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The influence of Roma women's education regarding their reproductive health on the health of their children

Marjeta Logar Čuček
Ljubljana University Medical Centre, Department of Oral and Maxillofacial Surgery, Ljubljana, Slovenia
marjetalogar@gmail.com

Abstract

Introduction: The influence of education regarding their reproductive health on Roma women - women with a unique way of life in special community conditions - on the health of their children has been little researched in Slovenia. The objective of the research was to analyse the perceived consequences of health education intervention on the awareness of Roma women regarding their reproductive health and consequently on the health of Roma children. *Methods:* Qualitative research approach was used. In July and August 2015 three focus groups were created; 11 health professionals, who deal with the reproductive health of Roma women and the health of children, participated. *Results:* 10 categories were identified, in which 147 codes with a total frequency of 187 were identified. They were grouped under 4 topics. These are: (1) General education of Roma women and their knowledge in the field of reproductive health. (2) The benefits of a health education leaflet and this research. (3) Care for reproductive health and children's health. (4) Medical problems and doctor's appointments. *Discussion and conclusion:* Opportunities for progress in Roma women's reproductive health care lie in raising their awareness of the possibilities of access to reproductive services, the treatment offered by health services, and their inclusion in health education programs. Roma women's lack of general education is closely linked to their rejection of reproductive health education. Education must be adapted to their understanding, using pictorial material and straightforward messages. Furthermore, using a great deal of empathy and time considerations, they can be encouraged by visits or organization of lectures in their home environment. Roma women do not possess enough knowledge about pregnancy and childbirth, which is also due to the fact that reproductive health care knowledge is no longer passed down from generation to generation as it used to be. However, there has been some progress in the care of infants, especially

regarding the hygiene and improved living standards. A major problem is unhealthy lifestyle, especially smoking of pregnant women, smoking indoors near children, and poor nutrition of both mothers and children. Some major issues are also their reluctance to follow the advice received when visiting a gynaecological dispensary and occasional negative experiences with communication styles and feelings of discrimination.

Key words: Roma women, reproductive health, awareness, intervention study, education

Introduction

Roma women live mostly in communities defined by ethnicity. Their health culture is specific, but it is changing under the influence of the culture of the majority population and modern media. They need special attention when maintaining their reproductive health, whereby their own health awareness of extreme importance (Logar, 2016). This is not self-evident, it is influenced by self-initiative, education, community attitudes within the Roma population and the majority population (Zelko, 2015). It is precisely in these environments that Roma face discrimination both in this country and in Europe: in the family on the basis of gender, in the wider environment on the basis of ethnicity (Kymlicka, 2017). In the results of her research, Čvorović (2019) states that traditional Roma marriage can have a protective effect on the reproductive and general health of Roma women. However, other factors such as poor literacy, socio-economic conditions, violence and exclusion have a negative impact (Logar, 2016; Kymlicka, 2017; LeMasters et al., 2019).

In the last decade, many initiatives have been implemented in Slovenia to take care of the reproductive health of Roma women. Increasing health literacy, empowerment in the use of health services (Rodrigues Derecho, 2013), knowledge regarding reproductive health, the importance of gynaecological examinations, adequate motivation with approaches appropriate for Roma culture, health promotion programs - all of the above has led to greater awareness of reproductive health (Second national conference on the health of the Roma population, 2009; Rodrigues Derecho, 2013). The consultation "Roma women" (2015) also indicated a distinct need to include Roma women in the discourse on their situation and the need for greater care for sexual and reproductive health.

Health education can have a significant impact on the improvement of health of individuals and communities. It is a combination of learning experiences through which people acquire knowledge, which in turn affects the improvement of the health of an individual or a community. It is important to take into account the profession and cultural messages from the environment where educational work takes place (Zaletel Kragelj et al., 2007).

With the help of health and educational measures and interventions, certain habits and behaviours can be changed in favour of the individual's care for

health. This can be done in the form of individual counselling, preventive examinations, educational workshops, with education for responsible parenting, changing the lifestyle and reaction to illness. In dispensaries for women, various aids are used, including educational leaflets. By presenting targeted content, they try to influence the improvement of life and problem solving as an aid in self-education and personal interest in achieving goals in the field of reproductive health (Logar, 2016).

Purpose and objectives

The purpose of the research was to study the opinions and attitudes of health workers after the implemented health-educational intervention and to determine the potential changes in the behaviour of Roma women in caring for their reproductive health.

The objectives of the research were to identify the message value and usefulness of the health-educational leaflet *I care about my health*, to determine the links between education and awareness of health as a value, to analyse the gradual adoption of positive changes in the care for reproductive health. The following research questions were posed:

- How does the education of Roma women affect reproductive health care?
- How do the participants of the focus groups evaluate the health-educational intervention and the educational leaflet?
- What factors influence the development of modern-day diseases in Roma women and their children?

Methods

A prospective interventional study was conducted; qualitative methodology was used. Three focus groups were formed to determine the impact of the health-educational intervention on Roma women's greater awareness and concern for their reproductive health and the health of their children.

Instrument description

Open-ended research questions enabled the participants to discuss the issues, exchange experiences and views on the problems (Poplas Susič, 2014). In this way, we wanted to obtain an assessment of the success of Roma women's education based on the content presented in the educational leaflet. Eighteen initial questions were formed. In addition to the socio-demographic questions, we included questions about the message value of the leaflet, general evaluation of the health-educational intervention, expressed encouragement to visit the dispensary for women more often, awareness of the preservation of reproductive health, the usefulness of this type of education, methods of further education

and about general health- educational approaches in the medical treatment of Roma women and Roma children.

Sample description

The participants of the focus groups were health workers who had contact with Roma women in their work. They were able to, directly or indirectly, perceive the results of the health-educational intervention. The first focus group consisted of women's dispensary employees and a general practitioner, the second was focused on employees of the preschool dispensary (paediatrician), and the third was made up of community nurses and a student from the Faculty of Health Sciences. Ten participants had more than fifteen years of experience in the medical treatment of Roma women or children.

Description of research and data processing

Focus groups were made with eleven female health workers in the selected health centre. Based on the presence of employees, three focus groups were formed. After presenting the purpose and process of work in a focus group, they were familiarised with the basic principles of the discussion, the principle of confidentiality and anonymity, and the key contents of the research were generated (Poplas Susič, 2014). They were again shown the health and educational materials that were distributed to the Roma in the settlement or in the dispensary. Before answers were recorded, they filled out a form with demographic data, level of education, occupation, work experience expressed in years, work experience with Roma women. With these questions, we tried to establish Roma women's acceptance of the leaflet by, their response to invitations from women's dispensary, acceptance of the learned rules in the health centre regarding timing, ordering, prevention, etc. The primary texts of the focus groups were analysed according to the principles of qualitative text analysis. The preparation phase was followed by open coding, category formation and abstraction (Schreier, 2012). The obtained drafts were qualified according to their properties and dimensions (Vogrinec, 2008; Friese, 2012).

Results

Based on the independent coding of the transcripts of all three discussions, 10 categories were formed, in which 147 codes were found with a total frequency of 187. The number of codes and the corresponding topics are shown in Table 1.

Table 1: Focus group categories and topics

Categories	*Focus group 1*	*Focus group 2*	*Focus group 3*	*Number of codes in individual categories*	*Topics*
Demographics	12	9	12	33	Medical personnel work.
Education of Roma women	7	2	1	10	General education of Roma people and their education in the field of (reproductive health).
Health education	9	4	6	19	
Leaflet	20	2	9	31	The usefulness of the leaflet and this research.
Research into Roma women	0	0	1	1	
Pre-natal and post-natal care	7	3	12	22	Care for reproductive health and the health of children.
Children	1	9	9	19	
Medical check-ups	12	6	4	22	Health problems and doctor's appointments.
Health problems	5	12	8	25	
Miscellaneous	0	1	4	5	

The purpose of the focus groups was to analyse the impact and results of the health-educational intervention, but the participants also talked about other areas related to Roma health care. They will also be presented, as they are connected to the findings of the members of the focus groups on the impact of education on care for reproductive health and children's health (Petek, 2014).

General education of Roma people and their education in the field of reproductive health

The general education of Roma men and women who visit their health centre is rather low. Children avoid attending school. According to some in the groups, the most effective way to stop financial assistance to parents is if the child plays truant.

> "*Why is there no Roma woman in this school district who has finished primary school during the compulsory education period? How can this be allowed?"(F1,S3)*

> "*I think they have to go to school for nine years and that's it. They always repeat classes and then finish." (F1, S2)*

> *"11 children didn't go to school because they had health problems." (F1,S1)*

> *"A gypsy woman said that a girl left when she was 13 years old and that she went to social services and was told her that the girl was an adult and there was no sense going after her. (F1, S4)*

Lack of basic education is associated with rejection of reproductive health education.

> *"Why don't they come to the maternity school? They get an invitation. Not one has shown up in the 15 years I've been here." (F1, S4)*

> *"I came to the village at 11:00 am. They wanted come at 12:00. Then an employee from the centre went from door to door so that some of them came." (F1, S2)*

> *"They should make a plan for two or three of them to visit them at the settlement." (F3, SS2)*

The respondents believe that education should be brought closer to the Roma women, should be adapted to their habits and understanding, organised in their settlements, and small gifts should be provided.

> *"They don't understand what you want from them, they don't understand the words. They take everything literally." (F3, S1)*

> *"I don't mind if we hold a lecture there, but I won't go there in my free time."(F1, S2)*

> *"It is very important to give them something. I went to the pharmacy, where they gave me towels and soap. You know how many showed up then, before there were only three." (F3, S2)*

> *"You have to scare them a little and they go." (F3, S1)*

> **The usefulness of the health-education leaflet and the present research**

The participants of all focus groups evaluated the educational leaflet positively from the point of view of its impact on greater awareness of reproductive health, encouragement to make appointments, and the appearance, importance of the present research in general.

> *"It is the first step, progress; however, it will take a long time for all of this to be seen: it is necessary to start with this in school, in kindergarten." (F1, S1)*

> *"The leaflet is good, visually very nicely organised and equipped with pictures and numbers for making appointments and working hours." (F3, S2)*

> *"We really like that it says we can also teach them about baby care; and with that, in this way we are also included in this leaflet. Yes, this*

is how we see our role, in cooperation with other services and so on." (F3, S2)

"If nobody did any research and we just let everything as it was, you know how it would be. Just like it used to be; one path, everything dirty. They were all in shirts and barefoot. I think it's necessary to do research." (F3, S3)

The comments mainly concerned the font size, the translation into Roma language. They pointed out that the intervention was not long enough.

"I wouldn't translate everything. The first page, yes, so that they feel addressed. They are part of our society and must learn Slovenian language." (F3, S2)

"This is probably one of the forms of raising their awareness. You were able to establish more order in the women's dispensary, but there is no way for this to be achieved in general clinics." (F1, S1)

Caring for reproductive health and the health of children

The participants of the focus groups believe that Roma women still know too little about pregnancy and childbirth, perhaps even less than in the past.

"It's true, they don't know anything. They no longer pass down knowledge. They are terrified when they come for the first doctor's appointment." (F1, S3)

Nowadays Roma women give birth in maternity hospitals, whereas in the past they had babies at home or in the forest. Progress can also be detected in childcare. Mothers also come for check-ups, but these visits become fewer with time.

"Now they go to the hospital because they are afraid for themselves and the child, but it is true that they leave already in the evening. If there are problems, they stay." (F3, S2)

"Now community nurses bathe the babies during home visits. They have water waiting for us when we arrive. They have basins and also prams." (F3, S2)

"We are trying our best, the most important thing is to gain trust." (F3, S1)

According to the community nurses who participated in the focus groups, the health of both mothers and children is affected by smoking and heat in their houses, as well as poor nutrition. Roma women refuse to breastfeed.

"It's very hot in their homes. They smoke inside. And nutrition is a problem. Poor, bland, unhealthy. Sweet soda drinks." (F3, S2)

"Very few women breastfeed. Maybe the first month, but not after that. They buy processed food, it's the new fashion for them." (F2, S1, S2, S3)

In the children's dispensary, they encounter problems regarding the mandatory vaccination of children.

"Vaccination of children depends on the mother. There are problems with prevention, there is no problem with curative treatment. We then "catch" them and vaccinate them." (F2, S1)

Health problems and doctor's appointments

Experts point out unhealthy eating habits, obesity, diabetes and cardiovascular diseases.

"There are many people who suffer from diabetes and obesity. Cardiovascular problems and heart attacks are present among Roma people." (F1, S1)

"There is one child who is only sent to kindergarten for lunch, but he can't even hold a pencil. He is so fat. I ask them if they ever cook spinach, and they just look at me strangely. Burek, pizzas, iced tea, carbonated drinks, this is what Roma children love. And adults too." (F2, S1)

"We should put more effort into ensuring proper nutrition, so it would be a good idea to organize courses and education." (F2, S2)

Research participants note progress in hygiene and dental care.

"As far as cleanliness and hygiene are concerned, it's different now. They are nicely dressed. They used to be toothless. It's a little better now, they do brush their teeth." (F2, S2)

They point out that general awareness of health care is still weak. Roma women often do not come for examinations, even if they have an appointment, they take advantage of the on-call service.

"If we order them at 7:00 a.m., they won't be there. Then we say say at 12:00. We say that something will be wrong with the child and they come." (F1, S2)

"The main thing is not to wait." (F1, S4)

"Online ordering, well, that's what I'd like to see. We are not there yet. They don't know the basics yet." (F1, S1, S2, S3, S4)

Discussion

Regardless of their perception of health, people and the public expect high-quality treatment - on time and equally accessible to everyone (Prevolnik Rupel, Simčič and Turk, 2014). In Slovenia, there is no equality regarding health between the majority population and the Roma. They face basic problems, such as lack of access to drinking water and electricity, poorer living conditions, exclusion, which in turn affects their integration into the education system, attitudes to health, especially in preventive activities and causes unhealthy eating habits (World Roma Day, 2021).

Roma women in Slovenia have equal access to public health as the rest of the population, but in practice they make insufficient use of these opportunities (Logar Čuček, 2020). Taking care of their health is of secondary importance for Roma women, due to their position in the family, poorer social status, and lower level education. Health workers included in this research confirm this. They find that in the researched area, few Roma women complete primary school education due to the delayed start of schooling, repetition of classes. They can acquire certain skills in the last triad of primary school education, but they usually do not get that far. Lack of basic education also discourages them from participating in various educational workshops on reproductive health, infant care and maternity schools. For greater responsiveness, Roma women must be motivated in a culturally acceptable way by taking into account language barriers, the influence of tradition, and by adapting to Roma customs and understanding. They also drew attention to the problems in communication between them and Roma women and, as a result, poorer cooperation and lack of information, which is in line with the findings of similar research (Watson and Downe, 2017; LeMasters, 2019; Komidar, 2019).

The research, which was carried out in the selected Roma settlement in three phases (2016), has an applicative character, as the results were used to create health and educational material, which included guidelines for more effective access of Roma women to the women's dispensary where they could get help and advice. The usefulness of the "I take care of my health" leaflet was also verified with focus groups consisting of health workers responsible for women's reproductive health. The participants confirmed the usefulness of the leaflet from the point of view of both its design and content: the location of the medical centre, following the day of the week and working hours, the purpose of the medical card, methods of making appointments. This would reduce visits to emergency care. Areas where health workers can help them in taking care of their health and the health of their children were presented. They emphasized the usefulness of information regarding the importance of gynaecological examination, pregnancy, childbirth, protection, breastfeeding. They found

that such material has an impact only if certain conditions are met, such as at least minimal literacy of the target group and the fact that the user (in this research, these were women of reproductive age) can identify with the content. Older Roma women would need educational materials for preventive examinations, combined with information how to recognize possible symptoms of diseases. Illiterate women should be offered pictorial illustrations.

In the conversation with the health workers, we noticed some progress in taking care of reproductive health and children's health. They give birth in a hospital, take care of their own and their children's hygiene; they react very quickly to health problems in children, because for Roma, children represent joy. Most of them gave up breastfeeding. That being a mother is a mission for Romani women is also confirmed by other research (LeMasters et al., 2019). There are many obese children, which they attributed to low-quality nutrition. They often catch colds due to inadequate living conditions. Smoking is present. The possibility of discrimination was denied by the health workers, but Romani women sometimes they are also "provoked" because they are Roma or by different approaches to medical treatment, non-observance of instructions, treatment procedures, etc. This is also confirmed by research conducted by other authors (Colombini et al., 2012; Watson and Downe, 2017).

Our research cannot be representative of all areas of Slovenia, but it brings valuable insights of health workers, as they were able to express and exchange their opinions for the first time about their experience with Roma people, their health and the health of their children.

Conclusion

The findings of this research show that Roma people should be encouraged to take care of their health. Various methods of education, talks, workshops are available to achieve this goal. Their traditions must be considered, messages must be unambiguous and supported by images. They should be educated continuously, using similar intervention materials, modern media, planned research, and the findings should be implemented into practice. The effects of the intervention should be compared in different settlements in Slovenia. Only in this way can a conceptual framework for a more unified approach and solving weak points in caring for the reproductive health of Roma women and the health of Roma children be obtained.

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