

'Cultural Identity and Health in British Polish Communities in the UK: Gender and Generational Influences.'

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INTRODUCTION (i)

BACKGROUND: The findings presented in this paper, are the result of a small qualitative study, carried out as a follow-up to a much larger empirically based piece of research (PhD work, completed in 2000).

In essence, the original research looked at: how maintaining one's ethnicity can be seen to impact on a person's general health and well-being.

Sections of the HALS, the GHS (1991, 1994), and the Census (1991) were utilised in order to make the respondents' data comparable with peer groups.

INTRODUCTION (ii)

AIMS / OBJECTIVES: The current qualitative research wanted to examine and develop the following areas:

- Had the health-care provisions of some of the 1st generation interviewed in 1997 improved in those areas where they had felt it was previously lacking?
- How much influence do (these) 1st gen. females (still) have on matters of ethnic transmittance to the 3rd gen. (esp. traditional health belief systems – religio-magico remedies, etc.)?
- How much of their ethnic heritage is embraced by today's 3rd gen. UK British Poles. Are these maintained daily, and with ease?
- What kinds of impact did they feel that their grandparents' migratory experiences might have on their own psyches?

METHODS (i)

The study sample comprised the following:

Six (6) 1st generation Poles (4 females, and 2 males)

Eight (8) 3rd generation British Poles (5 females, 3 males)

This was a small-scale qualitative piece of research. I deliberately sought to find 3rd gen. respondents from previously interviewed 1st gen. ones. Open-ended questions were utilised based on 1st generations' experiences and significant life-events.

Methods for operationalising 1st generation questions:

- I utilised original questionnaire sections and asked same questions to elicit current situational experience responses in specific areas (provision of health-care; racism / discrimination; currently felt impact of life course events on sense of well-being).

METHODS (ii)

Methods for operationalising 3rd generation questions:

- The interviews were in two parts for this group.
- Firstly, both 1st and 3rd gen. respondents were present:
the discussions stemmed from me sharing their grandparents' original responses with my 3rd generation respondents, in order to convey how the whole process of migration was an ongoing process for all those affected by it. They both talked about 1st gen. experiences, and 3rd ge. Were able to ask any questions, etc.
- Secondly, only 3rd gen. respondents were present, at a meeting usually about a week (but no later than 2 weeks) later:
I would then ask via a range of open-ended questions, how the 3rd gen. felt about 1st gen. experiences, and, how their personal experience of 'Polishness' was felt to impact on their own well-being

RESULTS (i)

1st Generation Findings.

- All 1st gen. Poles except for 1 female (3 females, & 2 males) continue to feel discriminated against. Many felt that as a result of media attention on Polish migrants (since EU accession May 2004), they were specifically targeted (e.g. racist taunts in public, shopping, hospital appointments, etc.)
- Some still feel (2 females, 2 males) that they are still not receiving the kinds of health-care treatment to which they are entitled (e.g. queries / concerns dismissed – either seen as age related, or misunderstood). There continues to be a lack of cultural awareness and related needs.
- There is a general feeling (all 6) that their mental health and general well-being has deteriorated as a result of these continued inequalities.

RESULTS (ii)

3rd Generation Findings.

- The 3rd gen. faces a lot of uncertainty regarding their ability to always maintain levels of 'Polishness' seen as appropriate by the 1st and 2nd generations (all feel this, but the females more so). Their own sense of sub-cultural self-identities are contingent upon (their) generational experiences and location, even more so than was true for the 2nd generation.
- They feel (voiced more by the females) that the expectation to maintain their ethnicity does have an impact on their overall sense of well-being. Although they derive pleasure and pride from this part of their identities, it is felt to be sometimes constraining.
- The 3rd gen. are (all) acutely aware of the negative impact of the migratory process on both the 1st and 2nd generations, also saying that it may impact on their own well-being (4 f & 1 m). Some have also witnessed racially generated verbal abuse at the 1st gen.

FURTHER WORK (i)

It is believed that given the recently expanded EU, and the constant media frenzy surrounding the 'waves' of economic migrants landing on the UK shores, there is a decided need to address the inadequate implementation of the needs of white minority ethnic communities primarily with regards to equitable health-care provision.

Clearly EO policies and action plans purportedly being implemented by public sector bodies (DoH, DfES, DoE, etc) are having little impact in real terms, in that they fail to incorporate in the planning processes an embedded understanding that diversity needs APPLY TO ALL ETHNIC GROUPS in society.

KEY MESSAGES

These comments are supported by a current project, which is looking at equitable access to healthcare, employment, etc. to recently arrived economic migrant from eastern Europe, to the UK.

There is a general lack of research on 'white' migration to the UK, without this, policy will not represent the needs of such groups.

- There is therefore a need to examine the current provision of such facilitating mechanisms, according to the needs of specific migrant groups.
- There is currently a dearth of understanding of the needs of sizable ethnic communities resident in the UK as far back as the early 1950's.

This will inevitably impact on subsequent migratory waves, economic or otherwise.