

Religious freedom laws linked to poor health in LGBT people

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States' religious freedom laws may be linked to poorer self-reported health among people who identify as lesbian, gay, bisexual or are unsure of their sexual orientation—a group known as sexual minorities—according to a national analysis led by scientists at the University of Pittsburgh Graduate School of Public Health's Center for LGBT Health Research.

The study, recently published online in the *American Journal of Orthopsychiatry*, found that after Indiana's passage of a Religious Freedom Restoration Act (RFRA) in 2015, [sexual minorities](#) increasingly reported [poor health](#) on a national survey. Such laws are often invoked by the courts to support those who want to deny services to members of particular groups due to conflicts with their personal religious beliefs.

"Although we can't say for certain what caused this significant increase in unhealthy days for sexual [minority](#) people in Indiana, the change coincided with intense public debate over enactment of the RFRA law," said lead author John R. Blosnich, Ph.D., M.P.H., assistant professor in the Pitt School of Medicine's Division of General and Internal Medicine, and member of Pitt Public Health's Center for LGBT Health Research. He is also a scientist with the Center for Health Equity Research and Promotion in the U.S. Department of Veterans Affairs' VA Pittsburgh Healthcare System.

Blosnich's team used data from 21 states that participated in the Centers

for Disease Control and Prevention's (CDC) 2015 Behavioral Risk Factor Surveillance System survey. Across the participating states, the team focused on the [health](#) of the nearly 5,000 participants who identified as sexual minorities. In particular, the team analyzed the number of "unhealthy days," which the CDC characterized as the total number of days in the past 30 that people reported that their physical and mental health were not good.

The researchers found that, among residents of the 21 states, only Indiana saw a significant increase in the percent of sexual minority people reporting unhealthy days over the course of 2015. In the first quarter of the year, 24.5 percent of sexual minorities surveyed reported that their health was poor for 14 or more days each month. In the final quarter of the year, following public discussion and Indiana's passage of the RFRA, 59.5 percent of sexual minorities reported poor health in 14 or more days per month. By contrast, heterosexual people in Indiana did not have any increase in unhealthy days across the same period.

"If some other general, statewide factor was at work, we would expect to see the same increase in unhealthy days for heterosexual people in Indiana, and we didn't see that," Blosnich said. "If it was a regional or a seasonal factor, we would expect to see the same increase in unhealthy days for sexual minority people in Indiana's neighboring states of Ohio and Illinois, and we didn't see that either."

Research shows that sexual minority populations have greater rates of [poor mental health](#), including depression and anxiety, which are attributed to the discrimination, harassment and stigma that they often endure. They also face a higher risk of suicidal thoughts and behaviors.

"The Indiana case suggests that the character of the RFRA law might be an important factor in its broader impacts on [public health](#)," said study co-author Erin Cassese, Ph.D., associate professor in the University of

Delaware's Department of Political Science and International Relations. "Some RFRA's are stronger than others, and Indiana's RFRA law 'has teeth' in the sense that it can be used in private litigation, including cases where businesses wish to deny services to sexual minorities. It also permits courts to grant compensatory damages against whomever brings the suit—making a court challenge to a service denial a much riskier proposition.

"This project adds to a growing body of research demonstrating that experiences of discrimination are associated with poor health outcomes in a range of minority populations," she added. "While debate over RFRA laws doesn't typically engage with questions of public health, this project suggests negative health outcomes might be a consequence of this type of policy, and thus warrant some consideration by policymakers."

Provided by University of Pittsburgh Schools of the Health Sciences

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