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44 – The Health Needs of Hard to Reach Groups: Do We Know Enough?

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One of the most representative minority groups in almost every country in Europe are the Roma. The Roma (Gypsies) are a special ethnic community with multiple homelands, abundant cultural heritage, and a certain way of life. They are a special ethnic group of people who predominantly live in Central or Eastern Europe (CEE) (approximately 5.2 million of Roma live in CEE countries). It is estimated that about 10,000 Roma live in Slovenia, of which 3,000 live in Prekmurje. In Slovenia, the Roma are legally considered to be a minority at risk, and their status is partly regulated by the Slovenian Constitution. Their integration into the community primarily involves jobs and schooling (Roma children attend the same schools as non-Roma). The Majority of Roma in Prekmurje have built good relations with the non-Roma population. They are also very active in protecting and developing their cultural and ethnic specificity. They have their own radio and TV programme, publications in the Roma language, and they take part in investigating the needs and specificity of the Roma population.

Due to the problems researchers face when carrying out studies in Roma settlements, there is a lack of data on how public healthcare measures should be appropriately developed and implemented for this minority group. These problems arise because of the mistrust the Roma hold for the non-Roma researchers; they are afraid of being discriminated against and exploited, they have problems talking to researchers, and they are afraid of any consequences they might face within and outside their community if they participate or do not participate in these studies. Time-related and financial obstacles represent an additional burden in carrying out such studies.

The Roma have their specific material and spiritual culture, including health culture which determines their attitudes towards health, diseases and death. In the past, their strong superstitious beliefs led them to prefer visiting domestic healers rather than doctors and conventional medicine. The decision by Roma to seek medical care is affected by their culture. They equate health with happiness. They believed that certain diseases were outside the realm of their perception of health so they visited special Romani practitioners, and used herbal home-made medicines. However, most of those Roma beliefs have been abandoned over the past few decades. They have developed an increased trust in conventional medical methods but a lack of confidence in health-care workers and institutions. Since they are mostly poorly educated, and sometimes do not trust the non-Roma population, this often results in communication difficulties with healthcare workers. In addition, their low education level, poor mastery of the language of the non-Roma population, and cultural and ethnic differences contribute to poor health literacy. They often do not understand medical protocols, and have problems comprehending information material they are given in health centres. Due to the poor health literacy of the Roma, their difficulties understanding medical terminology or misinterpreting it, few publications deal with the issue of healthcare in the Roma communities. In some cases, their culture still

contains beliefs about health and healthcare with which health workers may not be familiar. Vivian and Dundes emphasized that health care workers frequently make the mistake of assuming that all Roma patients have basic medical knowledge and accept the standards of the country's medical system. The hierarchy of the Roma family and gender distinction in seeking out medical assistance plays a vital role in the communication with medical workers. Usually, the family elder makes conversation, decides on family decisions, and ensures that younger family members co-operate with doctors and other medical workers. An understanding of the culture, traditions, and values of the Roma is of great importance if health professionals wish to understand and assist these people. The general health of the Roma people is substantially worse than that of the majority population, with poor compliance with preventive activities and vaccinations. Different Studies show that the Roma have a high prevalence of a variety of diseases, for example: smoking, metabolic syndrome with type 2 diabetes, respiratory diseases, mental health problems and increased cardiovascular mortality compared with the general population. The health of the Roma is strongly related to their socio-economic situation, associated inadequate living conditions and infrastructure of their homes. Their health problems are also linked to inadequate hygiene conditions and poverty, which in turn leads to decreased lifespan, increased risk of illness, and chronic diseases. A Hungarian study that compared the health status of the general population with that of the Roma community and a Serbian study that examined sexually transmitted diseases identified the need for a specific public healthcare approach in the Roma community that includes health education and promotion of a healthy lifestyle. Similar findings have been established by Croatian researchers, who concluded their study by recommending the planning of a public healthcare approach in socially marginalized and economically disadvantaged communities such as the Roma.

However, overall life quality of the Roma has improved over the last few decades. Today the remaining problems of the Roma (including in Slovenia) include: socio-economic conditions (mainly affected by education and employment), social exclusion, and in some cases, misunderstanding with the local people. While health care is largely free in Slovenia, obstacles for the Roma population relate more to certain special medications and hospital-related fees, especially for those Roma who do not hold compulsory health insurance. As with any ethnic minority, the Roma need special consideration from the social and healthcare systems. It is important that the healthcare system recognises and deals with the requirements of this population. This is, however, difficult if the Roma attitudes and beliefs towards healthcare are not taken into account. Numerous studies have taken into account ethnicity and culture as important variables in the exploration of marginalized ethnic communities' relationship to health and healthcare. Considering inequalities and the special needs of the population, this variable is important in analysing attitudes of ethnic and ethnic minorities towards the health and healthcare services. Over the last few decades, numerous qualitative and quantitative studies have raised the issue of the Roma population and their attitudes towards health and healthcare services in the US, some West European countries, CEE countries, and the former Yugoslav republics including Slovenia.

Take Home Messages

- Culture, customs and socio-economic situations affect minority groups' relationship towards health and healthcare services
- Only with knowledge and improved communication, we can together develop the health for marginalized populations

Original Abstract

<http://www.woncaeurope.org/content/40-pa-assessing-health-needs-hard-reach-groups>

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