

Health of Roma People living in marginalized Communities in Slovakia

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Abstract:

Introduction. The biggest Roma communities reside in the eastern part of Slovakia in the regions of Presov and Kosice, whose share is 35-40%. While the atlas of Roma communities from 2019 indicates that about 440,000 Roma live in Slovakia, only 156,000 Roma registered in 2021. Moreover, more than half of them stated Roma nationality only as a second nationality. Due to the fear of discrimination, racism and hate speech 10-15% of Roma did not state their identity because they consider it more advantageous in their efforts to integrate into society. It is also assumed that a significant part of the Roma (12-15%) living in the south of Slovakia have adopted the Hungarian nationality.

Objectives. The main goal was to map and analyse the development of civilizational and infectious diseases in the Roma population, taking into account the social, economic and cultural status of the Roma in Slovakia.

Methods: The data were analysed on the basis of available statistics and forecasts of the development of diseases in the all-Slovak databases maintained by the NCZI SR and the Statistical Office of Slovak Republic. We compared the development of tuberculosis, hepatitis, diabetes, and the overuse of psychotropic substances, which often occur in marginalized Roma communities.

Results: The results showed that although some diseases such as tuberculosis and hepatitis are decreasing along with the general average of registered diseases in the population, their highest occurrence in terms of the number of registered cases still occurs in Roma communities. Among Roma, the proportion of people addicted to psychotropic substances is increasing, the risk of infectious and civilizational diseases such as e.g. diabetes, asthma, obesity and cardiovascular diseases.

Conclusion. With the decreasing quality of life of the Roma, the number of infectious and civilizational diseases also increases, therefore we recommend that comprehensive prevention, education in the field of vaccination and support for early diagnosis of diseases be implemented.

Introduction

In Slovakia and also in many other countries in Central and Eastern Europe, Roma is the biggest ethnic group with specific living conditions having social terms due to life in segregated communities with low standards of hygiene, housing, education and health including low immunization coverage which affect their health status and predispose them to various diseases.

To increase the health of Roma people there is need for the implementation of screening programs, preventive measures, and treatment of infectious diseases in Roma communities throughout Europe. We currently have more than 153,000 Roma in Slovakia, while not all of them have declared their origin. Even now, it is assumed that a significant part of the Roma minority, which did not declare their Roma origin in the census, applied for Slovak nationality, and due to the significant location of this minority in the south of Slovakia, it is likely that about 20% of the total number of Roma applied for Hungarian nationality (Suvada, 2015).

Health and lifestyle of Roma people

Roma live in marginalized communities, whose dwellings are located on the outskirts of cities or in separate parts of individual districts of municipalities. Municipalities, characterized by a lifestyle that differs from the majority society are associated with behavior that endangers their health - smoking and cigarette addiction begin even before 15 years; increased incidence of oncological diseases; obesity in children and adults; various infectious diseases including viral hepatitis (Janicko et al., 2014). For Roma peoples food and eating habits have changed (Kiss et al., 2014). Changing values and lifestyle of Roma people open new challenges to increase prevention and health measures (Kremery et al, 2018); pandemic connected with the Covid-19 has changed attitudes to Roma as they were scared of the consequences of this disease and they had fear of death so they were more willing to get vaccinated. Inadequate nutrition as a result of poverty and poor real access to health care due to a lack of financial resources for travel to the doctor or medicines contribute to the unsatisfactory state of health in Roma communities. The rate of use of alcohol and tobacco products is also

worsening, as well as increasing addictions and other risks associated with them. According to a Dinge study (Dinge 2003), there is a relatively large genetic load in some Roma communities, which is related to a high incidence of congenital (born) diseases.

The study by Serafinova et al. (2022) confirms that the educational level of the Roma in the field of health is low, for this reason they are often unaware of the consequences of their risky behavior on their quality of health and subsequent health problems brought about by the neglect of prevention in any area of the body. In the villages with a segregated Roma community only 7.1% of parents visit dentists for preventive check-up of their children compared to the villages with integrated Roma people in 51.1%.

According to the general statistics of the Slovak Republic for the year 2021, there were 2.9 million people who were unable to work due to inhabitants, while in 2012 it was 2.3 million people, while the average morbidity rate rose to 4.3% of the total population. The average number of days of sick leave is 40 days, while due to the spread of the Covid-19 pandemic, many people stayed sick at home office or took vacation, while this number is not counted statistically. The statistics take into account only those people who have health insurance, since many Roma do not pay for health insurance, we cannot determine the average value of morbidity among Roma, however, based on the reports of community workers in Roma settlements, it appears that the morbidity of younger Roma under the age of 20 is decreasing, while that the morbidity of Roma over 40 is increasing.

Roma people have worse health status; higher infant mortality rates; shorter (10-15 years) life expectancy; higher prevalence of chronic diseases than the non-Roma (Sedlakova, 2014). Roma people have fewer opportunities to get health care on a regular basis and to ameliorate collapse of quantity and quality of healthcare staff, we have to focus on better financial acceptance of medical and paramedical staff in many Eastern Central European countries (Muss et al., 2022).

The living conditions of families in the Roma community is different, which brings different life values and myths that the Roma believe in; they trust the family more than professionals and

doctors (Tomanek, 2019). Distrust in formal institutions causes problems in the family to be diagnosed late, which also worsens health problems and the spread of infectious diseases due to the low educational level of the adult Roma population (Tomanek, Matejova, 2019).

Research aims and methods

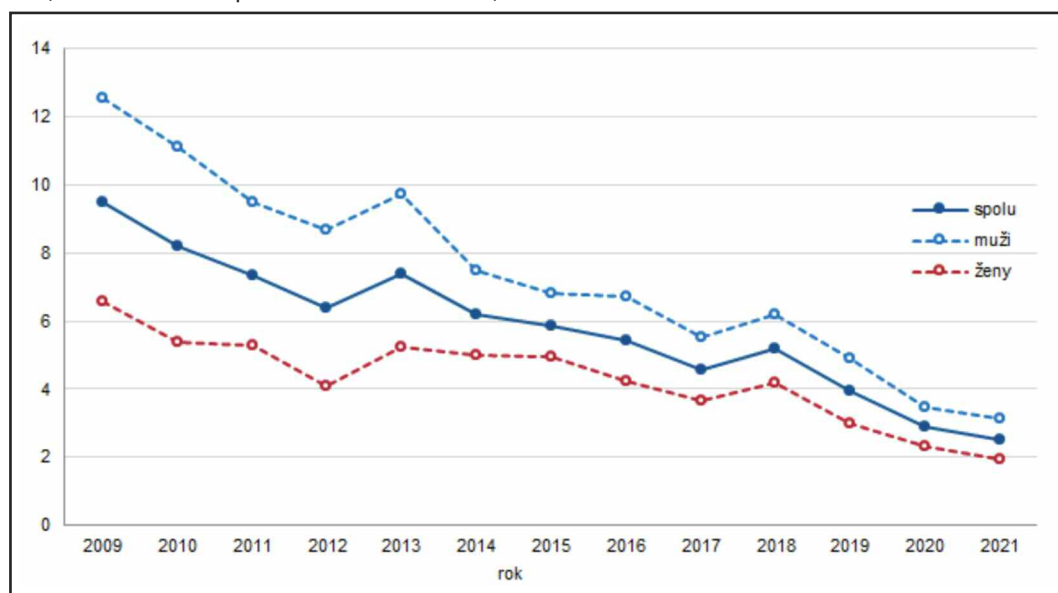
The research aim is to analyze development of specific diseases which occurred in the past in the Roma settlements and figure out the changes in the health situation of the Roma people in Slovakia. The data were analyzed on the basis of available statistics and forecasts of the development of diseases in the all-Slovak databases maintained by the NCZI SR and the Statistical Office of Slovak Republic. We compared the development of tuberculosis, hepatitis, diabetes, and the overuse of psychotropic substances, which often occur in marginalized Roma communities.

Results

Dimension: Tuberculosis

In Slovakia, the incidence of tuberculosis is highest in the Presov and Kosice regions whose value is at the level of 10-12% in 2021. It occurs most often in marginalized Roma settlements, where living and social conditions are deteriorated. In 2021, the downward trend in tuberculosis (TB) morbidity continued in the Slovak Republic. 137 TB cases were reported to the National Tuberculosis Registry (incidence 2.5 per 100,000 population), which was 21 cases less than in 2020. Compared to 2009, this was a decrease of up to 376 cases. In 2021, there were 96 cases of tuberculosis among Roma, which is caused by inappropriate living conditions, low hygiene standards, lack of drinking water, inappropriate lifestyle and risky behavior. Tuberculosis and its incidence are also increasing due to the influence of international and national migration of individual groups (Bundzelova et al., 2022).

G1 Development of tuberculosis disease in period 2009-2021 (number of cases per 100 000 inhabitants)



Tabel 1 Tuberculosis in Roma community in 2005-2021

Year	Total TB cases	TB in Roma people	Childhood TB in Roma children
2005	743	103	66,6%
2008	652	115	92,9%
2010	450	169	70,1%
2015	317	118	40,5%
2020	175	98	56,3%
2021	158	96	60,75%

Dimension: Obesity and diabetes

In 2021, diabetes clinics registered 25,007 patients with type 1 diabetes mellitus (460.1 cases per 100,000 inhabitants). Within the observed period of 2009-2021, there were the fewest persons with this type of diabetes who were dispensaries. Compared to 2020, their number decreased by 4.4%. In the case of Roma, the number on average is 56% with diabetes mellitus I: due to poor health conditions high level of intake of high-calorie; unhealthy foods with a high sugar content. Out of the total number of 1,611 new patients with type 1 diabetes mellitus, the largest number of them increased in the age category of 30-34 years (44.6 cases/100,000 inhabitants of

the given age) and 25-29 years (43.0/100.000). (NCZI SR, 2021). This also applies to the Roma group of citizens.

Obesity and overweight among Roma is characterized not only by improper nutrition, but also by lack of exercise; genetic predisposition chronic diseases; especially by a poor social life, in which the passive spending of free time; insufficient prevention and health promotion prevail. The result is various functional diseases that worsen with age. Obesity already occurs in Roma children in the first grade of primary school (8.9%), in adulthood this proportion increases to 14.6% on average.

Dimension: Hepatitis A, B, C and E

Poor living conditions in segregated Roma settlements and in localities with a high concentration of the Roma population, as well as low health awareness, have an impact on the occurrence frequency of infectious diseases. There are indications that diseases such as hepatitis, bacillary dysentery is still a serious problem in many Roma communities. It is about the so-called diseases of dirty hands, which are spread, for example, by contaminated water and food. Serious problems also include respiratory tract infections. Diseases such as scabies and pediculosis originate from a lack of hygiene. Similarly, in the pre-

Table 2 The epidemiology of hepatitis A, B, C and E among Roma population in Slovakia in 2008-2018

E	Cases	Epidemiological Information System HAV: Hepatitis A virus; HBV: Hepatitis B virus; HCV: Hepatitis C virus; HEV: Hepatitis E virus.	Source
2008	730 reported cases 299 cases of Roma people	573 cases of viral hepatitis type A occurred in the Presov Region. More than 80% of diseases were found in 13 epidemics. In the largest epidemic, in the village of Lomnicka (district of Stara Lubovna), people fell ill during the months of August to November 300 persons (out of a total of 730 cases reported here for the whole year), of which 299 were Roma.	Hrivniakova et al, 2009
2009	HBsAg overall 2.18%-9.07%;	Regions: Presov, Kosice, Bratislava pregnant women 0.82%-4.13%	Kristian et al.2013
2011	195 Roma living in Roma settlements, age 18-55 years	Total anti-HEV 21.5%, highest in Romamen–29.4%	Halanova et al.,2018
2012	441 Roma, age 18-55 years	Anti-HCV 0.7% Region: Kosice	Veseliny et al,2014
2014	324 cases, 221 Roma people	The incidence of hepatitis B among Romain settlements is at the level of 12.5 percent,even 53 percent of the population has activeor overcome hepatitis	Veseliny et al,2014
2018	175 cases	Total anti-HEV 45.5%	Paralicova et al,2020 Paralicova, Schreter, 2021

vention of infectious diseases, the lower vaccination rate of the Roma population as well as of children compared to the majority population is a problem.

Dimension: Suicides

In the Slovak Republic, 548 suicides were recorded in 2021, which is 59 more than the year before. Male suicides (449) significantly outnumbered female suicides (99). Last year, most suicides were committed by men in the aged 60-69 years (83 suicides) and 70 and over (82 suicides). In the Roma community, men over 50 years of age commit suicide most often, women end their lives at an older age and in a smaller proportion compared to Roma men, on average 2x less often.

Women ended their lives by suicide most often at the age of 70 and over (22 suicides) and 50-59 years (21 suicides). In the age group of children under 14, one girl and one boy took their own lives. A significant year-on-year increase of 72.7% occurred in the number of suicides among teenagers in the 15-19 age group, where 19 suicides were committed (12 men and 7 women). Suicide attempts were recorded most often in the Bratislava Region (158 attempts) and the Trnava Region (102 attempts), the least of which were reported from the Nitra Region (30 attempts) in 2021. Most often, Roma suffer from severe psychological problems: dementia; mental illness; severe depression; chronic syndromes caused by an inappropriate or pathological lifestyle (Krcmery et al., 2018), which can lead to suicides.

Among Roma, suicide occurs most often in the age group of 50-55 years, when the reason is the perception of the life situation as hopeless or the trigger is addiction to psychotropic substances, mental illness. Men commit suicide more often than women, choosing to end their lives by jumping from a bridge or under a train, death by use of any type of weapon.

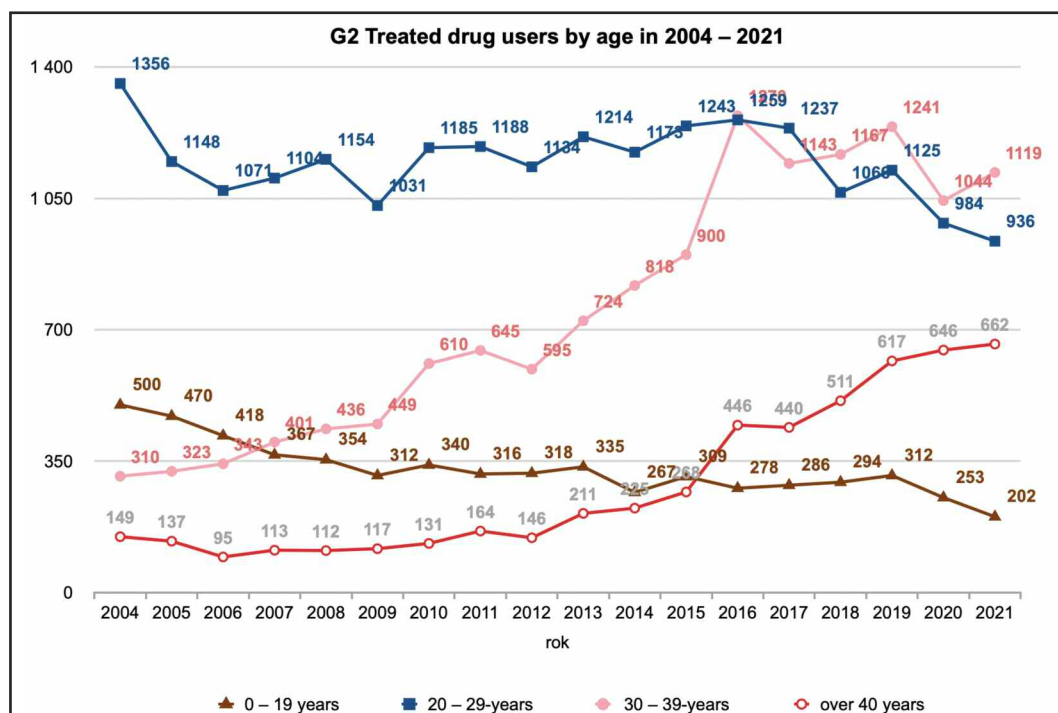
Dimension: Poverty risk and health

The rate of poverty risk after social transfers is the share of persons with an equivalent disposable income below the threshold of 60% of the national median equivalent income. Equivalent disposable income is calculated by dividing household disposable income by the equivalent household size. This income is then assigned to each adult member of the household. The poverty risk rate for the unemployed is 52.6% in 2021 compared to 2012, where the value was 44.6%, which means an increase of 10%. The increase in the risk of poverty for workers is 1.5% and for pensioners it is 3.6%, while the deterioration of the health status of Roma due to the inability to financially secure the costs of treatment, medicine and prevention amounts to 28%. With increasing taste, the perception of the meaning of life also decreases, intergenerational poverty also reduces

the prospects for a successful life for Roma from marginalized communities, with which they later identify. (Davidova M, Hardy M, Hamarova, 2017). More than 75% of unemployed Roma find themselves on the verge of poverty, which is associated with substance addictions, most often excessive use of alcoholic beverages, tobacco and drugs. The pandemic situation associated with the disease Covid-19 and the economic crisis caused the Roma to fall to the poverty line at the level of 5%, that is, it affects every second Roma who receives benefits in material need.

Dimension: Drugs and psychoactive substances

The total number of people treated in 2021 remained at the level of the first pandemic year of 2020 and differed only by a minimal change (8 fewer people). Compared to the average of the years 2016-2019, when the highest number of treated drug users was recorded (an average of 3,173 persons) for the monitored period, there was a decrease in those treated in 2021 by 8.0%. A more pronounced decrease in admissions to treatment (- 24.6%) was in treatment wards of prisons (department of the Ministry of the Interior of the Slovak Republic). In the health facilities of the Department of the Ministry of Health



of the Slovak Republic and other founders, the number of patients treated in 2021 was approximately at the level of the average for the years 2016-2019 (an average of 2,178 persons treated). In the age range of 30-39 years, the number of excessive drug users increases; in the age range of 14-18 years, drug experimentation begins in Roma communities.

Roma have started to smoke at young age at 13-16 years old, the nicotine (73%) cannabis (28%), LSD (1.5%) and methamphetamine (13%), psychoactive substance (17%) being the most reported substances. Alcohol consumption (beer, wine, distillates) was reported by 72.5% of males and 67.3% of females, and reported levels of alcohol consumption increased since becoming unemployed. At Roma teenage, binge drinking was reported by 35% of males and 40% of female (NCZI SR, 2021).

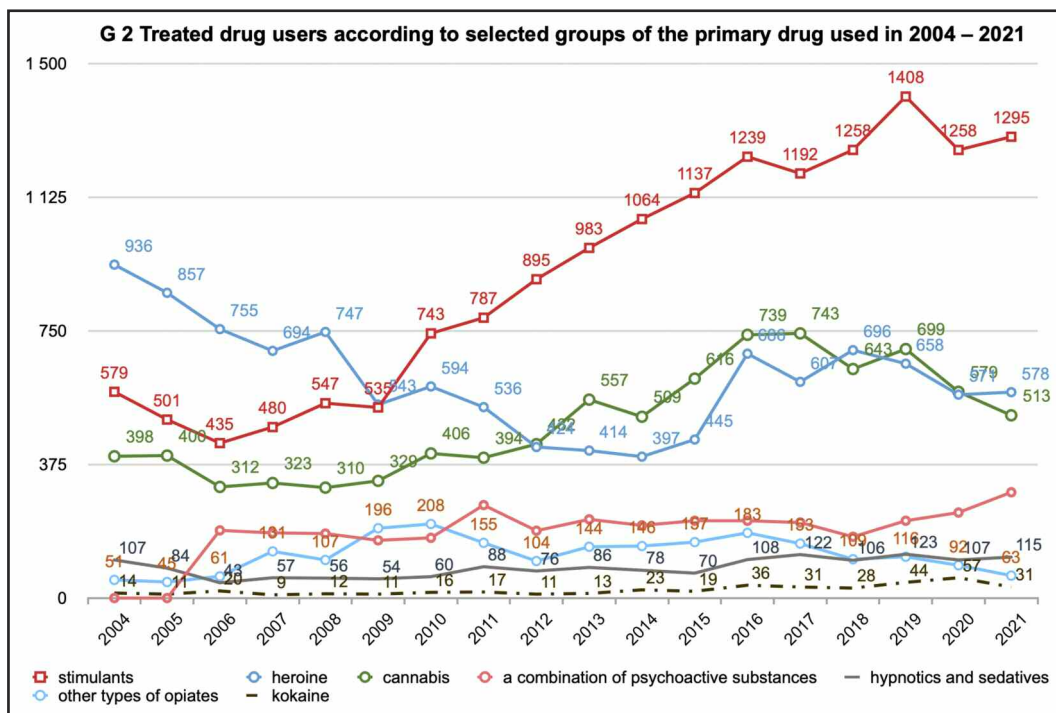
Discussion

Substance use, including daily smoking and regular excessive alcohol drinking, has been 2-6 times higher among Roma compared to the general population. This substance use is not consequences of ethnicity, but it is highly connected with the long-term unemployment, poverty, family lifestyle and habits.

Infectious and viral diseases occur more often in Roma settlements, because their high isolation causes a low hygienic standard; health literacy; a community way of life with the high-risk behavior degrades the personality of the Roma who do not have internal mechanisms to manage their life situation, therefore they are more often subject to alcohol, psychotropic substances and drugs.

The lack of financial resources causes Roma to neglect their own health, lead an unhealthy lifestyle, which is associated with obesity; civilization diseases; diabetes; hepatitis. The Roma's feelings of hunger, anxiety and depression are driven away by excessive smoking, drinking energy drinks or psychoactive substances. Late seeking of: a doctor in the event of a health problem; irregular use of medicines and drinking them down with alcoholic beverages (beer); lack of funds for treatment; fear of hospitalization or discriminatory behavior of health professionals are typical.

Pathological phenomena often occur in Roma communities, but they are mostly associated with high unemployment, low literacy and education, and low social status. These groups of Roma live in marginalized communities, where civilizational, viral and chronic diseases occur, which are associated with low hygiene standards'; insufficient ac-



cess to drinking water; lack of sewage; a minority lifestyle affect their health status and predispose them to various diseases, including viral hepatitis. Hepatitis A, B, and E are highly prevalent among Roma and mainly associated with low socio-economic status and health literacy.

Conclusion

The lifestyle of the Roma reflects turbulence; changes and the economic state of the society; how we approach the inclusion and education of the Roma; what changes the families themselves and their structure go through also affects their demographic behavior and attitudes. The value orientation of Roma is changing, as is their view of the need for education and work in life. Although there are a large number of segregated settlements, despite the high level of dysfunctional family relations, intergenerational poverty and low social status, Roma with a solid internal mechanism, positive role models and motivation are able to overcome these barriers and fully integrate into society. On the other hand, if these mechanisms are missing or disturbed, disintegration of the personality occurs and, consequently, pathological behavior. In order for Roma to take responsibility for their social roles, they must learn how to fulfill these roles and expectations without using addictive substances.

Conflict of interest statement

The authors declare no conflict of interest.

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