

Discussion paper

How does freedom of religion and belief affect health and wellbeing?

*Promoting diversity and addressing
discrimination for mental health and wellbeing*

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Preamble

The purpose of this project is to explore, within the Australian context, the effects of freedom of religion and belief on individual health and community wellbeing.

Influences on health and wellbeing lie at a number of levels. Numerous factors can act to increase the chances of poor health outcomes (risk factors) or to increase the chances of good health outcomes (protective factors). These factors are often referred to as 'health determinants'. It is useful to refer to two distinct but interrelated sets of determinants – behavioural and social. Behavioural determinants refer to individual behaviours and lifestyles that impact on health (for instance, a person's level of physical activity or eating habits) (Krieger 2002). Social determinants of health refer to factors embedded in social and economic environments – ranging from immediate family relationships to government policies (Krieger 2002). Social determinants include factors such as access to education and meaningful employment, and a sense of social inclusion or exclusion. Importantly, the causes of poor health cannot be reduced to a single determinant. Determinants operate at multiple levels and interact with one another to influence (positive or negative) health outcomes.

Religion and belief may influence health behaviours, for example by encouraging abstinence from alcohol. They may also influence social environments. For example, social support and participation have been found to be associated with good health (Berry et al. 2007; Caron et al. 2007) and may be offered by some religious communities. Both behavioural and social determinants are relevant to this paper.

A significant theme emerging in the literature on health determinants is the existence of clear socio-economic gradients in health (Whitehead & Dahlgren 2006). People suffering from poverty and other forms of social and economic marginalisation typically experience poorer health than more advantaged individuals (Whitehead & Dahlgren 2006). When individuals are marginalised or discriminated against on the basis of their ethnicity, 'race' or religion (or combination thereof) the effects are likely to spill over into other areas of their lives influencing factors such as access to resources (e.g. employment, housing and education). An important task of this paper is to explore the extent to which religious discrimination contributes to such processes with consequent implications for health.

1. Project background and context

In 2006 the Ministerial Council on Immigration and Multicultural Affairs endorsed the *National Action Plan to Build on Social Cohesion, Harmony and Security (NAP)*. As part of the NAP, the Australian Human Rights Commission (formerly the Human Rights and Equal Opportunity Commission) was funded to undertake a project on *Freedom of Religion and Belief in the 21st Century*. The Australian Human Rights Commission has commissioned the Australian Multicultural Foundation (AMF) in association with RMIT and Monash University to prepare a core report on that topic, the discussion paper for which is available at www.humanrights.gov.au/frb.

In addition to the core report, the Australian Human Rights Commission has entered into a partnership with the Victorian Health Promotion Foundation (VicHealth) in relation to a secondary report on the effects of freedom of religion and belief on health and wellbeing.

VicHealth was established by the Victorian Parliament in accordance with the *Tobacco Act 1987*. It is an independent, statutory authority that is responsible to the Victorian Minister for Health. VicHealth's focus is on promoting good health and wellbeing and preventing ill health. The Foundation's mission is to build the capabilities of organisations, communities and individuals in ways that:

- change social, economic, cultural and physical environments to improve health; and
- strengthen the understanding and the skills of individuals in ways that support their efforts to achieve and maintain health.

VicHealth recognises that social harmony, support for ethnic and religious diversity and the prevention of discrimination are crucial to individual and community health. It has therefore partnered with the Australian Human Rights Commission in order to prepare this discussion paper and a supplementary report.

Both the core and supplementary reports are being prepared at a time when the federal government is planning to publicly consult with the Australian population in order to determine whether there is widespread support for a federal statement of rights. The federal government is also pursuing the development of a national social inclusion policy and program agenda. These reports are therefore being developed during a period in which it will be possible to define and influence the future of religious freedoms in Australia (Australian Human Rights Commission 2008).

2. About this discussion paper

This discussion paper will:

- Detail the submission process
- Outline key concepts
- Outline the purpose of this project and its overall objectives
- Provide a number of points for discussion and outline content for consideration during the submission process
- Outline anticipated outcomes of the project report

3. Submissions invited

Submissions are invited in response to the general question: How does freedom of religion and belief affect health and wellbeing? These submissions will help to inform a report on this topic. We are particularly interested in your responses to any of the key themes and questions listed in Section 6 of this Discussion Paper, although you may also raise any other issues that you consider to be of interest or concern.

As submissions will be received in relation to a number of related discussion papers, please use the following heading for submissions responding to this discussion paper: *'Submission: How Does Freedom of Religion and Belief Affect Health and Wellbeing?'*

Electronic submissions are encouraged. If you would like to make a submission on any of the issues in this paper in hard copy, please send comments to:

'Submission: How Does Freedom of Religion and Belief Affect Health and Wellbeing?'

Race Discrimination Unit:
Education and Partnerships Section
Australian Human Rights Commission
GPO Box 5218
Sydney NSW 2001

Or, go online: www.humanrights.gov.au/frb/hw

Or by email at: frb@humanrights.gov.au

Or by fax at: (02) 9284 9849

For any queries please telephone (02) 9284 9600 or 1800 620 241 (TTY)

Closing date for submissions

31 January 2009

Confidentiality

Submissions will be treated as public documents unless confidentiality is requested. If you want your submission, or any part of it, to be treated as confidential, please indicate this clearly.

Unless there is a request for anonymity, the Australian Human Rights Commission and VicHealth will:

- Include a list of submissions in the final report;
- Refer to submissions in the text of the final report and other Australian Human Rights Commission and/or VicHealth publications;
- Publish selected submissions on their websites.

Requests by members of the public for access to confidential submissions will be determined in accordance with the Freedom of Information Act 1982 (Commonwealth).

4. Key concepts

Religion and belief

For the purposes of this project, the definition of ‘religion and belief’ offered in Recommendation 2.5 of the Australian Human Rights Commission’s (then HREOC) 1998 report: *Article 18: Freedom of Religion and Belief* will be adopted:

“[R]eligion and belief should be given a wide meaning, covering the broad spectrum of personal convictions and matters of conscience. It should include theistic, non-theistic and atheistic beliefs. It should include minority and non-mainstream religions and belief systems as well as those of a more traditional or institutionalised nature. Religion or belief should be defined as a particular collection of ideas and/or practices:

- that relate to the nature and place of humanity in the universe and, where applicable, the relation of humanity to things supernatural;
- that encourage or require adherents to observe particular standards or codes of conduct or, where applicable, to participate in specific practices having supernatural significance;
- that are held by an identifiable group regardless of how loosely knit and varying in belief and practice;
- that are seen by adherents as constituting a religion or system of belief.

The definition should not apply to all beliefs but only to those that clearly involve issues of personal conviction, conscience or faith.”

Freedom of religion and belief

Freedom of religion and belief is important both in its own right and because of the effects that religious belief and practice can have on health and wellbeing. The right to freedom of religion and belief is enshrined under the *1948 Universal Declaration of Human Rights*. According to Article 18:

“Everyone has the right to freedom of thought, conscience and religion; this right includes freedom to change his [sic] religion or belief, and freedom, either alone or in community with others and in public or in private, to manifest his [sic] religion or belief in teaching, practice, worship and observance”.

For the purposes of this discussion paper, freedom of religion and belief also refers to the freedom *not* to hold or manifest a religion or belief. Individuals’ religious freedoms, as well as those of religious communities, are considered. The potential for conflict between these two levels of freedom is acknowledged and will be explored in the final project report.

Discrimination

Discrimination is the process by which a member, or members, of a socially defined group is, or are, treated differently (especially unfairly) because of his/her/their membership of that group (Collins Dictionary of Sociology in Krieger 1999). It is generally understood not as random acts of unfair treatment but rather a broader pattern, which is justified by beliefs and expressed in interactions (both interpersonal and institutional) that maintain privileges for members of dominant groups at the cost of deprivation for others (Krieger 1999). Discrimination can be direct or indirect in nature. An example of direct discrimination would be a shopkeeper refusing to serve a customer wearing the hijab. Indirect discrimination would arise if a school formulated a policy prohibiting students from wearing anything on their heads - this would indirectly discriminate against students whose religion requires the wearing of headwear.

Discrimination on the grounds of religion or belief (henceforth referred to as religious discrimination)¹ is central to this discussion paper because: a) it undermines the fundamental right to freedom of religion and belief; and b) there is substantive evidence that discrimination (based on ethnicity, 'race' or religion) has negative effects on health and wellbeing (Paradies 2006).

Concerns over religious discrimination have, in recent years, largely been focused on Islamic communities. This report will not be solely focused on that group. We ask that submissions developed in response to this discussion paper recognise the diversity of religions and belief systems in Australia. Although we are aware that all religious groups have the capacity to discriminate and are at risk of being discriminated against, we are particularly interested in assessing the extent to which religious discrimination can compound health inequalities affecting socially marginalised communities including: migrants and refugees from non English speaking backgrounds, Muslim Australians and Indigenous Australians.

Health and wellbeing

Health is not merely the absence of illness or infirmity. It is the embodiment of physical, mental, social, emotional and spiritual wellbeing (World Health Organisation 2007). It is fundamental to productivity in the workplace, school, family and to overall quality of life. Health provides individuals with the vitality necessary for active living, to achieve goals and to interact with one another in ways that are respectful and just (VicHealth 2005).

This report will consider the effects of freedom of religion and belief - or the absence of such freedoms - on physical, mental and social health and wellbeing. Health and wellbeing will be considered at the individual and community levels. We request that submissions developed in response to this discussion paper take this broad definition of health and wellbeing into account.

¹Religious discrimination is often subsumed under the broader terminology of ethnic or race-based discrimination or racism. Although constructions of ethnicity, culture, 'race' and religion are interrelated, they do not overlap entirely. Throughout this discussion paper, an explicit distinction is maintained by referring to 'religious discrimination'.

5. Project purpose and objectives

The universal human right to freedom of religion and belief has been challenged in recent years as concerns over national security and terrorism have become heightened. As a result of perceived threats to national security, some Australians have been subjected to discrimination and vilification on the basis of their religion and/or cultural beliefs. The 2004 Australian Human Rights Commission (then HREOC) report *Ismaḫ–Listen* provided extensive evidence of such trends. Others, such as Indigenous Australians, may be subjected to religious discrimination on the grounds that their spiritual beliefs (for instance, as pertain to land) are perceived as not ‘fitting’ with economic demands and other competing pressures. Notwithstanding the specificities of discrimination against diverse religious communities, such discrimination may have profound implications for the health and wellbeing of individuals, the religious/cultural communities to which they belong, and Australian society more generally. Exploring evidence of such health implications is a key objective of this discussion paper.

In addition to concerns over the current status of religious freedoms in this country, a substantive body of literature exists detailing the positive and negative health outcomes that may be associated with religion and belief. A second key objective of this paper is to explore the impacts that religious belief and practice can have on the health of individuals and wellbeing of communities.

A more detailed set of project aims includes:

- i. To identify and explore the effects (both positive and negative) of religion and belief on health and wellbeing.
- ii. To identify and explore the impacts of religious discrimination on health and wellbeing.
- iii. To develop an understanding of the causal pathways by which religion and belief can have positive and/or negative effects on health and wellbeing.
- iv. To develop an understanding of the causal pathways by which religious discrimination affects health and wellbeing.
- v. To explore the conditions under which the role of religion and belief in promoting health and wellbeing can be maximised.
- vi. To consult with spiritual and religious communities, government bodies, civil society organisations and the general public in achieving the abovementioned objectives.
- vii. To produce a report, on the basis of a submissions/consultation process and literature reviews, outlining the effects that religious belief and practice, and religious discrimination, can have on health and wellbeing.

In relation to the public submission process, we are primarily interested in exploring the positive and negative health effects of religion and belief, and of religious discrimination. The discussion ensuing from this paper will focus on these issues rather than the relationship between religion and belief and service delivery or treatment issues. Although these latter issues are clearly important, they are beyond the scope of this project. Considerable research has already been conducted in the area of religion and (health) service delivery. The roles of religion and belief as social and behavioural determinants of health have been less thoroughly explored.

6. Content for consideration

This section outlines six key areas that the report aims to explore. It provides research questions to contextualise the topic and to serve as a prompt for parties interested in making a submission. These areas and the questions contained therein are only intended to be a guide and respondents should not feel limited to these. Respondents should feel free to discuss examples and issues related to particular religions and beliefs, or to discuss the topics raised in a more general manner.

AREA 1: The following questions aim to uncover the manner in which religion and belief can act as a determinant of health and wellbeing at the individual, community and societal levels.

a. Religion and belief as a determinant of health and wellbeing

- Is it appropriate to recognise religion and belief as a determinant of (physical and mental) health and wellbeing? Why/why not?

b. Religion and belief and the health of individuals

- What positive and/or negative effects may religion and belief have on the health and wellbeing of individuals?
- On balance, do religion and belief have a more positive or more negative effect on individual health and wellbeing?
- Are there circumstances in which religion and belief have a positive impact on the health and wellbeing of certain individuals within a religious community, but negative impacts for others?
- Is a person who is periodically or consistently discriminated against or vilified - on the grounds of their religion, belief, culture or race - likely to experience poorer health (physical and/or mental) than those who never experience such discrimination?

c. Religion and belief and community wellbeing

- What positive and/or negative effects may religion and belief have on the wellbeing of religious communities - particularly in the case of socially marginalised communities?
- What role do religion and belief play in the establishment of a strong sense of ethnic or cultural identity among minority groups? How important is this for their wellbeing?
- What is the relationship between freedom of religion and belief and the political and cultural aspirations of minority groups? With what implications for their wellbeing?

d. Religion and belief and societal wellbeing

- What positive and/or negative effects may the freedom to hold and manifest diverse religions and beliefs have on the wellbeing of the broader Australian society?
-

AREA 2: It is important to not only consider whether religion and belief affect health and wellbeing, but the mechanisms by which they do so. That is, *how* do religion and belief impact positively or negatively on health and wellbeing (at a variety of levels)?

a. How do religion and belief impact health and wellbeing?

- Which aspects of religious belief and practice are most important to health promotion?
- By what mechanisms or causal pathways can religion and belief have positive or negative effects on individual, communal and/or societal health and wellbeing?
- How do relational and/or social aspects of religious practice influence health and wellbeing?
- How do personal/individualistic aspects of religious belief and practice (e.g. personal conviction or faith) influence health and wellbeing?
- What is the relationship between religious pluralism and social wellbeing (including social cohesion or fragmentation)?
- What roles do religion and belief play in the establishment of strong cultural communities? How important are such processes to the wellbeing of marginalised communities?

AREA 3: Religious discrimination is a reality of daily life for many Australians². The following questions consider the negative effects of religious discrimination on health at the individual, community and societal levels. They also ask whether the denial of religious freedoms may, under some circumstances, be considered health promoting.

a. Religious discrimination and the health and wellbeing of individuals

- What effects does religious discrimination have on health and wellbeing at the individual level – particularly for those who belong to marginalised religious communities?
- By what mechanisms or pathways does religious discrimination impact on individual health and wellbeing?
- Can discrimination against a religious community, under some circumstances, protect the health and wellbeing of individuals within that community?

² In local surveys undertaken by the Scanlon Foundation 27.5% of respondents from a Middle Eastern background reported experiencing religious discrimination in their lifetimes, and almost 10% of respondents from the general category of 'non-English speaking background' reported the same experiences (Markus and Dharmalingam 2007, p. 106). Research on religious discrimination against other minority groups is poorly recorded in the Australian context.

b. Religious discrimination and the wellbeing of communities

- What effects does religious discrimination have on the wellbeing of religious communities – particularly those which are socially marginalised?
- In the Australian context, which religious communities are most vulnerable to the negative impacts of religious discrimination on their wellbeing?
- How has the wellbeing of specific religious communities been compromised by religious discrimination in contemporary Australia? Please identify the specific religious community or communities to which you are referring.
- To what extent does religious discrimination hinder the political and cultural aspirations of marginalised groups? With what effects on their wellbeing?
- To what extent does religious discrimination weaken or strengthen religious/ethnic/cultural community ties? What are the effects of this on the wellbeing of marginalised communities?
- Can belonging to a strong religious/cultural/ethnic community mediate the effects of religious discrimination on individual health and wellbeing?
- Does being part of a strong religious/cultural/ethnic community increase the probability of being exposed to discrimination?
- Are there some instances in which the denial of religious freedoms can protect the wellbeing of religious communities?

c. Religious discrimination and societal wellbeing

- How might religious discrimination against certain groups impact (positively or negatively) on the wellbeing of the broader society?
- How does religious discrimination impact on aspects of societal wellbeing such as social cohesion, social fragmentation and inter-group violence?
- Are there some instances in which the denial of religious freedoms can protect the wellbeing of the broader society?

AREA 4: In view of the life-expectancy gap between Indigenous and non-Indigenous Australians, this section aims to draw particular attention to the importance of Indigenous spirituality to the health and wellbeing of Indigenous Australians.

a. Indigenous spirituality and the life expectancy gap

- In what ways does spirituality influence the health and wellbeing of Indigenous Australians?
- What role could Indigenous spirituality play in policies and strategies designed to 'close the gap' in life expectancy between Indigenous and non-Indigenous Australians?
- What is the nature of the link between Indigenous spirituality, land rights and health outcomes?
- What aspects of Indigenous spirituality are currently being denied, to the detriment of the health and wellbeing of Indigenous individuals and communities?

AREA 5: The final project report aims to do more than draw attention to religion and belief as a determinant of health and wellbeing. It also aims to explore how religion and belief can be used to promote health and wellbeing. The following questions are related to that aim.

a. Utilising religion and belief to promote health and wellbeing

- How can the role of religion and belief in promoting health and wellbeing be maximised? Which people and institutions have a responsibility for promoting health and wellbeing in this manner?
- Which aspects of religious belief and/or practice have the greatest potential to contribute to the promotion of good health and prevention of poor health?

b. The role of communities and leaders in fostering the health promoting effects of religion and belief

- How can we, as a community, appropriately foster the health promoting effects of religion and belief?
- How can we, as a community, minimise the negative health effects of religion and belief?
- What role can we, as a community, play in promoting the health and wellbeing of diverse religious groups and the broader society?
- How can we, as a community, minimise the negative health effects of religious discrimination?
- What roles can religious and secular leaders play in these processes?

AREA 6: It may be possible to utilise arguments surrounding the health promoting effects of religion and belief to promote more tolerant communities and institutions that are free from religious discrimination. The following question relates to that possibility.

a. Using the link between religion and belief and health and wellbeing to promote tolerance

- How can health promotion be used as a tool in promoting freedom of religion and belief and freedom from religious discrimination?

7. Researcher

Dr. Natascha Klocker is employed as a research leader under a partnership arrangement between VicHealth and the Centre for International Mental Health, School of Population Health, at the University of Melbourne. Dr. Klocker's research focus involves investigating the role that ethnic, race-based and religious discrimination play in contributing to poor health outcomes. She is also exploring the mechanisms by which ethnic and race-based discrimination can be prevented and addressed with a view to promoting good health among Australians from culturally and religiously diverse backgrounds.

8. Outcomes of the project report

On the basis of public consultation and literature reviews, the final project report will aim to improve the evidence base surrounding freedom of religion and belief as a determinant of health and wellbeing. It will also explore how the health promoting effects of religion and belief may be fostered to the benefit of individual adherents, religious communities and Australian society. It will contribute a public health perspective to the broader project on *Freedom of Religion and Belief in the 21st Century*.

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