The Health Situation of Roma Communities

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About the publication

- Part of “Roma Inclusion” series
- Based on UNDP/WB/EC survey from 2011
- Covers 12 countries
- Covers health status, access to health services, quality of services
- Particular focus on maternity health
What does the paper analyze?

• Compares health situation of Roma and non-Roma living in close proximity
• Compares country data and outlines common issues and country specific problems
• Provides in-depth statistical analysis that reveal factors of marginalization
• Compares progress since 2004
Maternity Health

• Considered one of the most critical health issues for Roma vulnerability
• Data on unattended births, gynecological check ups and cervical cancer testing as main maternity health indicators
• Maternity health determinants as socio-economic factors influencing health indicators (marital status, educational, employment, poverty and value determinants)
Unattended births – Roma vs non-Roma

• Rates of unattended births:
  3% of Roma births are outside hospitals, attended by professionals
  2% given outside hospital, unattended
• Highest rates in FYRM (23%), BiH (18%), SRB (16%), MNE (16%)
• Rest of the countries reach an average rate of 10%
• For non-Roma, highest frequency of unattended births outside of hospitals is in: SRB (22%), FYRM (20%), BiH (19%), CRO (15%)
• 78% of non-Roma in FYRM and 79% of non-Roma in BiH gave births in hospitals, compared to 97% of Roma in Slovakia and 91% of Roma in Hungary
Attendance of women to gynecologist

Greater attendance by younger Roma women than non Roma, but proportion changes with age

Source: UNDP/WB/EC Regional Roma Survey 2011
Based on the question: Have you ever visited a gynaecologist? (Positive response)
Attendance of cervical cancer testing

Much lower attendance of Roma than non-Roma women, and higher Roma vulnerability for older age groups.
Cervical Screening – some comparisons

• Lowest attendance in Albania (17%), Romania (22%), Bulgaria (42%), FYRM (42%), BiH (45%)

• Highest attendance of Pap testing among Roma is in Czech Republic (75%), Hungary and Croatia (74%)

• Lowest incidence is in Finland (4.9%)
Determinants

- Marital status - positive correlation with gynecological attendance; lowest frequency of gynecological check ups among unmarried for both Roma and non-Roma.

- Educational level - strong impact on gynecological awareness; education socializes the personality, improves health knowledge and awareness while reducing dependency on religious prejudices.

- 76% of Roma women without formal education attend gynecological check ups, 78% of Roma women with primary education, 87% with upper secondary education.
Determinants - continued

• Employment – no significant correlation; access to health is rather dependent on the actually paid social and medical insurance (84% vs 73%)
• Poverty – reduces access to health
• Value determinants – show that masculine marital values, low education and values evading inter-ethnic interactions are associated with lower access to reproductive health
Some conclusions

• Availability of medical insurance is the leading socio-economic factor in reproductive health
• Rural/urban location, living with partner also have statistically significant effects on the incidence of attending cervical testing
• Marital status dominates the impact effects on both indicators increasing likelihood of attending cervical testing by 12% and attendance of gynecological check ups by 13%
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