

# Roma Population: Social Determinants and Primary Care Outcomes in Selected Countries of the CEE Region

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## Abstract:

**INTRODUCTION:** Several marginalized communities in Central Eastern Europe suffer unequal access to primary healthcare services. The most populous ethnic and minority group in the European region is the Roma people, with nearly 10 to 12 million people in European countries, among them 6 to 8 million living in the European Union.

**METHODS:** Primary healthcare determinants of selected minority groups and communities were analyzed based on publicly available databases and/or publications.

**RESULTS:** Longitudinal and comparative analysis of primary healthcare determinants in minority communities in the Central Eastern Europe Region showed differences in social and primary care determinants. Many barriers to accessing healthcare facilities, such as economy, lack of trust by Roma for healthcare providers, and physical communication were identified. There is a significant difference in trust on healthcare providers by both the Roma population and by non-Roma population; similarly, financial stability is another factor that becomes an impediment to access to free healthcare services.

**CONCLUSIONS:** Joint activities plus local authorities' commitment is essential in solving the barriers to primary healthcare as well as inequalities from the perspective of marginalized minorities.

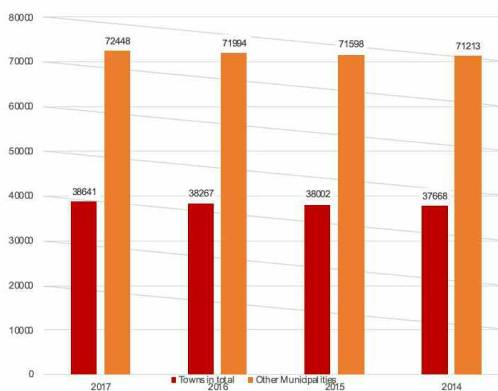
## Introduction

According to *European Agency for Fundamental Rights*, the most populous ethnic and minority group in European region is the Roma people, with nearly 10 to 12 million people in European countries, among them 6 to 8 million living in the European Union. They are an integral part of the region for nearly more than thousand years, but still, they are living enormously in compromised conditions in the member nations of the region. They are found here and there in the countries, called different names like, gypsies, travelers, Sinti etc. Roma population in the European countries are facing multiple problems. The problems range from economic hardship, lack of education, healthcare, and discrimination in different aspect of life. Despite the fact that they are citizens of many countries, they lack many fundamental rights. The *Charter of Fundamental Rights of the European Union* couldn't ensure their fundamental rights to have proper treatment and access to education.

The Roma people migrated from some Northern part of India in 9<sup>th</sup> to 14<sup>th</sup> century in different stages to Europe. Initially they migrated to Khorasan (present Iran) from India, then they migrated to European countries – mostly Central and East Europe and later in Western Europe in little numbers as well. The number varies from 380,000 to 500,000 Roma people who are currently now in Slovak Republic (Figure 1). According to Immigration Canada, only one-third of total Roma population live in a township and the rest live in municipalities; Roma people live in segregated communities in 153 out of 584 (total number) municipalities.(1-14)

There are several human rights organizations and voices in place in the greater European region for the last 10 years or more. The *European Agency for Fundamental Rights (FRA)* did a survey on it and acknowledged the presence of severe discrepancies among the minority groups. The survey revealed the presence of prejudice throughout the member states in the region.

**Roma population by year**



Sources: European Union Agency for Fundamental Rights, European Union Agency for Fundamental Rights <https://fra.europa.eu/en/theme/roma>; Regional Statistics Yearbook of Slovakia 2018 (last update 22.02.2019); <https://www.cia.gov/library/publications/the-world-factbook/geos/lo.html>

Efforts are being made to reduce the inequalities within genders among the Roma population in member state countries in European region. But, there are no significant differences from the conditions before the efforts started. The condi-

tions within Roma population for women are worse than that of Roma men. The most notably worse areas for women are employment, housing, preventive treatment, and access to education. Harassment and physical violence are also miserable in the lives of Roma women. All women have historical sufferings of gender discrimination in aspects of life in the greater parts of the world. Roma women in the European regions are facing additional challenges including extreme poverty, exclusion and overall discrimination reinforcing their disadvantages even further.(14-28)

## Methods

According to the Statistical Yearbook of Slovakia, the Roma population makes nearly 2% (111, 089) of the total Slovakia population (5,445,040). The structure of health facilities is included in Figure 2. However, many researchers mentioned that the Roma population living in Slovakia is much higher. The number varied from study to study and the differences between the government report and other sources are huge. According to CIA factsheet, the percentage of Roma population in Slovakia is 7% to 11% of its total population and it is underestimated in governmental statistics. None of the sources could reveal or offer the reasons behind this difference in numbers. Is it that Modern Roma people do not want to be excluded from the job market because of fear of possible discrimination? Or are they afraid to express their ethnicity for the fear of some other social discrimination?

### Health facilities in Slovakia

	2013	2014	2015	2016
Health Facilities in Total	13022	13040	13099	13160
General OPC	2907	2863	2837	2846
Specialized OPC	6167	6157	6148	6120
Poly Clinics	69	71	73	72
General Hospitals	74	73	73	73
Special Hospitals	43	44	43	42
Institute for Treatment	19	17	18	18

Source: Statistical Yearbook of the Slovak Republic 2018, page 177, Last update: 10.0

The discrimination, segregation and oppression are part of life for the Roma population throughout Europe and Roma in Slovakia are not outside of the vicious cycle. To find out the reasons for inequality in all aspects of life, secondary data were studied. Few of the social determinants were studied before preparing this paper and presentation. The question was raised about the motivation to work on Roma population. It was mentioned in the presentation meeting anonymously that the term 'Roma' is a restricted word. They preferred marginalized group or other minority population rather than 'Roma'. And, according to the same source, any research by Slovak people is unallowable, but a foreigner can talk about it to some extent.

Social determinants include the conditions where people are born, live, get health support, enjoy a good environment, have good jobs and gain financial ability all of which ultimately hugely impact the health of those people. This paper will elaborate on a few of those social determinants and their impact on health outcomes. Usually, health is dependent on socio-economic conditions, but in the case of Roma this not only depends on socio-economic conditions but also the socio-demographic factors.

The data were collected secondarily from previous studies: the CIA fact sheet, World Health Organization, European Commission, European Council UNDP, internationally published articles and different acceptable agencies. The health outcomes of social determinants, demographics, access to health care, barriers to health care, education, segregation in education, health outcomes in localities of different density of Roma inhabitants, housing and employment among Roma and Non-Roma were compared.

## Result and Discussion

The closer look of the findings match the findings of many other research articles. The Roma people are entangled with poor socio-economic conditions that lead to very poor living conditions. The CIA fact sheet revealed that 100% of Slovak people are getting pure water to drink and use for other daily activities. This is contrary to another finding sourced from the Slovak Embassy in Ottawa is referred to in an Immigration and Refugee Board in Canada quoting that the Roma population have only 11% of access to running

water. The same source also mentioned that only 45% of Roma population has sewage connection and the majority of electric connections were noted as illegal. According to the statistical yearbook of Slovakia 2018, the number of healthcare facilities didn't grow much in the four years 2013-2016. The number of general practitioners is noted as 50.5 per hundred thousand people in Slovakia as a whole (Figure 3).

### Accessibility of primary care services in Slovakia

Nr. of GPs per 100 000 population <sup>Year</sup>	50.5 <sup>07</sup>
Shortage of GPs	Yes, some regions
Home visits/week by GPs <sup>Year</sup>	9-
Payments for a visit to a GP	No
Payments for prescription medication	Some
Payments for a referred specialist visit	No
Payments for a home visit by GP	No
% patient satisfaction with PC prices & access <sup>Year</sup>	Price: 86 <sup>07</sup> Access: 83 <sup>07</sup>

Sources: European Observatory on Health Systems and Policies; 2015; <https://www.ncbi.nlm.nih.gov/books/NBK458725>

People do not have to pay for the general physician or for the specialists, but the patient has to pay for the medications. Pavol Jarcuska *et al* (2013) and other research groups (9.16-26) identified many barriers to accessing healthcare facilities: economy, lack of trust by Roma for healthcare providers, and physical access. There is a significant difference in trust towards healthcare providers by the Roma population and by the non-Roma population; similarly, financial stability is another factor that becomes an impediment to access to free healthcare services. Physical access is another difficulty either due to bad roads or lack of any timely and affordable transport system is the third major obstacle. According to the European Union report on the health status of the Roma population, fear of discrimination also is an important obstacle to reach a healthcare facility. All barriers ultimately, recourse the Roma to use so called improvised home-healing. According to Andrea Madarasová Gecková *et al* (2014) (9), nearly 81.3% Roma population only had elementary education (Non-Roma 2.3%); only 2.3% Roma people had higher education (76% Non-Roma); 89.6% people Roma had no job (26.4% Non-Roma); 65.5% people receive social benefits (7.6% Non-Roma receiving) (Figure 4).

### Education and employment

Education	Roma	Non Roma
Elementary	360 (81.3%)	9 (2.3%)
Apprenticeship	73 (16.5%)	84 (21.4%)
Higher	10 (2.3%)	300 (76.3%)
Unemployment	396 (89.6%)	102 (26.4%)
Receiving Social Benefit	290 (65.5%)	28 (7.2%)
Lack of Basic Household Facilities	281 (62.2%)	78 (19.4%)

Sources: Cent Eur J Public Health, Supplement 2014, <https://cejph.szu.cz/pdfs/cjp/2014/88/11.pdf>

They also observed that employment and education had a direct impact on perception and health status of individuals. The Immigration and Refugee Board of Canada also focused issues on education, finding that 30% of Roma children go to special schools for mental disability; nearly 88.6% students of all 21 schools for mental health issues in Slovakia. Only 15-20% of Roma children can pass grade 9. In 2012, UNDP conducted a survey within mainstream schools in Slovakia and found that nearly 43% of Roma students in those schools are being taught in segregated classrooms. Previous studies concluded that trust, money, access and fear of segregation are important obstacles. Kolarčík, Peter *et al* (2009) mentioned that Roma people do not use healthcare facilities as do the non-Roma population; there is statistical significance. Only 19% of Roma children are found to be vaccinated, whereas this percentage remains 95-98% among the non-Roma population. A retrospective cohort study at the Gynecology and Obstetrics Clinic of Louis Pasteur University Hospital in Košice (2018) by Jana Diabelková, Kvetoslava Rimárová, Peter Urdzík, Erik Dorko, Andrea Bušová observed that smoking, drugs and alcohol during pregnancy, preterm births, low birth weight births, low education and underage pregnancy are significantly higher among the Roma population.(17-21) Similarly, previous studies marked that Roma people suffer from poverty, lack of education, lack of employment, poor trust to healthcare providers and above all have poor health status. Measuring health and health risks in the designated Roma settlements in Slovakia – facts and reflections (2017) discovered the truth

of very low life expectancy among Roma population, especially extreme low (mid 40s) in segregated community. According to Soltès *et al* in 2014, life expectancy among non-Roma population is nearly 70 years, to the contrary life expectancy among the segregated Roma population as low as 43 years.

## Conclusions

Slovakia is a country with solid economic stability. Overall health status is better than many other Central and East European countries. For the Roma population in Slovakia like in any other European country, living with low socio-demographic conditions, health outcomes as effect the poor, healthcare and poverty are significant. There are lots of potentials to improve the situations of Roma population. Addressing social determinants of health is important for improving health and reducing longstanding disparities in health and healthcare.

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