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NETWORKS OF FAITH, KINSHIP NETWORKS: SOCIAL CAPITAL AND MENTAL HEALTH IN THE BRAZILIAN RURAL POPULATION

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Drawing from Durkheim's (1897) classical thesis, it is posited that social integration protects the individual from anomie, thereby impacting psychosocial well-being. In the rural context, social cohesion has historically been guaranteed by two sources of social capital: formal community integration (religiosity) and primary bonds (family support). This research investigates the relative efficacy of these two forms of integration on the mental health of the Brazilian rural population. Microdata from the National Health Survey were used, focusing on rural respondents, representing an estimated population of 23,7 million Brazilians. The analysis employed weighted multivariate models to estimate the probability of a clinical diagnosis of depression, respecting the complex sample

design. The central explanatory variables were regular participation in collective religious activities and access to a robust family support network. The models were controlled for sociodemographic covariates (sex, age, race/color, education, Federal Unit) and health covariates (body mass index). The results challenge the hypothesis that all social integration is protective. Participation in collective religious networks showed no statistical association with the prevalence of depression in rural areas (predicted probability: 4,81% vs. 4,67% for non-religious individuals). Conversely, family support emerged as a robust protective factor: individuals with a strong kinship network showed a significantly lower probability of depression (4,53%) compared to those without such support (6,35%). The findings suggest that, in the contemporary Brazilian rural context, social cohesion mediated by primary kinship ties (family) proves to be a more effective protective mechanism for mental health than integration into formal institutional networks (church).

Palavras-chave: mental health; rural well-being; social capital; religiosity; family support.