



Why don't segregated Roma do more for their health? A complex question

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We read with interest the article “Why don't segregated Roma do more for their health? An explanatory framework from an ethnographic study in Slovakia” that has been published recently in this journal (Belak et al. 2018). The authors performed a qualitative content analysis of combined ethnography and systematic interview conducted in a Roma settlement of 260 inhabitants in Slovakia during a period of 10 years. They posited an original interlocking system of seven mechanisms which support the non-adherence of local Roma to clinical and public health recommendations. These mechanisms are controlled by and operated through both local Roma and non-Roma.

The authors should certainly be congratulated for collecting and analysing such a large amount of data and presenting a number of interesting conclusions.

We are approaching this subject from the perspective of practical medicine (Nunes et al. 2018), caring for patients with diabetes mellitus. The question of whether patients adhere to the recommendations in terms of lifestyle changes is an essential aspect of the whole treatment process, and in our experience, there is a widespread tendency not to strictly follow recommendations, irrespective of a patient's nationality or ethnicity. In our experience, the most common reason stated by patients for this is limited time available to devote to personal health care; conversely, a lack of interest in their own health is rarely given as the main reason. Although we understand that the focus

of the study was somewhat different, we would like to question the authors regarding these two comments:

1. It was stated that health occupies the tenth position in the Romani value chart (Říčan 1998), whereas in the majority population of the Czech Republic it comes in first place (Horká and Hromádka 2008). Thus the low priority given to health by Roma people could negatively influence their tendency to follow the advice of clinicians. This also may be an explanation for the marked contradiction between the subjective and objective evaluations of the health state of the Romani population (Hajduchová and Urban 2014).
2. Differences in health beliefs between the patient and the provider, i.e. the explanatory model of health, illness and healing methods, can act as a barrier to the detriment of ethnic minority patients (Scheppers et al. 2006). An analysis of the literature provided by the same authors found that ethnic minority patients (Roma populations were not included) may have one of the following sets of belief patterns: (1) the belief that Western concepts should be holistically defined; a holistic view integrates the body, mind and soul; (2) the belief that personal problems and illness are caused by external factors such as family relationships and less by internal influences such as damaging childhood experiences; (3) the belief that external causes can be natural or supernatural by nature. Natural in this context means a so-called Act Of God (e.g. the “tsunami”). By supernatural is meant karma (consequences of good or wrong doings in another life), magic, sorcery and voodoo; (4) the belief that the concept of (mental) health should include religious/spiritual dimensions as well as bodily dimensions and that mental illness and psychiatric hospital admission is to be avoided (taboo).

As the question of personal health and illness chart evaluation and the model of health beliefs among the Roma population is not highlighted in the study but is

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considered by us to be important in connection with a person's "healthy behaviour", we would like to respectfully ask whether the authors found any significant trace of the health personal value chart or health beliefs in the collected interviews. Otherwise, with respect, we recommend including these areas if a continuation of the study is planned. We believe that this may contribute a further insight into this interesting and important area, and may help to find further answers to the more general question "Why don't Roma do more for their health?"

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Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Human and animal rights This article does not contain any studies with human participants or animals performed by any of the authors.

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