Religiosity and Confidence in Healthcare System During the Pandemic

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ESRA ESRA Conference, July 2, 2021

Outline

Secularization perspective

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RQ: Are the religious groups more/less trusting health care institutions during the pandemic?

- Religious gatherings became the points for the spread of the virus, ran in conflict with limitations on gatherings (Kowalczyk & Roszkowski, 2020)
- Higher religiosity connected to lower adherence to lockdown rules (DeFranza et al., 2021)
- A 'test of faithfulness' (Wildman et al, 2020)
- Religious leaders can help in building public trust in vaccination (Corpuz, 2021)
- Church attendance is related to the rates of new Covid cases (Vermeer & Kregting, 2020)

Social Capital perspective (Coleman, Fukuyama)

- 1. Members of religious communities possess higher social capital (regular meetings, social networks, common values)
- 2. More organization and higher mobilization for collective action. Winning the religious groups can boost/fail vaccination campaigns. This depends on the share of religious communities
- 3. A combination of organization with beliefs in conspiracies and reluctance to observe distancing and limitations on gatherings as objecting religious values can lead to opposing results

Secularization Perspective via Values (Inglehart)

- Decades of guaranteed existential security -> Rise of individual-choice norms (gender equality + tolerance of homosexuality, abortion, and divorce) -> Decline of religiosity as religions stick to pro-fertility norms.
- 2. Today's individual-choice norms are best explained by social conditions in the 1980s. As the majority starts to support individual-choice norms, the pressure of conformity begins to support more individual-choice norms.
- 3. A long-term decline of religiosity is the consequence of growing existential security, and vice versa. The pandemic emphasizes survival values, exemplifying the turn to religion for support.

Hypotheses

H1: Religious people in the countries with growing secularization trust health care institutions more. The background of improving existential security, trust, and individual-choice values.

H2: Individual-choice values, which are the opposite of religiosity in most cultures, are positively related to the confidence in health care institutions. Higher existential security leads to higher confidence in institutions, and vice versa.

H3: Religious groups will behave differently depending on contextual factors (cultural zone, their share in the population, and the context of secularization/renaissance).

Data

- 1. Values in Crisis project's released data (June 1, 2021), compact version (n = 36734, 16 countries)
- 2. Values in Crisis full version data (June 1, 2021), n = 15
- 3. Russian survey data of the Values in Crisis project (collected June 2020)

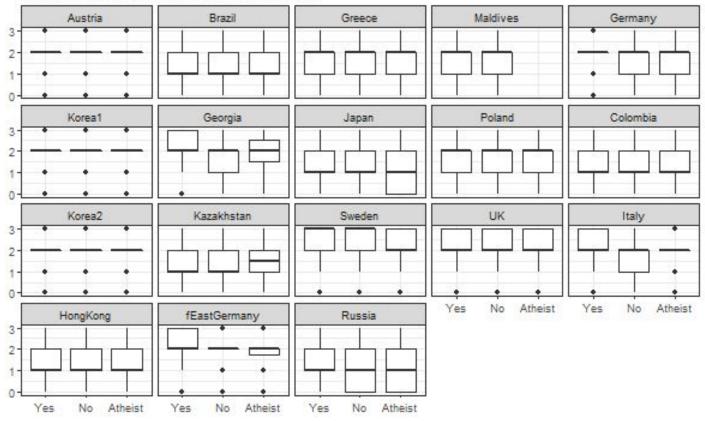
Merged dataset:

- Socio-demographic data
- Confidence in health sector
- Postmaterialist, individual-choice, Schwartz values
- Belief in virus as a hoax, trust in social media vs. old media
 - + data from the EVS and WVS; country-level data

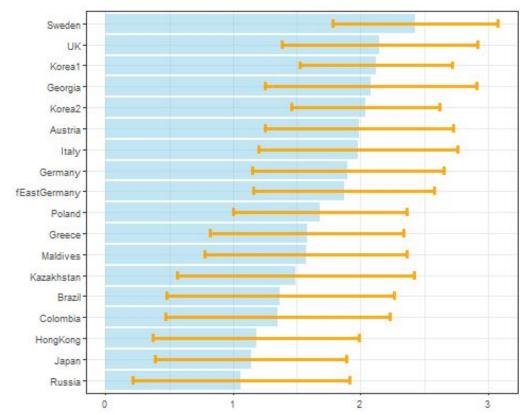
Descriptive results: Confidence in Health by Religiosity

Confidence in Health Sector by Religiosity (VIC survey 2020)

Religious People are More Confident in Health Sector



Descriptive results: confidence in health care (right = Great) There is medium to high confidence everywhere



Descriptive results: country-level correlations

Confidence in health care and vaccination success (r = .38)

Democracy (FH) and vaccination success (r = .51 w/o China, r = .40 with CN)

Religious attendance and vaccination success (r = -.06)

Share of religious population and vaccination success (r = -.13)

Secularization and vaccination success (r = .43)

Individual-choice values and vaccination success (r = .81)

Share of post-materialists and vaccination success (r = .70)

	AT	BR	GR	ML	DE	DE*	KO1	KO2	GE	JP	PL	со	KZ	SE	UK	IT	НК	RU
Virus Not a Hoax	+		+		+	+	+			_	+					+		+
Trust in soc.media	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		+	_
Attend services	+	+							+	+			+			+		+
Religious: No						_	_	_			_				_			
Atheist						_									_		_	
Choice values	+	+					+							+		+	_	_
Self-Transcendence	+	_					+						_	+	+		_	_
Openness			_		_					_					_	_	_	
Education													_					
Gender: Female	_	_		+	_						+			_	_	_		
Age			+	_					+	_	+	+	_	+	+			_

	AT	BR	GR	ML	DE	DE*	KO1	KO2	GE	JP	PL	СО	KZ	SE	UK	IT	HK	RU
Virus Not a Hoax	+		+		+	+	+			_	+					+		+
Trust in soc.media	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		+	_
Attend services	+	+							+	+			+			+		+
Religious: No						_	_	_			_				_			
Atheist						_									_		_	
Choice values	+	+					+							+		+	_	_
Self-Transcendence	+	_					+						_	+	+		_	_
Openness			_		_					_					_	_	_	
Education													_					
Gender: Female	_			+	_						+			_	_	_		
Age			+	_					+	_	+	+	_	+	+			_

	AT	BR	GR	ML	DE	DE*	KO1	KO2	GE	JP	PL	СО	KZ	SE	UK	IT	HK	RU
Virus Not a Hoax	+		+		+	+	+			_	+					+		+
Trust in soc.media	_	_	_	_	_	_	_	_	_	_	_	_	_	_	_		+	_
Attend services	+	+							+	+			+			+		+
Religious: No						_	_	_			_				_			
Atheist						_									_		_	
Choice values	+	+					+							+		+	_	_
Self-Transcendence	+	_					+						_	+	+		_	_
Openness			_		_					_					_	_	_	
Education													_					
Gender: Female	_			+	_						+			_	_	_		
Age			+	_					+	_	+	+	_	+	+			_

	AT	BR	GR	ML	DE	DE*	KO1	KO2	GE	JP	PL	со	KZ	SE	UK	IT	НК	RU
R-squared	10%				10%	10%												12%

Conclusions, Limitations, and Further Steps

- 1. Media, not class or social structure, are the battleground. Higher confidence in social media (vs. traditional) is a negative predictor of confidence in health sector.
- 2. Conservation values are positively related to confidence in the health sector, similar to individual-choice values.

Limitations: (1) Not all these data are released; weighting issues. (2) The situation is changing.

Further steps: (1) Add gender equality questions to individual-choice indicators. (2) Reaching better explaining models.

Thanks for your attention

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