



4th ISSP User Conference – Health and Health Care

Online, 24 November 2025 12:30-15:00 (CET)

Organized by the ISSP Secretariat and the Editors of the
International Journal of Sociology (IJS).

Program:

- 12:30 – 12:40: Short welcome and introduction to the ISSP**
Stephanie Steinmetz (University of Lausanne)
- 12:40 – 13:10: Beyond Belief: How Religion and Secularism Forge Divergent Paths in Health Perception and Practice**
Manish Sinsinwar, & Kshipra Jain (University of Rajasthan, India)
- 13:10 – 13:40: Stratification in Health: How the Intersection of Age, Gender, and Education Shapes Self-Rated Health Across 50 Years of the Life Course in Suriname and Beyond**
Nancy M. Gooding, Tamira E. Sno (both ADEK University of Suriname) & Harry Ganzeboom (VU University Amsterdam)
- 13:40 – 14:10: Healthcare and the Social Contract: Trust, Satisfaction, and Inequality Across Nations**
Sigrún Ólafsdóttir (University of Iceland) & Bernice A. Pescosolido (Indiana University)
- 14:10 – 14:40: What factors explained willingness to pay more taxes to improve public healthcare in the COVID-19 era: Learning from the International Social Survey**
Nazim Habibov, Alena Auchynnikava (both University of Windsor, Canada), Yunhong Lyu (Trent University, Canada), Lida Fan (Lakehead University, Canada)
- 14:40 – 15:00: Closure of the conference**

Beyond Belief: How Religion and Secularism Forge Divergent Paths in Health Perception and Practice

*Manish Sinsinwar & Kshipra Jain
(University of Rajasthan, India)*

ABSTRACT

Abstract In a democratic world, government policies are usually the reflection of people's perception which in turn is, to an extent, shaped by their religious belief. These religious beliefs, while can make an individual either progressive or regressive in his perceptions, yet the impact of religion can be diluted with the scientific temperament. To what extent and in what areas does this dilution work is important to assess for the wellbeing of human civilization. Therefore, the study aims to investigate how the perception and practices of people with different religious beliefs interact with the parameters related to health care services and policies.

Based on the 2021 module, Health and Health Care II of ISSP, the study examined the people's perception around health care services and practices across the major religious beliefs i.e. Protestants; Catholic; Buddhist; Islam; Hindu; Jewish and Atheist. Analyzing the eight variables such as fairness in healthcare, gender-based discrimination in accessibility, exercising pattern measuring the perception and practices of 39, 229 individuals, the study reveals a significant difference across the religious group and atheism. Compared to 37% of Hindus, 48% of Buddhists and 49% of Muslims, more than 60% of their counterparts (78% Jewish, 61% Catholic and Atheist and 60% Protestants) believe it is unfair that people with higher income can afford better health care. Similarly, more than 80% of all other religious beliefs (83% Catholic, 84% of Protestants and atheists each, 85% of Jewish and Buddhist each) find gender-based equality in accessibility of health care services, the percentage drops to 43% and 69% amongst Hindus and Muslims. About health care practices, 23% of Jewish, 19% of Hindus and 16% of Muslims could not prioritize their health over work compared to less than 10% of their counterparts. Further, 53% of Hindus followed by 47% of Muslims and Buddhists each do not exercise, the percentage drops to 29% amongst Protestants and 37% amongst Catholics and Atheists. These results are tested using Chi-square test of significance. The result from multivariate analysis reveals that people with belief in Hinduism tend to be regressive in their approach towards health care policies and are more likely to have lower health consciousness.

The study thus concludes that people who are either atheist or protestants followed by Catholic, Jewish and Buddhists are more progressive, and health conscious compared to Islam and Hinduism. The conclusions are further analyzed by examining the specific countries where these religious beliefs are practiced by more than 70% of the population except for Islam which is not practiced in any of the 30 countries as dominant religion i.e. Hindu from India, Buddhist from Thailand, Catholic from major European countries and China for atheism. Indeed, the study mandates deeper investigation, however the conclusion points towards any belief which is flourishing around Europe, the land of scientific revolution is increasingly becoming more secular compared to countries like India which is getting more inclined to the majoritarian orthodox religious belief. There is a need to shift towards scientific temperament for the betterment of human civilization.

Keywords: Atheism, Religious beliefs, Health care policy, Health Consciousness, ISSP Health care module

Stratification in Health: How the Intersection of Age, Gender, and Education Shapes Self-Rated Health Across 50 Years of the Life Course in Suriname and Beyond

Nancy M. Gooding (ADEK University of Suriname)

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ABSTRACT

It is well documented that both age and educational attainment play a crucial role in shaping self-rated health. Individuals with higher levels of education generally report better health than those with lower educational attainment and health declines with age. Less well understood, however, is how the intersection of these two factors influences people's perceptions of their own health. This study addresses this issue, drawing on data from the *International Social Survey Programme (ISSP) 2021*. Since 2012, the Anton de Kom University of Suriname (AdeKUS) has been a member of this international consortium. The 2021 module focused on *Health and Healthcare*, and Suriname's data were collected in 2023 through a nationally representative sample (N = 1,450).

Self-rated health was measured using four indicators that together form a reliable scale. In Suriname, a significant interaction effect was found between educational level and age group and this is the same for men and women. The Surinamese results are compared with those from 40 other ISSP member countries, including several in the Global South—such as South Africa, India, China, Taiwan, Thailand, the Philippines, and Mexico. In this respect, Suriname does not differ substantially from these countries.

The second part of the paper explores possible explanations for the stratifying effect of education on self-rated health. The often-cited explanation based on income differences is not supported by the ISSP data. A cognitive explanation, related to health-related behavior, appears more plausible. Indeed, the ISSP data show that individuals with higher educational attainment consume less alcohol, smoke less, exercise more, and eat more fruits and vegetables.

Keywords: Age; Education; Gender; Health Stratification; Self-Rated Health.

**What factors explained willingness to pay more taxes to improve public healthcare
in the COVID-19 era: Learning from the International Social Survey.**

Nazim Habibov (University of Windsor, Canada)
Alena Auchynnikava (University of Windsor, Canada)
Yunhong Lyu (Trent University, Canada)
Lida Fan (Lakehead University, Canada)

ABSTRACT

The objective of this study is to examine the factors that influence willingness to pay more taxes to improve public healthcare (WTP) during the COVID-19 era. This study is based on the secondary analysis of the 2021 Health and Health Care modules of the International Social Survey Programme (<https://issp.org>). The multilevel regression model is employed in an international survey conducted across 19 countries to test several hypotheses regarding the factors that predict WTP.

H1 Individuals who attribute the causes of health problems to structural problems of society are more willing to pay for better public healthcare.

H2 Individuals who attribute the causes of health problems to their own behavior are less willing to pay for better public healthcare.

H3 Individuals with lower healthcare satisfaction are less willing to pay for better public healthcare.

H4 Individuals with lower healthcare satisfaction are more willing to pay for better public healthcare.

H5 Individuals with higher trust in healthcare are more willing to pay for better public healthcare.

H7 Individuals with higher trust in the COVID-19 vaccine are more willing to pay for better public healthcare.

H8 Higher levels of COVID-19 mortality will be associated with less willingness to pay more taxes for better healthcare.

The findings could be summarized as follows. An increase in COVID-19 mortality reduces WTP. Our findings suggest, therefore, that the citizenry views the increase in COVID-19 mortality as a failure of public healthcare. Such an increase signifies problems in public healthcare that lead to a sense of disappointment with the healthcare system, which does not bolster WTP to improve it, but rather reduces WTP. On the contrary, trust in the COVID-19 vaccine and healthcare, as well as higher satisfaction with healthcare, strengthen WTP. In turn, believing that severe health problems originate in poverty and environmental factors beyond sick individuals' control also strengthens WTP. Conversely, believing that people have severe health problems because they behaved in ways that damaged their health weakens WTP. Finally, pro-health behavior bolsters WTP, while anti-health behavior reduces WTP.

Keywords: Support for public healthcare, COVID-19 mortality, COVID-19 vaccine, pro-health behaviour, healthcare satisfaction

Healthcare and the Social Contract: Trust, Satisfaction, and Inequality Across Nations

Sigrún Ólafsdóttir (University of Iceland)
Bernice A. Pescosolido (Indiana University)

ABSTRACT

Public confidence in national healthcare systems is a crucial dimension of welfare state legitimacy. This study examines cross-national variation and individual-level determinants of satisfaction with and trust in the healthcare system, using data from the 2021 International Social Survey Programme (ISSP) module on health and health care that was collected in 30 countries around the world. Drawing on theories of welfare state performance, social inequality, and institutional trust, we analyze how evaluations of healthcare systems relate to both structural factors—such as national wealth, health expenditure, and inequality—and individual-level characteristics, including socioeconomic status, health, and political orientations. Preliminary findings reveal substantial cross-national differences: citizens in countries with higher levels of social spending and lower inequality report greater satisfaction and trust in healthcare institutions. At the individual level, those in better health and with higher income and education tend to express more confidence in the healthcare system, although ideological orientations also play a significant role. The study contributes to comparative research on welfare attitudes by clarifying the multidimensional nature of healthcare legitimacy and highlighting how both institutional and individual factors shape public perceptions of health systems worldwide.