

SHORT REPORT

Fear of racism and health

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A recent editorial stated that “the lack of a concerted research and public health effort means that in the United Kingdom the science of investigating the effects of racism on health and the development of preventive strategies are in their infancy”.¹ Part of the evidence for this lack of effort can be seen in the lack of data available with which to explore these issues. While there is a growing literature from the United States that has found evidence for an association between experiences of racism and health,² this lack of empirical evidence has meant that our understanding of the situation in the UK lags behind.

McKenzie comments that “racism can manifest as individual or group acts and attitudes or institutional processes that lead to disparities”.¹ In an earlier paper, we have shown that there is evidence to suggest that experience of interpersonal and institutional racism may have independent effects on the health, measured in a variety of ways, of people from ethnic minority groups in the UK.³ The pathway along which racism influences health may involve less discrete effects, however. It could be argued, for example, that living with a fear of racism may have an impact on health, regardless of any actual personal experience.^{1,4}

METHODS AND RESULTS

The fourth national survey of ethnic minorities (FNS) contained a nationally representative sample of people of Caribbean, Indian, Pakistani, Bangladeshi, and Chinese origin, together with a comparison sample of white people. This analysis involved only those defined as being from an ethnic minority group.* The sample for this analysis was: Caribbean (n = 589), Indian (n = 899), Pakistani (n = 512), Bangladeshi (n = 252), and Chinese people (n = 99). Six weighting factors were applied to the data to deal with the complex sample design, variations in selection probability and response, and to ensure that the survey sample represented the population under study as closely as possible. The methods and findings of the FNS have been published elsewhere.⁵

Respondents were asked to rate their health on a five point scale, and their responses were dichotomised into those reporting “excellent”, “very good”, or “good” health and those with “fair” or “poor” health. Respondents were also asked: “Do you worry about being racially harassed? By racially harassed, I mean being insulted or physically attacked, or having your property damaged for reasons to do with race or colour”. A series of regression tests were conducted to explore the relation between self assessed fair or poor health, fear of racism, household social class, gender, and age (entered as a continuous variable), for the different ethnic minority groups included. Household social class was assigned using the head of household’s occupation. It was

* Respondents were allocated into an ethnic group on the basis of their family origins, a measure that had close correlation with a question very similar to that used in the 1991 British census.

Table 1 Relation between self reported fair or poor health, worries about racism, gender, age, and household social class among ethnic minority groups in England and Wales

| | Odds for reporting fair or poor health (95% confidence intervals) | % |
|---|---|------|
| Worries about racism | | |
| No | 1.00 | 77 |
| Yes | 1.61 (1.24 to 2.09) | 23 |
| Gender | | |
| Male | 1.00 | 50 |
| Female | 1.31 (1.04 to 1.64) | 50 |
| Age | 1.11 (1.06 to 1.16) | |
| Household social class | | |
| Non-manual | 1.00 | 32 |
| Manual | 1.50 (1.12 to 2.01) | 34 |
| No full time worker | 2.39 (1.80 to 3.17) | 34 |
| Proportion reporting fair or poor health | N/A | 32 |
| Proportion reporting excellent, very good, or good health | N/A | 68 |
| Weighted base | | 2344 |
| Unweighted base | | 2351 |

divided into non-manual and manual headed households, and households with no full time worker. As there was similarity in the associations across the different ethnic minority groups, in the model shown here all the ethnic minority groups have been combined to maximise statistical power.

A quarter of people from ethnic minority groups in the FNS sample reported being worried about being racially harassed (table 1). Independent of the effects of age, gender, and household social class, those people worried about being harassed were 61% more likely to report their health to be fair or poor, compared with those who were not. Women were 31% more likely to report their health to be fair or poor than men, and there was also an association between reporting poorer health and increasing age. People from manual households were 50% more likely and people from households containing no full time worker were over twice as likely to report fair or poor health, compared with people from non-manual households. Each of these findings was statistically significant.

COMMENT

The findings suggest that, independent of the effects of gender, age, and household social class, being worried about being a victim of racial harassment could have an important impact on your health experience. The measures adopted here are comparatively crude; there may be better ways to measure both aspects of racism and socioeconomic status and the cross sectional nature of the data means that it is

Policy implications

- Reducing differences in health across ethnic groups is becoming an important focus for UK governmental policy. This and previous work has suggested that the health consequences of racism could be crucial in explaining these variations.
- Findings suggest that a large proportion of the ethnic minority population in the UK is concerned about being a victim of racism.
- While direct experience of racism has been shown to be associated with poor mental and physical health status elsewhere, this paper shows that simply feeling vulnerable to experiences of racism may be associated with poorer health experience.
- Policy developed to tackle racism should therefore be mindful of the effects of the psychological environment in which people live, as well as aiming to reduce the racism that people experience more directly.

impossible to determine the direction of any causality. But these findings provide further evidence that there is an

association that requires further exploration. This exploration can only be achieved with more effort, and more data.

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THE JECH GALLERY

Inequality in a Guarani graveyard

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