.5
	Black	83.4	53.9; 95.6	16.6	4.4; 46.1
	Brown	79.8	47.5; 94.6	20.2	5.4; 52.5
People act as if they are better than me	White	78.3	69.5; 85.1	21.7	14.9; 30.5
	Black	69.1	34.2; 90.6	30.9	9.4; 65.8
	Brown	62.6	39.8; 80.9	37.4	19.1; 60.2
I am cursed at with profanity and insults	White	96.6	91.5; 98.7	3.4	1.3; 8.5
	Black	91.0	57.7; 98.7	9.0	1.3; 42.3
	Brown	95.6	81.5; 99.1	4.4	0.9; 18.5
I am threatened or harassed	White	95.3	90.8; 97.7	4.7	2.3; 9.2
	Black	89.6	58.4; 98.1	10.4	1.9; 41.6
	Brown	98.1	96.4; 99.0	1.9	1.0; 3.6
I am followed in stores	White	91.5	81.8; 96.2	8.5	3.8; 18.2
	Black	78.7	48.7; 93.5	21.3	6.5; 51.3
	Brown	91.5	76.5; 97.3	8.5	2.7; 23.5

Supplementary Table 4 - Frequency of reasons attributed to the experience of discrimination by color or race. Brazil, 2024					
Reasons	**Race**	**No**		**Yes**	
		%	**IC95%**	**%**	**IC95%**
Height	White	96.0	91.9; 98.0	4.0	2.0; 8.1
	Black	99.6	97.9; 99.9	0.4	0.1; 2.1
	Brown	98.0	95.0; 99.2	2.0	0.8; 5.0
Descent or origin	White	96.9	93.0; 98.6	3.1	1.4; 7.0
	Black	91.4	69.2; 98.1	8.6	1.9; 30.8
	Brown	85.9	59.1; 96.3	14.1	3.7; 40.9
Appearance	White	82.1	73.9; 88.2	17.9	11.8; 26.1
	Black	83.1	40.7; 97.2	16.9	2.8; 59.3
	Brown	54.2	23.4; 82.0	45.8	18.0; 76.6
Education or income	White	46.0	31.5; 61.3	54.0	38.7; 68.5
	Black	38.9	8.6; 81.1	61.1	18.9; 91.4
	Brown	58.2	29.1; 82.6	41.8	17.4; 70.9
Gender	White	74.3	59.5; 85.1	25.7	14.9; 40.5
	Black	96.4	87.1; 99.0	3.6	1.0; 12.9
	Brown	93.3	84.9; 97.2	6.7	2.8; 15.1
Age	White	70.8	57.6; 81.3	29.2	18.7; 42.4
	Black	94.3	79.8; 98.6	5.7	1.4; 20.2
	Brown	91.1	81.6; 96.0	8.9	4.0; 18.4
Sexual orientation	White	94.7	90.5; 97.0	5.3	3.0; 9.5
	Black	98.0	92.2; 99.5	2.0	0.5; 7.8
	Brown	90.0	58.3; 98.3	10.0	1.7; 41.7
Weight (thinness, anorexia)	White	98.3	96.0; 99.3	1.7	0.7; 4.0
	Black	98.4	86.5; 99.8	1.6	0.2; 13.5
	Brown	96.3	88.8; 98.8	3.7	1.2; 11.2
Weight (overweight or obesity)	White	85.0	75.4; 91.3	15.0	8.7; 24.6
	Black	97.0	87.1; 99.4	3.0	0.6; 12.9
	Brown	96.3	92.2; 98.3	3.7	1.7; 7.8
Race	White	91.7	86.5; 95.1	8.3	4.9; 13.5
	Black	16.0	2.5; 59.1	84.0	40.9; 97.5
	Brown	89.2	77.9; 95.1	10.8	4.9; 22.1
Religion	White	94.4	90.2; 96.9	5.6	3.1; 9.8
	Black	98.7	93.9; 99.7	1.3	0.3; 6.1
	Brown	91.3	68.1; 98.1	8.7	1.9; 31.9

Supplementary Table 5 - Number of reasons attributed to the experience of discrimination by color or race. Brazil, 2024.				
Race	One reason		Two or more reasons	
	%	IC95%	%	IC95%
White	62.4	48.8; 74.3	37.6	25.7; 51.2
Black	29.1	6.0; 72.4	70.9	27.6; 94.0
Brown	65.8	37.6; 86.0	34.2	14.0; 62.4

Supplementary Table 6 - Number of reasons attributed to the experience of discrimination by color or race and gender. Brazil, 2024.								
Race	Male				Female			
	One reason		Two or more reasons		One reason		Two or more reasons	
	%	IC95%	%	IC95%	%	IC95%	%	IC95%
White	45.1	34.4; 56.3	54.9	43.7; 65.6	69.5	52.2; 82.7	30.5	17.3; 47.8
Black	37.9	18.1; 62.6	62.1	37.4; 81.9	28.0	4.5; 76.2	72.0	23.8; 95.5
Brown	44.0	14.9; 78.0	56.0	22.0; 85.1	82.8	57.4; 94.5	17.2	5.5; 42.6

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