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ATTITUDE TO HEALTH IN MEMBERS OF THE MONGOLIAN MINORITY IN THE CZECH REPUBLIC

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Abstract

Health is a fundamental prerequisite for the quality of human life and prosperity in general, as well as a condition for satisfaction of other needs. Health is important for everyone and we should all participate in its improvement.

It is not only health workers who play an important role in activities directed towards keeping people healthy and improving their health condition; other specialists and political representatives should be engaged in this kind of activity as well. Personal participation and the responsibility of individuals for their own health are extremely important. The concepts related to the individual person's care for their own health are valid not only for the majority part of the society but for all minority groups that live in the Czech Republic as well. One of the minorities that live either permanently or temporarily within our territory is the Mongolian minority.

This article presents partial results of a research project that was focused on selected minority groups living in the Czech Republic. The research was done with support from the Internal Grant Agency of the Ministry of Health of the Czech Republic. The Mongolian minority group was one of eight minority groups that were included in this research project. One of the objectives of this research project was to find out about the attitude to health among the members of the Mongolian minority living in the Czech Republic.

During our quantitative examination the data were collected by means of a questionnaire. The questionnaire consisted of a total of 140 items and – besides identification data – it comprised three parts. The items in the first part of the questionnaire were related to attitude to a person's own health. The other parts of the questionnaire dealt with lifestyle, the specific needs and the satisfaction of the respondents with the health care in the Czech Republic. The collected data were processed using statistical methods. The set of respondents consisted of a total of 3,258 people from the eight most populous minorities in the Czech Republic. The set included members of the Romany, Ukrainian and Mongolian minorities, members of the Federation of Jewish Communities in the Czech Republic, Center of Muslim Communities, as well as the Diamond Way Buddhists (Karma Kagjü) and members of the Church of Jesus Christ of Latter Day Saints (Mormons). A total of 564 respondents were from the Mongolian minority. It is obvious from the results of the research that more than half of the respondents demonstrate a positive attitude towards their own health but it does not accord with the results related to activities that support health and with the results connected with their participation in preventive examinations and vaccination. The members of the Mongolian minority value their own

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health and they are aware of the importance of health in general, but preventive care is often underestimated. However, the respondents take their children to the doctor for preventive check-ups and they have them vaccinated.

Key words: *attitude to health; preventive activities; Health 21 programme; Mongolian minority; alternative medicine*

INTRODUCTION

Health is a common value for everyone. Promotion of health is a process that helps both individuals and communities to influence the factors that may affect their health – thus improve their own health condition. Promotion of health pervades all preventative stages. However, preventative measures are not only related to health workers. It is important for citizens to play an active role in terms of preventative measures that are included in the primary prevention whose task and aim is to prevent diseases (Strejčková 2007, Tóthová et al. 2010). The core programme that presents human health as a key priority for the countries within the European region is the long-term programme of the World Health Organization called "Health 21". During the implementation of this trans-national programme within the government health policy it is necessary to apply strategies that will influence the determinants of the citizens' health, regarding not only the health and economic aspects but the social and cultural aspects as well. Every culture has its own concepts of health, and culture-related specific features are reflected in citizens' attitude to health in general. This fact should be reflected in the government health policy as well since, due to the social-political changes at the end of the last century, the number of foreigners who live in our country permanently or long-term is continuously growing (Ivanová et al. 2005, Farkašová et al. 2006). For this reason, very often we get in contact with patients who are not from the Czech Republic and came from a different cultural environment. These patients include nationals of the Mongolian minority who have been living on the territory of the Czech Republic temporarily or permanently. At present, according to the data provided by the Czech Statistical Office, there were in total 5,167 Mongolians registered in the Czech Republic as of 30 April 2011 (Czech Statistical Office 2011). Mongolian migration to the Czech Republic has been based on a long-lasting tradition of Czechoslovak-Mongolian relationships. The collaboration had been intensively developed since 1950. Mongolian citizens would come to our country for research fellowships and short-term attachment, while Czech students and employees were welcomed in Mongolia as well. At the beginning of the nineties, the collaboration was somewhat reduced. However, slowly but surely, Mongolia is (again) becoming one of the priority countries within Czech international development cooperation. The main reason for emigration from Mongolia is the current economic situation that affects the life standard of the population – according to official data, approximately half of the Mongolian population lives on the limit of the subsistence minimum (Kohn 2006). Living conditions in many parts of the country are very tough. The climate in Mongolia is characterized by significant temperature fluctuation. In addition, the soil in vast regions is not suitable for farming and growing crops. A large part of the territory of Mongolia is covered with steppes with a harsh climate where people live on nomadic pasturage (Grollová and Zikmundová 2001). Therefore, Mongolia is a traditional migration country. However, Mongolians do not only migrate for green pastures – they mainly migrate for an easier life (often just a dreamed-of life) to Mongolian cities and abroad, to find a job. This means that Mongolians come to our country to work in order to improve their financial situation. Since it is difficult to get an education in Mongolia, parents want to provide their children with education in our country. Due to the growing Mongolian population in the Czech Republic, we meet them in our medical institutions more often than before. This minority originates from a very different cultural background and, for this reason, from the point of view of trans-cultural communication, we should pay a lot

of attention to this minority. We should know their culture, customs and traditions better as they may have a significant influence upon the behaviour of individuals if they are ill or if they are admitted into a hospital. This minority group is one of eight minority groups that have been included in a research project that is implemented thanks to financial support provided by the Internal Grant Agency of the Czech Ministry of Health, *"Provision of culturally-differentiated health care within selected minorities in the Czech Republic"*.

One of the objectives of the research project was to elicit the attitude to health in members of the Mongolian minority in the Czech Republic.

MATERIAL AND METHODS

In the course of the first stage of the research activities, an in-depth interview was held with representatives of the Mongolian minority. During this inquiry, the current situation was mapped in terms of their specific cultural needs in the context of the health care provided. It was important to establish contacts and find out about the cultural and specific features and the lifestyle of the Mongolian minority. The results from the interviews were statistically processed by means of descriptive statistics. The results of the qualitative inquiry obtained through the interview technique were verified by means of an extensive inquiry via a questionnaire during the second stage of the research (Tóthová et al. 2009). For the quantitative inquiry, the questionnaire method was applied.

The Questionnaire consisted of 140 items in total. Besides identification data, the items were focused on the following areas: attitude to health, lifestyle, specific needs and the respondent's satisfaction with the health care in the Czech Republic. The Questionnaire was translated into Mongolian. It was distributed by a representative of the Mongolian minority, who cooperated with us. The data collection process ran from September to December 2009. The data collected were processed by means of the SASD program (Statistic Analysis of Social Data), version 1.4.4.

The selected set included total 3,258 respondents from the most populated minorities in the Czech Republic, namely: the Romany, Ukrainian and Mongolian minorities, followed by the members of the Federation of Jewish Communities in the Czech Republic, the Center of Muslim Communities, as well as the Diamond Way Buddhists (Karma Kagjü) and members of the Church of Jesus Christ of Latter-Day Saints (Mormons). The members of the Mongolian minority received 600 questionnaires in total, of which 564 were returned. The Mongolian minority research set consisted of 55% females and 45% males; 7% of the respondents were up to 20 years of age; 40% were between 21 and 30; 37% of the respondents were between 31 and 40; 13% were between 41 and 50; and 3% of the respondents identified themselves as aged between 51 and 60. By the education level achieved, 31% of the respondents were university graduates, 21% higher education, 34% secondary education, 6% apprenticeship qualifications and 8% basic education. In terms of religious belief, 66% respondents admitted Buddhism and 26% respondents claimed no religious belief.

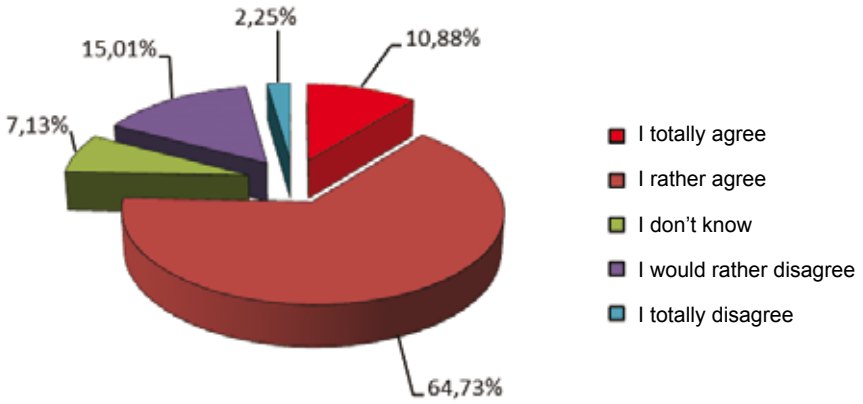
RESULTS

The attitude to one's own health was examined through the response to the proposition *"I take care of my health"*. The respondents were able to express their posture within a standardized scale with 5 options, see Graph 1. 75.61% respondents identified themselves with the statement fully or partially (sum of answers "totally agree" and "rather agree"). On the other hand, disagreement (partial or full) was manifested by 17.26% of respondents. The remaining 7.13% were not able to take a specific stand and selected the option "I don't know". To sum up, it is obvious that most of the members (3/4) of the Mongolian minority in the Czech Republic tend to take care of their own health and they pay attention to it.

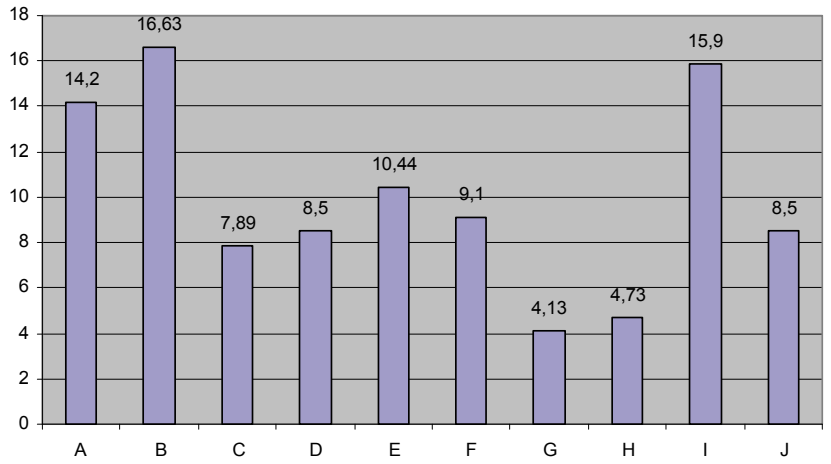
Analyses following from the second sorting show a statistically significant difference in the attitude to one's own health between the Mongolian males and females living in the Czech Republic. As regards the proposition "I take care of my health", full or partial agreement was expressed by 82.9% females but only by 66.7% males. The chí quadrate characteristics of independence (X^2), in case

of differentiation by sex, equals to 22.505 at 4 degrees of freedom. It means that the differences between Mongolian males and females, as regards the attitude to their health, are statistically significant (applicable for the significance level α=0.001) which leads to the conclusion that the Mongolian females living in the Czech Republic, according to their own statements, take care of their health more than the Mongolian males.

A relation between the age and education on one hand, and the care of one's own health on the other hand was not revealed. However, it is important to say that the application of the significance tests was limited due to low or zero number of observations in some cells of the contingency tables developed. As for education, based on relative frequencies we can only infer that respondents with a university education express more effort in terms of care of their own health, in comparison with the respondents with lower education.



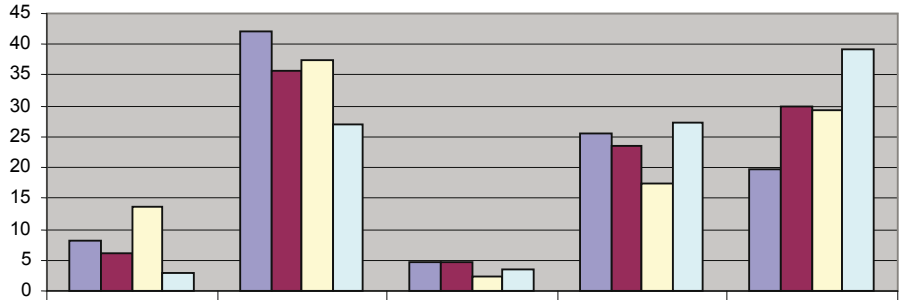
Graph 1. "I take care of my health" (in %) N=564



Legend: ***A)*** reasonable food intake; ***B)*** keeping to principles of healthy nutrition; ***C)*** regular meals; ***D)*** sufficient fluid intake; ***E)*** sports activities; ***F)*** regular sleep; ***G)*** regular rest; ***H)*** participation in preventive check-ups; ***I)*** other activities; ***J)*** disregard of care for health.

Graph 2. What do you do to keep healthy? (in %) N=564

In response to the question *"What do you do to keep healthy?"* 14.2% of answers were reasonable quantity of food, 16.63% were keeping to principles of healthy nutrition, 7.89% eat regularly, 8.5% drink the fluid volume as recommended, 10.44% do sports, 9.1% regular sleep, 4.13% rest regularly, 4.73% attend a general practitioner for preventive check-ups, 15.9% respondents claimed other activities than the ones available in the questionnaire, and 8.5% of the respondents said that they did not take care of their health.



	I totally agree	I rather agree	I don't know	I would rather disagree	I totally disagree
General practitioner	8,01	42,08	4,74	25,5	19,67
Dentist	6,04	35,66	4,72	23,58	30
Gynecologist (females)	13,53	37,4	2,39	17,51	29,18
Doctor-specialist	2,88	27,12	3,46	27,31	39,23

Graph 3. Regular preventative examinations (in %) N=564

By summing of relative frequencies of positive answers, in total 50.09% of the respondents agree with the statement *"I regularly attend preventive check-ups at the general practitioner"* while in total 45.17% of the respondents do not agree. Analysing the results of the second level of the sorting, a statistically significant difference was found between Mongolian males and females living the Czech Republic as regards the attitude towards preventive check-ups at the general practitioner. Full or partial agreement with the proposition "I regularly attend preventive check-ups at the general practitioner" was expressed by 55.6% of females and only 43.3% of males. In case of differentiation by sex, chí quadrate characteristics of independence test (X^2) equals to 11.189 at 4 degrees of freedom. It means that the differences between the Mongolian males and females in terms of their attitude to regular preventive check-ups at the general practitioner are statistically significant (this is valid for the significance level α=0.05). It is possible to conclude that the Mongolian females living in the Czech Republic – according to their own words – attend regular preventive check-ups at the general practitioner more frequently than Mongolian males.

No connection was found between this feature and the age and the education of the respondents. Therefore, it is not possible to insist that the attitude towards regular preventive check-ups at the general practitioner in the Mongolian minority living in the Czech Republic would differ depending on the age or the education of the respondent. In addition, a connection was identified between this feature and the type of health insurance. However, in this case the strength of the test was weakened due to insufficient cases of observation in certain cells of the contingence table. Therefore, we only state that there is a trend that the respondents with public health insurance attend the general practitioner within regular preventive check-ups more often than the respondents who do not have any health insurance. This conclusion is very logical.

Fewer respondents agree with the statement *"I regularly attend preventive check-ups at the dentist"*, in comparison with the examinations at the general practitioner. The sum of relative frequencies of positive answers equals 41.7%; the sum of negative answers is equal to 53.58% and 4.72% of the respondents chose the answer "I don't know". By simple comparison of the relative frequencies, it is obvious that the members of the Mongolian minority living in the Czech Republic mostly disagree with the proposition on their regular preventive check-ups at the dentist, in other words, regular dentist's care is not usual for most of them. Analysing the results of the second level of sorting, it was found that the Mongolian females living in the Czech Republic pay more attention to regular preventive check-ups at the dentist than Mongolian males. In this case, sorting by sex, the chí quadrate characteristics of the independence test (X^2) is 19.586 at 4 degrees of freedom. It means that the attitude towards regular preventive check-ups at the dentist depends on the sex of the respondent (this is valid for the significance level α=0.001). There is no significant connection between the age, the education or the type of health insurance and the opinion on preventive checkups at the dentist.

The statement *"I regularly attend preventive check-ups at the gynaecologist"* was presented only to females. By the sum of positive answers, in total 50.93% of the females agreed and 46.69% of the females disagreed. 2.38% of the females answered "I don't know". Statistically important connections between this factor and the age or the education were not identified; we can only conclude that females without health insurance tend to attend preventive check-ups of this type less than the females with insurance.

As regards the proposition *"I regularly attend preventive check-ups at the specialist"*, 30.00% of all respondents agreed while the sum of negative answers was equal to 66.54%. It means that a majority of the members of the Mongolian minority living in the Czech Republic do not regularly consult – specialist doctors. In terms of the sex, education or the age, there are no statistically significant connections related to the proposition "I regularly attend preventive check-ups at the specialist". Analogically, in case of regular preventive check-ups, people without health insurance tend to visit specialists less than people who are insured.

Table 1. Preventative care of children (in %) – only the respondents who have children N=335

Propositions	I totally agree	I rather agree	I don't know	I rather disagree	I totally disagree
I take care of my children's health	31.94	53.13	4.48	5.67	4.78
I regularly attend preventive check-ups with my children	18.81	32.24	5.38	25.38	18.20

As regards the proposition *"I take care of my children's health"*, 31.94% of the respondents totally agreed, 53.13% of the respondents rather agreed, 5.67% rather disagreed and 4.78% totally disagreed. 4.48% of the respondents answered "I don't know". In terms of the proposition *"I regularly attend preventive check-ups with my children"*, 18.81% of the respondents totally agreed, 32.24 of the respondents rather agreed, 5.38% answered "I don't know", 25.38% of the respondents rather disagreed and 18.2% totally disagreed.

Out of the respondents who have children, 53.08% allow their children to be regularly vaccinated, 31.06% do not allow their children to be regularly vaccinated; 15.86% of the respondents choose the vaccine themselves. More than half of the respondents (59.48%) go to the doctor as soon as possible if their children are ill; 37.63% wait some time to find out whether the illness dies down and, if not, they go to the doctor; and 2.89% of the respondents tend to postpone a visit to the doctor as much as possible

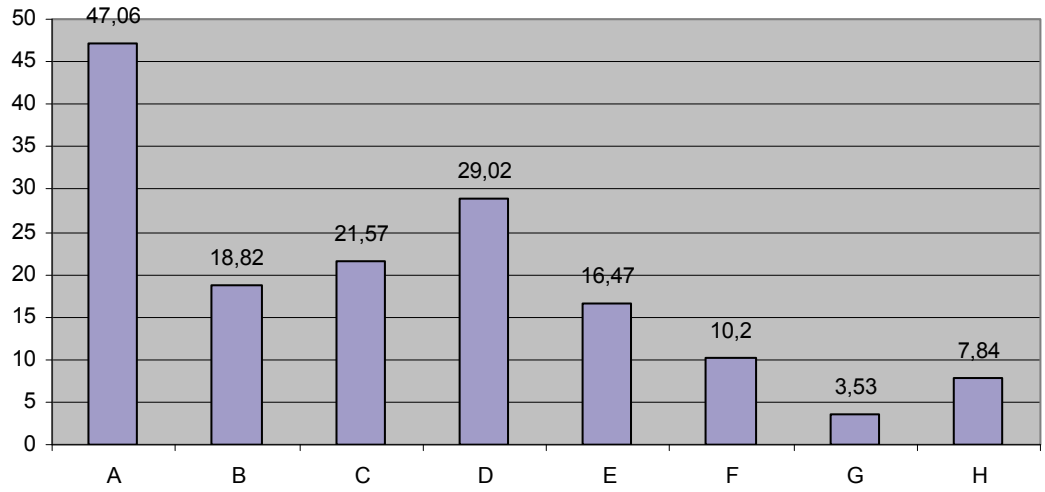
Table 2. Visit to the general practitioner with a child (in %)

Visit to the doctor – regular vaccination N = 309	%	Visit to the doctor – in case of illness N = 311	%
Yes	53.08	As soon as possible	59.48
No	31.06	Short delay – wait to see whether the illness dies down	37.63
Decision on the vaccine	15.86	Visit to the doctor postponed as much as possible	2.89

Table 3. Visit to the general practitioner for adults (in %) N=564

Visit to the doctor – regular vaccination	%	Visit to the doctor – in case of illness N = 311	%
Yes	14.36	As soon as possible	23.34
No	69.48	Short delay – wait to see whether the illness dies down	64.99
Decision on the vaccine	16.16	Visit to the doctor postponed as much as possible	11.67

In response to the question of whether they have regular vaccination done, 14.36% of the respondents answered "Yes" and 69.48% answered "No". 16.16% choose the vaccine themselves. In case of illness, approximately one quarter of the respondents (23.34%) go to the doctor as soon as possible, 64.99% wait to find out whether the illness dies down and, if not, they go to the doctor, while 11.67% of the respondents tend to postpone the visit to the doctor as much as possible.



Legend: ***A)*** medicinal herbs; ***B)*** teas; ***C)*** natural medicine; ***D)*** massage; ***E)*** acupuncture; ***F)*** acupressure; ***G)*** homeopathic remedies; ***H)*** other.

Graph 4. Preferred elements of alternative medicine (in %) N=255

The question *"Which elements of alternative medicine do you prefer?"* was asked only to the respondents who answered "Yes" to the closed question *"Do you prefer elements of alternative medicine to conventional medicine?"*. It is obvious from the results shown in the graph that approximately half of the respondents prefer medicinal herbs.

DISCUSSION

The Health 21 programme declares that one of the fundamental rights of every human being is the enjoyment of the highest attainable standard of health. Thereby, the WHO members affirm the dignity and worth of every person, and the equal rights, equal duties and shared responsibilities of all for health. Improvement of the health and well-being of people is the ultimate aim of social and economic development. Justice in health is an important ethical and pragmatic category when creating health policy. Its fulfilment means that standard health care is provided equally and evenly for all social, ethnic, national, age and other segments of population. At the present time, there are no big issues in this area but it is anticipated that continuing social differentiation may bring unfavourable consequences for the health of certain parts of the population (Health 21 2001). In terms of the attitude towards foreigners, the Czech Republic, as a member state of the European Union, applies the principles stipulated by the Council of Europe for integration of foreigners in the society of the receiving country. The European integration policy accentuates the access to health care; it declares that foreigners have the right to health care of the same quality as the other citizens (Ivanová et al. 2005).

Following from the results we have had, we can state that more than two thirds of the respondents have a positive attitude to their health or they care of their health (Graph 1). The concept of the responsibility for health, declared in the WHO documents, has been accepted. As regards the item where particular activities related to health were offered, we did not get high values. Out of the options which we offered in relation to respondents' care of their health, more than one third of them chose the options connected with meals, i.e. intake of nutrients is adequate, they follow the concepts of a healthy diet and eat regularly (Graph 2). Eating habits of the members of the Mongolian minority in the Czech Republic are influenced by cultural customs and traditions which they brought with them from Mongolia. The Mongolian cuisine is characterized by a combination of meat and dairy products. The Mongolian cuisine depends on the seasons of the year. During the summer months, when animals produce milk, the basic foodstuff is dairy products. In winter, meat prevails, completed with flour and sometimes with potatoes and rice. Mongolians mostly eat mutton, but during recent years, due to opening of the markets, good restaurants which are operated by foreigners are able to offer other kinds of meat as well (Kohn 2006). The traditional eating habits have been obviously adjusted to Czech conditions. The mutton is mostly substituted with pork.

In terms of the other options which we offered in this item the results are rather low. As for the propositions *"I take a rest regularly"* and *"I attend preventive check-ups"*, the results do not achieve the level of 5%. As for regular rest, the results confirm the high work engagement of the members of the Mongolian minority. The results we have gained about attendance at preventive check-ups do not agree with the results we got in the following item, asking whether the respondents visit the general practitioner, the dentist, the gynaecologist (females) and specialist doctors. The results for this item are not satisfactory but they are much higher (Graph 3). We can conclude that the attitude to care for health, especially in the field of prevention, is average or below average. Health is considered as a priority but preventive care is often underestimated. A majority of the respondents do not attend preventive check-ups and vaccinations and they postpone a visit to the doctor's when they are ill (Table 3). These results agree with the results of the research done by Jelínková (2011), confirming that the members of the Mongolian minority tend to go to the doctor's only if it is absolutely necessary. The attitude to the health of their children is different – over half of the respondents take care of their children's health; they take them to preventive check-ups and have them vaccinated. If the

children are ill, they take them to the doctor's as soon as possible (Tables 1 and 2).

The environment of the Mongolian steppes is the place of origin of curative methods that shepherds shared for centuries. They were different from western medicine and from the medical methods in the surrounding countries as well – in the same way as the life of nomads differs from the settled life of farmers. Traditional Mongolian medicine includes hundreds of medicaments of animal origin, dozens of salts and minerals, and a great variety of curative herbs, trees and fruit products. Contemporary Mongolians tend to connect the traditional knowledge and traditional curative procedures, wedded to the lifestyle, diet and belief that they work, with European medical science (Grollová and Zikmundová 2001). The answer to our question of whether the respondents prefer elements of alternative medicine was positive from approximately half of the respondents. This result does not correspond to the information given in the literature (Messner 2007). We assume that the result was influenced by the different environment in the country where the respondents live now as well as by their original locality in Mongolia – rural or urban environment. The respondents whose answer to this question was positive mostly use herbs and massage, which is an inseparable part of traditional Mongolian medicine (Graph 4). Medicaments and infusions in the traditional Mongolian medicine are supplemented with methods of the so-called five axes. These methods do not demand much material. At the beginning of the nineties the Institute of National Medicine began restoring the traditions of faith healing and doctors and nurses working in the field were taught these nearly forgotten methods (Grollová and Zikmundová 2001).

CONCLUSION

It is obvious from the results of the research that more than half of the respondents have a positive attitude to their own health, which does not accord with the results that are connected to activities which support health and to their participation in preventive check-ups and vaccination. They value health and are aware of the importance of health but preventive care is often underestimated. However, the respondents take their children to preventive check-ups and have them vaccinated. The respondents prevent illnesses and strengthen their health mainly through their regimen. Approximately half of the respondents prefer elements of alternative medicine. To sum up, we can say that the general rule stating that the interest in one's own health varies is applicable in the members of the Mongolian minority as well. The attitude of individuals to their own health is influenced by the cultural particularity, as well as by the structure of the personality of the particular person, by current needs, and by the value ladder. All these factors affect the behaviour of individuals in the area of preventative activities and keeping to recommended routines connected with their own health. The medical officers who work in the primary care should pay enough attention to members of various minority groups. Through health education, which is a very important method, they should influence their health-related habits, lifestyle and behaviour to help them keep healthy.

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