Journal for Research of Christianity in China
中国基督教研究 ISSN: 2325-9914

Results of a proxy measure of religiosity among health professionals in Urban France and Urban China

Anna Yu Lee (Claremont Graduate University)

Abstract: Religiosity is an unobservable psychosocial construct that can be challenging to collect accurate data on - particularly in social or political environments characterized by social or political discord on the topic of religious association. The current study examines three assessments of religiosity conducted in Urban France and Urban China. These countries were selected because of their nationwide foci on secular morality, and because of the presumed effects of such foci on response patterning on surveys examining the construct of religiosity. The current analysis compared religiosity estimates from a Pew Research Center survey (2012), a Gallup International survey (2012), and a proxy-single-item survey question approach taken from a study on moral evaluations among health professionals (i.e. physicians, nurses, and other health professionals) in Urban France (N = 86) and Urban China (N = 280) (Lee, 2020). Results indicate that rates of self-reported religiosity vary widely depending on survey methodology and study populations. Researchers are thereby recommended to use multiple sources when citing estimates of religiosity from Urban France and Urban China.

Keywords: religiosity, urban, France, China

Introduction

Estimates on religiosity rates in France and China vary widely. Two of the major polling organizations which collected data on these countries provided estimates ranging from 37-72% in France and from 14-48% in China (Pew Research Survey, 2012; Gallup International Association, 2011). This is not surprising, given that it can be challenging to accurately identify potentially sensitive unobservable phenomena such as beliefs and self-identification, and given that data on religiosity in both of these countries is particularly limited by the non-inclusion of religiosity questions in the national census. However, data collection in both of these countries is challenged by additional factors (i.e. government restrictions and social hostilities toward religion, which France and China both rank relatively high on, when compared with other countries) (Pew Research Center, 2011). Data deficits present challenges toward public information regarding the religious profile of all public institutions, including those in the healthcare system.

France's government promotes a secular version of morality called, "Lacïcite", or 'freedom of conscience'. This term specifies the importance of state neutrality and separation from religious organizations (Le Gouvernement de France, n.d.). China similarly promotes a secular version of morality which rest on the ideals of a form of Marxist/socialist Communism. In its 2019 guidelines for moral conduct provided by China's government, the only mention of religion is one of prohibition – that extreme or illegal religious ideologies should be both prevented and resisted (The Central Committee of the Communist Party of China and the State Council, 2019). Given these top-down stances toward religiosity, which in some places have been reportedly been associated with acts of discrimination and mistreatment of adherents to various religions (Armelle et al., 2016; Hitchcock & Naval, 2007), it can be assumed that religiosity data from both of these countries

might be underreported – whether from local reporting groups or from individuals themselves.

Researchers from the Pew Research Center (2011) present explanations from multiple sources as to why religiosity data among Protestantism – one of China's five officially recognized religions – is likely underreported. These reasons include problems with reliability, sampling, and classification. In 2011, Protestants were estimated by the Pew Research Center to number slightly over 58 billion (i.e. 4.3% of China's population) (Pew Research Center, 2011). In China, Protestants can either meet with government-registered churches aligned with the state-approved Protestant Three-Self Patriotic Movement Committee (TSPM) which had approximately 23 million members in 2011, or with unregistered independent Protestant churches often referred to as "house churches". Because unregistered groups intentionally seek independence from governmental tracking and their members often choose not to participate in public opinion surveys, it is challenging to validly determine the number or percentage of independent Protestant Christians in China (Pew Research Survey, 2011; Aikman, 2003).

Methodologies

In order to explore religiosity rates in France and in China, the current analysis used survey data from a questionnaire distributed to a convenience sample of health professionals (i.e. physicians, nurses, and other health professionals) in France (N = 86) and China (N = 280). Data collection was facilitated by health professionals at hospitals and health clinics in Urban France and Urban China, and responses entered using anonymous survey links on *Qualtrics.* A full description of the methodology of data collection for the primary study is available from Lee (2020). Given institutional and social barriers which

arose during the preparation for the collection of data on religiosity in France and China, 'religious education' (i.e. exposure to religious education during the course of one's professional education/training) was selected as a proxy measure for religious identification. Question wording is provided in Table 1 and respondent demographics are provided in Table 2.

Percentages generated in the current study were compared with religiosity estimates from a Pew Research Center survey (2012) and a Gallup International survey (2012). The methodologies for each of these surveys was as follows. The Pew Forum on Religion & Public Life estimated religiosity in France using the 2007-2009 French Institute of Public Opinion survey (adjusted to account for underrepresented religious minorities), the 2008-2009 Institut National de la Statistique et des Études Économiques and the Institut National d'études Démographiques study, and an independent analysis of data provided in the 2005 Generations and Gender Survey, and estimated religiosity in China using information provided by the Chinese government, the national Chinese Census, public opinion surveys, and church membership reports (Pew Research Center, 2012). The Gallup International Association assessed religiosity in both countries among a national probability sample of adults using a single question on an online survey: "Irrespective of whether you attend a place of worship or not, would you say you are a religious person, not a religious person, or a convinced atheist?" (Gallup International, 2012).

Survey item taken from study on moral evaluations among health professionals in Urban France and Urban China (Lee, 2020)	
Question	Response options
In your professional training (i.e. graduate school, medical school, nursing school,	• Utilitarian ethics (Associated with Fredrich Nietzsche)

certification programs, etc.) did you ever learn about any of the following systems of moral/ethical thinking? (Choose one).	• Deontological ethics (Associated with Immanuel Kant) • Virtue ethics (Associated with Aristotle and Socrates) • An ethical system associated with religion • Other (Please indicate)

Table 1: *Question used for the proxy assessment of religious affiliation, through assessment of religious education during the course of professional training*

Results

Table 2 provides information on demographic factors of health professionals assessed in the current study. Table 3 provides a comparison of the religiosity estimates in the current study, the Gallup International Association survey (2012), and the Pew Research Center survey (2012).

	Urban France (*N* = 86)	Urban China (*N* = 280)
Age		
18-24	0 (0%)	43 (15%)
25-44	45 (52%)	186 (66%)
45+	36 (42%)	51 (18%)
Gender		
Male	42 (64%)	77 (27%)
Female	24 (36%)	203 (73%)
Occupation		
Physician	18 (21%)	95 (34%)
Nurse	2 (1%)	127 (45%)

Other health professional	61 (71%)	58 (21%)

Table 2: *Demographic factors of health professionals assessed in the current study*

Survey Approaches	France	China
Approach 1: Percent of people who think of themselves as a religious person (Gallup International Association, 2012)	37% (*N* = 1671)	14% (*N* = 500)
Approach 2: Percent of people who self-affiliate with a religion (Pew Research Center, 2017)	72%*	48%*
Approach 3: Percent of health professionals who report having received religious education during the course of their professional training. *This question was used for the assessment of religious education during the course of professional training as a proxy measure of religious affiliation (Lee, 2020)	3% (*N* = 86)	9% (*N* = 281)

Table 3: *Approaches used for generating data on personal exposure to or affiliation with religion, from France and China;* *Sample sizes not provided in source report

Discussion

Results of this analysis suggest that depending on survey methodology, estimates on religiosity in China vary widely. Among the estimates of religiosity analyzed in the current study, the Pew Research Survey (2012) generated the highest estimates. It is likely that this finding was due to this survey's use of multiple sources and their adjustment for underreportage. The primary data used

in this study generated the lowest estimates of religiosity in both France and China. There are many possible explanations this. First, the question used by this author assessed a proxy for religious affiliation (i.e. 'religious education') as opposed to religious affiliation itself. Religious education in France and China is less likely to be included in formal or public settings, particularly given the social landscape of these countries. Given the existence of governmental and social hostilities toward religion in these countries (Pew Research Survey, 2011), many respondents in the current analysis may have chosen not to openly disclose information about their religious affiliation on a research survey - particularly when asked about its relevance within the context of their professional lives. In certain places, this may have been because of professional commitments. For example, a statement on "Laïcite et cultes" listed on the website for the Assistance Publique – Hôpitaux de Paris (the largest hospital system in Europe) specifies religious neutrality and non-expression of beliefs within the public sphere (Assistance Hôpitaux Publique de Paris, 2016).

Another reason for the comparatively low religiosity estimates generated in the current study is that the participant population of the current study is highly educated (i.e. members of the medical, nursing, or other health care professions), when compared with participants from the general population. This may have been a contributing factor to lower reports on the proxy measure of religious affiliation among the sample examined in this study, as education has been shown in multiple studies to be negatively correlated with religiosity (Hungerman, 2011; Ecklund 2010; Heddy and Nadelson 2012; Arif, Minsu, & Jinsun, 2019; Leslie, Sarah, & Nicholas, 2014).

A final note is a differential balance of the religiosity estimate generated by the data in the current study, when compared with the balance suggested by the results of the Gallup International (2012) and Pew Research Center (2012) polls. Both of the first two approaches yielded religiosity estimates which were higher

in France than in China. The third approach, however, yielded a religiosity estimate which was higher in China than it was in France. One possible explanation for this finding begins with the limited response options provided in the survey question, which may have yielded data on the most religious subgroups, as opposed to a larger group of the nominally religious. As such, data might reflect the fact that while France has a higher percentage of 'moderately religious', China has higher percentage of 'very religious'.

Conclusion

Three survey measures of religiosity in France and China provide differing estimates of rates of religiosity. Potential causes for differences include differing survey methodologies, differences in participant populations, and challenges that generally accompany the collection of religiosity data in countries marked by atheism and secular versions of morality (McPartland, 2013; Stewart, 2015; Yu & Shizhi, 2018; People's Daily, 2020). Findings from the current study suggest that research which includes data on religiosity in France and China reference multiple sources and include consideration with regard to the survey methodologies used by each source.

Acknowledgements

The collection of background research and primary data for this paper was materially supported by the School of Community & Global Health at Claremont Graduate University's Travel Fund and the Travel & Material Awards of the Graduate Student Council at Claremont Graduate University. This project was also made possible due to the support of Dr. Iris Borowy of the Center for the History of Global Development at Shanghai University, Dr. Xiao Qinghe of the Center for

the Study of Religion and Chinese Society at Shanghai University, Dr. Oussama Kebir of the Addictology Center (CSAPA) at St. Anne's Hospital, Dr. Bomin Sun of the Functional Neurosurgery Department at Ruijin Hospital, Tina Sun, representatives of China Merchants Lippo Hospital Management Group, and all the health professionals who generously provided thoughts and feedback on this project. Acknowledgement of persons and groups does not suggest their agreement with or endorsement of the interpretations or conclusions presented here.

References

Aikman, D. (2003). *Jesus in Beijing: How Christianity is transforming China and changing the global balance of power*. Washington, D.C.: Regnery Pub.

Arif, R., Minsu, H., & Jisun, P. (2019). Relations among education, religiosity and socioeconomic variables. *South African Journal of Education, 39*(1), 1-13. doi:10.15700/saje.v39n1a1611

Armelle, N., Marlène, O., Medhi, C., Rodolphe, K., Elodie, R., & Serge, G. (2016). *Nouvelle laïcité en france et pression normative envers les minorités Musulmanes* [secularism in France and normative pressure against Muslim minorities]. International Review of Social Psychology, 29(1), 15-30. doi:10.5334/irsp.11

Assistance Hôpitaux Publique de Paris. (2016). Laïcité et cultes. Retrieved from the Assistance Hôpitaux Publique de Paris website: https://www.aphp.fr/laicite-et-cultes

Crano, W. D., Brewer, M. B., & Lac, A. (2014). *Principles and methods of social research*, *3rd ed.* London: Routledge. Retrieved from

http://ebookcentral.proquest.com.

Ecklund, E. H. (2010). *Science vs. religion: What scientists really think*. Oxford, U.K: Oxford University Press.

Fang, H. (n.d.). Retrieved January 10, 2020, from International Health Care System Profiles website: https://international.commonwealthfund.org/countries/china/

Gallup International Association. (2012). *Global Index of Religiosity and Atheism.* [Press release]. Retrieved from https://sidmennt.is/wp-content/uploads/Gallup-International-um-tr%C3%BA-og-tr%C3%BAleysi-2012.pdf

Heddy, B. C., & Nadelson, L. S. (2012). *A global perspective of the variables associated with acceptance of evolution*. Evolution, 5(3), 412–418.

Hitchcock, B. (2007). *The fracturing of China? Ethnic separatism and political violence in the Xinjiang Uy*ghur autonomous region (Doctoral dissertation). Monterey, CA: Naval postgraduate school.

Hungerman, D., & National Bureau of Economic Research. (2011). *The effect of education on religion: Evidence from compulsory schooling laws* (Nber working paper series, no. 16973). Cambridge, Mass.: National Bureau of Economic Research.

Le Gouvernement de France. (2020). *Observatoire de la Laïcite*. Retrieved at https://www.gouvernement.fr/qu-est-ce-que-la-laicite

Lee, A. (2020). *Religiosity and authoritarianism as predictors of moral evaluations of patient behavior in California, Urban France, and Urban China.* Unpublished manuscript.

Rissler, L., Duncan, Sarah, & Caroso, N. (2014). *The relative importance of religion and education on university students' views of evolution in the Deep South and state science standards across the United States.* Evolution: Education and Outreach*, 7*(1), 24-24. doi:10.1186/s12052-014-0024-1

McPartland, B. (2013). *Pupils to learn France's secular moral values.* Retrieved from https://www.thelocal.fr/20130422/minister-to-present-plan-for-moral-secular-classes

People's Daily. (2020). *The Communist Party of China (CPC).* Retrieved from http://en.people.cn/data/organs/cpc.html

Pew Research Center's Forum on Religion & Public Life. (2011). *Appendix C: Methodology for China*. Washington, D.C.: Pew Research Center, Pew Forum on Religion & Public Life. Retrieved from https://www.pewresearch.org/wp-content/uploads/sites/7/2011/12/ChristianityAppendixC.pdf

Pew Research Center's Forum on Religion & Public Life. (2012). *The global religious landscape: A report on the size and distribution of the world's major religious groups as of 2010*. Washington, D.C.: Pew Research Center, Pew Forum on Religion & Public Life.

Silverstein, P. (2008). *The context of antisemitism and Islamophobia in France.* Patterns of Prejudice, *2008, 42*(1), 1-26.

Stewart, A. (May 14-15, 2015). *People's Republic of Virtue: Explaining the Chinese Communist Party's Fear of God with a Case Study of Hui Muslims in the Public Sphere.* Department of Anthropology. University of California, San Diego.

The Central Committee of the Communist Party of China and the State Council. (2019). *Outline of Implementation of Citizen Moral Construction in the New*

Era. Retrieved from Chinese government website: http://www.gov.cn/zhengce/2019-10/27/content_5445556.htm

Yu, Y., & Shizhi, H. (2018). *Religious beliefs and environmental behaviors in China*. Religions, *9*(3). doi:10.3390/rel9030072