

Insight into Travellers' beliefs on healthcare

Edel McGinnity, Des McMahon and Laura Hough look at the health beliefs of Travellers and their use of the health service



IT IS WELL KNOWN that Travellers in Ireland have worse health and mortality than settled people. Since 1987, no national studies have been published on Traveller's health. The National Traveller Health Strategy (NTHS), launched in 2002, is currently undertaking a national study of Traveller's health status. There are less than 25,000 Travellers in the country.

The 1987 Health Research Board study showed:

- That infant mortality was more than twice the national average at (18.1/1,000 live births)
- Life expectancy was lower than settled people (9.9 years for men, 11.9 years for women)
- Male Travellers had over twice the risk of dying in a given year than settled men
- Women Travellers had three times the risk of dying in a year than settled women.

Available current information suggests that the health status of Travellers has not improved and may in fact have deteriorated. The 2006 census found that only 2.6% of all Travellers are aged over 65 years, compared with 11% of the settled population.

The rate of sudden infant death syndrome (SIDS) among Traveller families in 2002 was more than 3.5 times the national figure (2.2 vs 0.6 per 1,000 live births).¹

Some possible causes of the high birth rate and poor morbidity and mortality figures have been suggested by Pavee Point (the organisation supporting human rights for Irish travellers) as follows:

- Poor access to family planning services
- Little practice of family planning for cultural and religious reasons
- High infant mortality due to disease, poor diet, poor hygiene and lack of access to health services.

In 2002, the NTHS was launched. This strategy acknowledges the factors influencing Traveller health. The poor conditions in which many Travellers live are certain to have an impact. The NTHS states that one-in-four Travellers have no piped water or electricity.

According to the NTHS, 17% of Travellers have difficulty in registering with a GP and in many areas it was found that only a small number of GPs provided services to Travellers. Lack of education and training materials that are relevant and meaningful to Travellers has contributed to a low uptake of health services by Travellers.

The NTHS does not mention that Travellers' own beliefs about health might have a substantial impact on health service uptake, and this is the subject of our paper.

The Primary Health Care Group was set up by the Blanchardstown Traveller Development Group, to train Traveller women to go into their own communities to provide health information and support for Travellers.

The authors were asked to act as a resource for the group on medical issues and met with them on a monthly basis over a period of two years. The agenda for the meeting was set by the group and covered a range of issues, including: heart disease; asthma; contraception; vaccinations; and smoking. Discussions often branched into other areas of interest and this was encouraged.

Over the period, as trust was established, it was noticeable that the women became more open about the ideas and beliefs that inform Travellers' health behaviours. We found this very interesting and felt that other GPs might benefit from our sharing of these ideas.

Illness behaviour

For Travellers there is a paradoxical tendency to worry intensely about health problems but not to seek help from a health professional. One woman described thinking she had a clot in her leg (which she knew might kill a person) for months before going to see someone about it.

The reasons for this are complex but appear mainly related to a sense of fatalism about serious health problems (and knowledge that Travellers die younger), combined with a lack of sense of control over one's health.

This thought process may explain why Travellers are slow to make and keep appointments, and then present in quite a distressed state as an emergency with a problem that may be complex and has been going on for a long time.

When people do go to a doctor, they may have a different view of the purpose of the visit than the doctor does. Whereas the GP may see the visit as the start of a process, it seemed to us the Travellers regard it as a single issue which ought to be dealt with in one visit. We are accustomed to using time as an important diagnostic tool, and also to judge the response to treatment. The women however, were puzzled by this idea and asked "Why would you go back to a doctor with something if you weren't better?" This applied particularly where children were involved.

This seemed informed by two views: firstly, the doctor obviously hadn't got it right; and secondly perhaps the GP might be offended if the patient came back and said they weren't better. This was illustrated by one of the women who had brought her daughter to the GP earlier in the week with a sore hip, and because it wasn't better three days later assumed the thing to do was go to A&E.



There was a general assumption that the emergency department was the place to go if you were very worried about a symptom (which is nearly always the case by the time they decide to seek help) and there was a lack of knowledge about the GP being the best place to go if they were very worried.

A more practical reason why Travellers may not keep appointments is that they may not have access to letters by post. While most Travellers do not move around any more, many halting sites do not have post delivered to them and this is especially important for baby vaccinations, etc. In some areas there may be a public health nurse dedicated to Traveller health who will help with this. The health workers being trained by this group expect to have a significant role in this area as well.

The fear of cancer

Fear of cancer is a very powerful cause of worry, and use of the word cancer is taboo. Speaking the word aloud in this group, all well educated women, caused consternation and upset. The women expressed the view that everyone has cancer in them somewhere and it is just waiting to come out, and you never know what might cause this. It could be triggered by something relatively trivial such as a fall.

This might explain why Travellers, who see cancer as something that comes from outside and invades them, are more fearful of cancer than settled people. It also explains how they might worry that what appears to us a relatively minor symptom, may to them possibly seem like the start of something like cancer.

Traditional cures

Traditional cures emerged in the discussion about asthma. When one of the authors mentioned that a relative had a 'cure' (in this case of whooping cough), it was noticeable how the group relaxed into this discussion. It would appear there is a whole world of traditional healing still prevalent in Ireland, and it is very likely that Travellers would not admit to using these cures unless asked in a very direct way. One of the women reported that her GP had 'given out' to her for using a cure (in this case for burns). These cures are a combination of tradition and religion.

The cure for asthma involved putting three hairs from the tail of an ass into an envelope, under the pillow of a child. If the hairs were gone in the morning then the asthma would be cured. One of a number of cures for whooping cough involved getting a ferret and feeding it bread and milk. Whatever was left behind was fed to the child ('the leavings').

The other type of cure involved going to see a healer, usually a priest. One woman discussed how a child's heart murmur disappeared after such a visit. There were thought to be some cures for cancer, but nobody in the group knew of them personally. Of great significance was the belief that conventional medicines would 'break' the cure and shouldn't be used. As cures are often used for self-limiting conditions this might not be of consequence, but even in the case of asthma, for example, it could cause significant problems.

There are many parallels to the use of alternative medicines by settled people. As GPs dealing with Travellers it is important to be non-judgemental and open to these beliefs as they are very important and may play a critical role in what we believe to be non-compliance with medications.

Mental health

This was an area that proved difficult to discuss on many levels. It was often arrived at in the context of other discussions (smoking, for example). The women in the group all knew each other and their extended families. We perceived a strong sense within the community of a blurring of the boundaries between an individual, their family and the rest of the community.

One person's business seemed to be automatically everyone else's business, especially their immediate family. This comes into conflict with a powerful desire for privacy. We perceived a sense of lack of safety about discussing personal problems, because everyone else would 'know your business' despite the urge to keep things very private. It seemed that health problems in general were a source of embarrassment, and mental health problems in particular a source of shame.

Those of us who have experienced the arrival of a large group will be familiar with this phenomenon, especially the middle-aged mother assuming she should have full knowledge of all her adult children's affairs.

Because of this system, it appears very difficult for Travellers to confide in health professionals even though we may reassure them of confidentiality. Hopefully, the women training in this group will play a key role within their communities in informing and reassuring Travellers around this issue.


There was a strong sense of judgement of people with addiction problems, especially alcohol. The women were surprised when we suggested the GP was an appropriate person to address a problem like this to. There was also a general disapproval of the use of antidepressants.

Men's health

Men were notable by their absence from the discussions and a sense of nihilism about their health prevailed. Getting them to engage in healthcare was seen as a challenge. The concern about people knowing their business, referred to above, acts as a powerful deterrent. They do not respond to being asked to go to the doctor by their wives.

There is a lot of worry about men, especially young men, with respect to drugs and alcohol. The women agreed that the advent of plastic, which caused the demise of the traditional Traveller activity of repairing tins, etc. and actually travelling around, was one of the major contributors to the lack of purpose and direction experienced by Traveller men, whereas the female role of caring for children had not changed so much.

Conclusion

As time goes on we hope to explore with the group how we as GPs could engage more constructively with Traveller patients. We also hope that by educating this group about the role of the GP they will, in turn, educate the wider community. Equally, we hope that this article will inform you as GPs about how Travellers perceive both their health, and our role in caring for them. 

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