

A multi-ethnic health related behaviour study

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A study within a deprived inner-city area found some differences between the health-related behaviour of the ethnic-minority and indigenous groups. It was discovered that the former group were more serious and co-operative in answering the Questionnaire, despite occasional language difficulties. Analysis of the results reveals differences between some of the behaviours of the two groups which could be important in curriculum-planning.

This study represents the work of the five full-time members of the Health Education M.A. (Ed.) Course at the University of Southampton, 1983-84. The survey was a joint exercise, with each member then producing in-depth studies of particular aspects, which were highlighted by analysis of the results.

The particular geographical area selected for the study is one often regarded as a 'problem' area. It has a number of distinct groups living in it, including several ethnic minority groups, students, single men (including a number of former mental hospital patients), and a number of families who have lived there for a considerable length of time. It is, unfortunately, also known for its notorious 'red-light' district, and it has, for some time, been designated an area of special need. Indeed, the City Council was then concluding a multi-million pound rebuilding and redeveloping programme, concentrating on the upgrading of most of the houses.

Over the past few years there had been a number of health factors emerging, associated with the multi-ethnic nature of the area. Local health visitors and medical personnel had established a good

working relationship with local community leaders, and the Health Education Officer had initiated an effective relationship between the community and a working party concerned with the area's health needs.

A questionnaire study

Whilst we felt concerned, and wanted to be involved in some way in assisting with some of the problems, it was very difficult to think of anything constructive to do. After a lot of discussion amongst ourselves and with people more directly concerned with the area, we decided that our own educational background could support a study of the schoolchildren, leading to a little further insight into the problems affecting the area.

Arrangements were made to use a modified version of the Health Related Behaviour Questionnaire available from the HEC Schools Health Education Unit at the University of Exeter. Three additional questions were used, as indicated below. With this modified enquiry instrument, we set out to investigate the health-related behaviour of 3rd-year pupils at two comprehensive schools serving the area, although we had initial doubts

whether our findings would greatly contribute to the vast store of knowledge that had already been built up by the health visitors serving the area. However, the exercise might provide additional information about a group of adolescents who had not communicated very much with the health services, and might also offer information to the schools themselves to assist with any current or future planning of health-education courses.

It was felt that it would be unrealistic, impractical, and unethical to confine the Questionnaire to those children belonging to an ethnic minority, or to those children living within the area. It would also be of far more benefit to the schools if all the children in a particular year group were questioned. However, it was important for the purposes of the study to identify the individual groups. Therefore, John Balding very kindly agreed to produce tables for the normal Questionnaire range of behaviours, but also with the extra dimensions afforded by the three new questions. These were:

Which religion does your family follow?

Catholic Church of England Methodist Other Christian Islam Hinduism Sikhism Judaism Buddhism Other (please name)

(It was a deliberate move not to put atheism or agnosticism on the paper, to discourage any contrariness on the part of the pupils!)

Write down the name of the road in which you live.

(This was to discover if they lived in the area being studied.)

In which country were your parents born?

(The countries were coded into the following categories: Indian sub-continent; West Indies; Central Africa; Middle East; China; Britain; Fiji.)

The schools and pupils

The two schools approached were those said to take the majority of the residents from the area, although one of them appeared to be some considerable distance from it. Both schools showed an immediate willingness to co-operate with us, and to allow us into the school. Question-

naires were thus administered to 74 boys and 56 girls at one school, and to 42 boys and 34 girls at the other. Of these 206 pupils, 59 or 29% (38 boys and 21 girls) lived within the study area.

When administering the Questionnaire, we found that on the whole the attitudes of the ethnic-minority groups were serious and co-operative and very accepting of authority, whilst the white indigenous children tended to be a little more suspicious and guarded in their responses. Obviously, language was a problem with some of the minority group, and it was difficult to distinguish between 'sometimes' and 'occasionally', or to understand 'at ease' and 'uneasy'. The application of the Questionnaire results may have been further restricted by the fact that it was used in the week following half-term, which is not advised in the supervisor's notes.

Some 'cultural' findings?

A list of difficulties was compiled and sent to John Balding, for his consideration when next revising the Questionnaire format. Nevertheless, we believe that the findings raised several points of interest which may warrant further investigation, despite the fact that the sample was small. The following comments refer to the behaviour of the ethnic-minority pupils within the area being studied, compared with that of indigenous pupils in the same sample.

Dental care and treatment The overall picture regarding dental treatment (Table 1) was one in which the ethnic minority generally only visited their dentist when they required some form of treatment. Prevention was not perhaps considered to be so important.

Visits to the doctor The ethnic minorities were found to visit their GP more regularly than their counterparts (Table 2), and, overall, were taking more medicines on prescription (Table 3). The findings on self-medication revealed that the responsibility for taking self-remedies were undertaken more by the ethnic-minority groups (Table 4) than by their indigenous counterparts.

Table 1.
Responses to 'When did you last visit the dentist?' from a sample of 38 boys and 21 girls.

Last visit to the dentist	B O Y S		G I R L S	
	Ethnic minority	Others	Ethnic minority	Others
More than 2 years ago	21%	9%	29%	6%
More than 1 year ago	21	13	19	12
7-12 months ago	11	18	14	12
3-6 months ago	24	29	14	31
Up to 3 months ago	24	34	24	40

Table 2.
Responses to 'When did you last visit your doctor?' from the same sample of boys and girls.

Last visit to the doctor	B O Y S		G I R L S	
	Ethnic minority	Others	Ethnic minority	Others
More than 1 year ago	11%	17%	10%	34%
7-12 months ago	13	14	14	9
3-6 months ago	11	28	24	22
Up to 3 months ago	15	19	10	21
Up to 1 month ago	34	17	29	9
Within the last week	16	5	14	6

Table 3.
Responses to 'On how many days in the last week have you taken... pills or medicines which were not prescribed by the doctor?' from the same sample of boys and girls. (Different categories of pills and medicines are combined here.)

Use of prescribed medicines during previous week	B O Y S		G I R L S	
	Ethnic minority	Others	Ethnic minority	Others
Not at all	79%	84%	67%	94%
1 or 2 days	11	7	5	2
3 to 6 days	0	3	5	0
Every day	11	7	24	5

Two other findings should also be mentioned. Vaccination uptake, particularly for *rubella*, was very low for the girls compared with the 'national' average of about 80-90%; and the number of servings of foods containing useful amounts of *Vitamin C* were also extremely low.

These points represent just some of the findings from the sections we studied in depth, and there were many other answers of interest. For example, very few of the girls ride bicycles, which could make it difficult for them to get home to lunch; very few boys within the area have a paper round, and few families read 'quality' newspapers, with the boys

preferring comics. There was a great insistence that Asian children *always* wash their hands after going to the toilet - an answer not offered on the Questionnaire, where the highest rating is 'Whenever possible'.

Some related findings

Within the study, it was possible to detect certain related findings. It would appear that cultural influences were an important factor in formulating the health-related behaviour of the children in the area. This might, for example, contribute towards the lack of confidence in swimming on the part of the girls, who were likely to be discouraged, by cultural traditions,

Table 4.
Responses to 'When you take medicine or pills not prescribed by the doctor, who decides that you should take them?' from the same sample of boys and girls.

Deciding about self-medication	B O Y S		G I R L S	
	Ethnic minority	Others	Ethnic minority	Others
You do	48%	27%	35%	21%
Others do	51	73	63	79

Table 5.
Responses to 'Smoking: which of the following most nearly describes you?' from the same sample of boys and girls.

Smoking	B O Y S		G I R L S	
	Ethnic minority	Others	Ethnic minority	Others
Never started	71%	80%	90%	61%
Given up	20	13	5	27
Like to stop	6	4	0	9
Don't want to stop	3	3	5	3

from exposing their bodies in public. Similarly, the low level of smoking (Table 5) may indicate the influence of cultural factors.

Such factors may be further reflected in findings which suggest compliance with family expectations. Another set of questions suggested that the girls, in particular, appeared to save money, and much of the money spent by them was on clothing and sports equipment rather than on more frivolous items.

We are grateful to the schools for their co-operation in this study, and to the various health personnel serving the area. Thanks are also due to John Balding for allowing us to change the Questionnaire

format, and for processing the completed documents so quickly. It is hoped that the schools have been able to make use of the printout in their planning, and that the results have proved interesting to others, illustrating how the Questionnaire may be adapted to different situations.

The other members of the group involved in this study were Brian Hibberd (District Health Education Officer, Isle of Wight); Faith Hill (HEC 16-19 Project); Alyson Moon (HEC Primary Project); and Paul Mouncey (Health Education Facilitator, Winchester). All were teachers before taking up the course at Southampton.