Poverty & Poor Eating Habits are Two of the Essential Factors That Affect the Health Condition of Marginalized Roma Population

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Abstract

At the present time, we are facing challenges of poverty which has not just an economic dimension. By comparing, some social groups, poverty is more prevalent in the ethnic minority - Roma population. Poverty levels amongst Roma people are several times higher than amongst of the majority population. A different culture and way of life of the Roma minority leads to social exclusion which affects their employment opportunity, education and public services. Typical characteristic of Roma poverty are low education and skills; poor housing conditions; and lower living standards. Unemployment and poverty are closely related, which consequently leads to Roma's vast dependency on social benefits. It is generally known that the Roma population has less access to health care than in the general population. This is due to the poorer educational level of the Roma which negatively influences the perception of health and health care. This condition is also negatively influenced by the geographical distance of settlements from urban areas. Some studies conducted in the Roma communities in rural areas found that the inhabitants of most Roma settlements do not perceive it as an issue. However, complaints about the poor healthcare come from residents of the separated communities which live on better socio-economic levels. The inability of settlement inhabitants to determine the seriousness of diseases or injury hampers communication between Health Professionals and Roma people, often to the extent that some hospitals refuse to send an ambulance to these areas. Poor infrastructure in the Roma communities portrays a significant portion of the whole miscommunication between the two parties, for instance lack of roads complicates the work of rescuers especially during the winter season. Presently, charges for Health Services form an additional barrier and complicate the problem even more.

Key words: Characteristics of the Roma population. Community work. Eating habits. Healthcare.

Introduction

Roma have their somatic, socio-cultural and psychological differences. Somatic differences concerns health; anthropological features (color of eyes, hair, skin, height, longer type of face; more frequent occurrence of B blood type; low frequency of gen such as haptoglobin Hp1, et cetera). Socio-cultural differences involve their traditions; faith; values; social ties and social contacts; cohesion; internal hierarchy and division; Roma Rules and Laws, symbols, language, and education. To work with Roma effectively, it is crucial to know their culture, customs, traditions, and psychological peculiarities.

Psychological Differences

Roma are distinguished by some psychological characteristics which differ from the majority of the population and hence influence their health and social problems.

Roma

• are more emotional: thus emotions influence their thinking, reasoning, evaluation of
situations and actions; their temperament is more lively;
• are good in solving common practical situations, they are focused on a present situation that concerns their own or family related needs;
• distant values have no meaning for them, Roma live for the moment; do not make plans;
• have poorly developed self-control and desire, low motivation (low patience, diligence);
• have different social behavior (are open, easily establish contacts with people they trust);
• do not place emphasis on individual success and effort (are rather relying on help from others), are not supporters of competitiveness and personal ambitions;
• have different personality traits (self-indulgence, explosiveness, failure to recognize limits, sensitivity, tendency to demonstrativeness), some authors call it "Romska etnopatiá";
• lifestyle has a tendency to irregularity and intensity;
• emphasize the group (= collectivism);
• tend to associate, all is shared, private ownership such as goods and properties are missing;
• are known for their mutual cohesion and solidarity.

Exclusive differences of Roma personality may appear from the perspective of the majority as abnormal, however these differences are not considered as abnormal or pathological. In the Roma hierarchy of values and traditions, the highest value represents Life. Everything that leads to the preservation, reproduction and continuation of life, has a high value. Everything that threatens life is perceived negatively. Additionally, family and the patriarchal family play an important value in the life of the Roma hierarchy (Hanobik, 2012). In the family everyone helps and supports each other. Expulsion from the family represents the highest punishment for Roma because the person loses social and human security. Children are the wealth of families.

One of the most positive features of the Roma culture is the respect for their parents and seniors. Higher age represents also a higher status in the family hierarchy and Roma society in general. Respect for old people and love to parents (especially the mother) are very essential. In the traditional community and family old people enjoyed a great respect. This devotion leads to the fact that the care of seniors in their community is usually provided by themselves and hardly by institutions. As a priest working in pastoral care within Roma population, I met only two residents of Roma origin who have been placed in The Home for Seniors. Besides the factors already mentioned, inadequate eating habits and also tragic housing conditions influence the morbidity of Roma in segregated communities. Some medical studies confirm that people from these communities suffer a wide range of diseases: high fat content in the diet contributes to the rise of obesity; to the increase in cases of diabetes, cardiovascular and oncological diseases. Some partial studies in Southern Slovakia show that obesity is also supported by a high consumption of sugary drinks. Inadequate diet is reflected in the slower growth of Roma children.

Doctors from areas where the Roma population is prevalent, recorded an increased number of infectious diseases, especially hepatitis, scabies, lice, and also periodically, meningitis. In addition, occurrence of TBC and respiratory diseases are higher than in the majority of the population. A particular situation arises when diseases occur almost exclusively in the Roma populated areas. For example, so-called congenital glaucoma (CG) which refers to severe developmental abnormalities of the eyes invoking blindness based on intraocular pressure
increases. Among the most typical congenital diseases of the Roma community belong also: phenylketonuria; congenital hypothyroidism (a metabolic disorder that causes lifelong disability); congenital deformity of the skull; some cases of mental retardation.

At the moment, it is extremely complicated to talk about the health conditions of the Roma population. The reason is that the evidence of the diseases is not based on ethnicity, but, also due to the Law on Personal Data Protection. Most information comes from before 1989, respectively from sub-studies that reflect the situation in a particular location. It is, however, difficult to generalize these studies to the whole population. Already mentioned psychological individualities (weaker willingness, impatience, servility without families, temperament) may occur in cooperation and mutual communication during the illness of the Roma. Treatment of such patients is typically more challenging. Important is the communication with the patient’s family; finding the hierarchy of the Roma family; any person who will act in the name of the family. Roma people possess a considerable fear of pain and death, they are emotional, and often lament loudly. Most medical decisions are consulted with the family. Every Roma patient should be treated individually. The cause and development of the disease should be explained. During the communication it is important to explain the need to change a lifestyle. Meanwhile, the most important challenge is to gain trust.

To have successful communication between Health Workers and Roma patients the following recommendations have been established:

• aim to gain the trust of Roma patient and the whole family;
• watch and monitor non-verbal communication of Roma population;
• respect Roma emotions, their emotional attacks cannot be taken personally;
• be patient, do not expect immediate results;
• criticize in private, not in front of a large collective;
• each Roma requires an individual approach;
• consult important decisions with the recognized representative of the family (24).

Demographic Characteristics of the Roma Ethnic Group
Changes after November 1989 had a social impact on the Roma population: the loss of social security; the growth of unemployment and poverty in marginalized Roma settlements; the inability to deal with existential problems; the escalation of relations between the Roma and the majority population. From a demographic point of view, the Roma population is characterized by higher birth rates and higher mortality, which depends on the integration of ethnic groups into society. The age structure of the Roma population differs significantly. The Roma population has a progressive type of age structure with a high proportion of children and a low proportion of old people. These differences are the cause of low aging index (56 of the Roma, 71.2 of the majority). Roma live shorter. Estimations of demographers talk about the difference in life expectancy (hope to live) compared to non-Roma population of about 2.5 years to the disadvantage of Roma for both sexes; for non-integrated Roma the difference is 3 years. Some authors argue that life expectancy at birth for men is 7.5 years and for women 6.5 years shorter than for non-Roma inhabitants. High mortality of Roma is mainly due to higher mortality during infancy. An average age of Roma at death is much lower than that of the majority group. In some cases, up to twenty years to the detriment of Roma men, (60 and over) only 49% of Roma survived, compared to 78% of the majority population.

Reproductive behavior is different from the majority population and depends on the already mentioned social integration of Roma. Fertility of Roma population is about 2.5 times higher than in non-Roma population. In the Roma population, for each women of childbearing age there are about 3 children in Roma settlements; 4.6 children (in the Slovakian Republic; as a
whole there are about 1.2 children for each woman of childbearing age). An average age at first birth is lower in Roma mothers (21.1 years, 19.6 years in settlements) than non-Roma population (24.6 years); the proportion of children born outside of marriage has been in the long term higher (37.4 %) compared to the non-Roma population (about 20%).

**Poor Eating Habits, Lifestyle and Health Status of the Roma**
According to available sources, the health status of the Roma is worse than the majority of the population. This is influenced by serious adverse social problems of the population (especially caused by poverty and low income; unemployment; low education level; and inadequate housing). According to *The Report on the Health of SR 2006*, the health status of the Roma minority is very bad. Roma represents a high risk group of our population as they are threatened by obesity, diabetes, cardiovascular disorders and certain types of cancer, for example lung cancer. In this area, specific measures will be required beyond the health sector.

The following considers actual factors that affect poor health in the Roma settlements:
- lower level of education which causes insufficient level of health awareness;
- low level of personal and communal hygiene;
- low standards of living;
- polluted and devastated environments;
- unhealthy eating habits and diets;
- increased rate of alcohol consumption and smoking during pregnancy;
- increased drug addiction and the associated increased risk of infections.

**Roma Lifestyle**

The lifestyle of Roma population can be considered as unhealthy, characterized by:
- poor eating habits,
- alcohol consumption,
- frequent smoking already at a very young age,
- higher weight
- less physical activity.

Studies found that Roma: tend to a high consumption of fatty meats; livestock and vegetable fats (due to its affordability); consumption of sweets; low consumption of vegetables and fruits. They favor sugary drinks with a high content of carbohydrates which contributes to obesity. Obesity among the Roma ethnic group is 34.2% and the prevalence of diabetes is getting close to 15-20% in the adult population. Addiction is very common: the consumption of alcoholic beverages (beer and spirits) is high; also the proportion of relatively young smokers. Ginter claims that according to officials of public health in many Eastern Slovakian Roma settlements, the occurrence of smoking among men and women is up to 100%. Other studies confirmed in the Roma population *hyperinsulinemia, hypertriglyceridemia*, decreased HDL cholesterol, arterial hypertension, low serum concentration of vitamin C and beta-carotene (Vasilj, V. 2010).

**Genetically Determined Diseases**
One of the reasons for the higher occurrence of genetically determined diseases is the fact that Slovak Roma represent a population with the highest coefficient of inbreeding in Europe, which increases the likelihood of recessive hereditary diseases. Among 444 individuals from 101 families from Olas Roma in the district of Nitra City, researchers found the inbreeding coefficient of 0.017 and 0.084, which is the highest in the European population and similar to the situation in India. The rest of the population has a coefficient of 0.00008. The number of consanguine marriages increased to 30.7 % (mostly marriages between cousins). On
average, such marriages have a significantly higher risk that children are homozygous for any disadvantageous recessive gene, to which the risk is proportional to the degree of kinship parents.

Research proves the higher prevalence of *primary congenital glaucoma* in the Roma population (incidence 1:1250, prevalence 1:2120) compared to the non-Roma population (incidence of 1:22 000, prevalence of 1:51 000). Pediatricians alert on a higher appearance of MCAD (acetyl-CoA Dehydrogenase of fatty acids with medium-chain) failure in Roma. This deficit is among the most common and most insidious hereditary metabolic disorders. It is characterized by a high mortality and morbidity; clinically manifested by life-threatening conditions; or sudden unexpected death.

**Infectious Diseases**

Roma represents a risk group in terms of *tuberculosis* (TBC) occurrence. In 2008, the National Registry recorded 652 cases of tuberculosis, which is an incidence of 12.07 per 100,000 inhabitants. The Roma population accounted for 115 cases (17.6%), which in comparison to 2007 (96 cases; 13.56% of Roma) represents an almost thirty percent increase. More alarming is the proportion of Roma in the total number of newly diagnosed cases in children under age 14 which already in recent years represents about 70%. Specific for the spread of infection and development of the epidemiological situation of the Roma are large differences in regional distribution; poor socio-economic conditions; high unemployment; multi-generational coexistence in settlements without basic sanitary standards; impossibility of a comprehensive examination of contacts (migration, concealing household members). Frequent recurrence of the disease is observed, caused by a shorter inpatient treatment (due to non-cooperation or rather arbitrary termination of hospitalization); non-compliance; a lack of understanding of subsequent treatment in outpatient conditions.

Adverse social conditions affect an increased incidence of other infectious diseases. When calculating the increased occurrence, all 18 infectious diseases were more common in the Roma population than in the non-Roma population**: Salmonellosis was 3.8 times more frequent; scabies 33 times more frequent; pediculosis was 250 times more often; hepatitis A 58 x; hepatitis B 16.6 x; hepatitis C 15 x; syphilis 2.8 times more frequent.

*Viral hepatitis type A* (VHA) is a serious public health issue. For many countries its epidemic occurrence represents a big social, economic, and health problem. VHA morbidity in the Slovak Republic has a consistently downward trend, however Roma are far exceeding the morbidity of the rest of the Slovak population. They constitute 50-60% of the annual total number of VHA patients. Occurrence is predominant in areas with low hygienic standards, especially in Roma settlements and areas with a high concentration of Roma ethnic group. The highest age morbidity is observed in the age group of 5 to 9 year old children.

**Child Diseases**

Generally, Roma children have a higher prevalence of infectious diseases, injuries, poisonings and burns, related to environmental factors. Risk factors for *sudden infant death syndrome* (SIDS) are: socioeconomic family status; hygienic standard of living; maternal smoking; education; related child care. In 1992-1994, an epidemiological study of risk factors was carried out in Slovakia. According to this study, Romani children with SIDS comprised 24.2% out of all SIDS cases; 73.9% of Roma mothers smoked; 83.3% of the Roma population lived in poor hygienic conditions.

*Anthropometric parameters reflect genetic factors and socio-economic impacts.*
A study of 420 Roma children ages 6-11 years from Lunik IX in Kosice, found that Roma children have lower weight, and their hips are smaller than at the national average. Thus, Roma children are lighter and smaller in comparison with non-Roma. The main causes include poor eating habits and poor economic situations.

Comparisons in Pediatric practice showed that Roma girls begin sexual life earlier; bear children more often; even to an old age. The possibility of interruption during the pregnancy is minimally used, contraception is not being requested. In regards to preventive care, children are treated and examined several times more often than their percentage representation in the population. In the morbidity there are significant differences by socio-economic and psycho-hygienic level of settlements and their individual parents. The number of Roma children as a proportion of the total number admitted to hospital is about 60%, in infants up to 80%.

**Roma Mothers**

Considering child breastfeeding in Slovakia, authors state that Roma mothers breastfeed for a long period and in a high percentage (at 6 months about 45% are still breastfeeding and after 6 months 32% of women). Authors were also observing the differences within the Roma ethnic group. Breastfeeding is still a traditional food of considerable part of the backward enclaves in the north, in contrast to the Roma in the south of Slovakia (those already prefer "modern" artificial nutrition).

Out of 854 Roma women in labor who gave a birth between 2000 and 2003 at a clinic in Kosice, the representation of young women in labor was sharp (7% under 18), predominantly single women (65%) with no education and 96% unemployed. It was observed that these women have a higher incidence of hypotrophy of the fetus and preterm birth (53%), 41.8% of mothers fled the clinic. Alarming is the fact that 82% of pregnant women did not attend prenatal counseling at all or attended only sporadically.

The health status of Roma children is characterized by lower birth weight; shorter gestational age; a higher occurrence of premature birth; frequent intrauterine growth retardation of fetus. Comparing the characteristics of Roma mothers with non-Roma mothers makes it obvious that Roma mothers were younger; single; had only primary or no education; lower height and weight; smoked more often before pregnancy and even in the first trimester.

**Hazardous Sexual Behavior & Drugs**

One of the taboo problems is sexual behavior. There is only little information about the drug use in the Roma communities. It is believed that some communities are using drugs based on organic solvents (toluene sniffing), especially in the socially weakest class, which is ranked also by the Roma very negatively. Alcohol and cigarettes are present to the a extend, however their use varies depending on the community. Excessive use of pharmaceutics (mainly Ibuprofen, Paracetamol and Diazepam) was recorded in almost all Roma communities.

**Unhealthy Diet & Nutrition**

From the perspective of rational nutrition, traditional Roma cuisine, if it is possible to use that term, is absolutely unhealthy. It prefers fatty food, low meat quality, farinaceous foods and hardly contains fruits and vegetables. This however emerged from the way of life of marginalized Roma communities. For centuries such communities lived only on bits and pieces given by richer inhabitants of areas where they lived, respectively wandered.

Roma do not make food supplies and due to a nomadic way of life they neither breed domestic animals nor farm. This situation has not significantly changed even after the settlement of the Roma population, which in our country accounts for more than three
centuries. Although in recent years Slovakia undertakes several projects focused on the self-sufficiency of Roma communities (grow vegetables, potatoes, breeding of goats and pigs), the shift to improve the current situation is barely visible, and thus in total perceptually low. Therefore, to talk of its health effects (and poverty) on Roma communities is impossible. An important problem of Roma children are their eating habits. A large part of Roma children lack health hygiene habits. A much bigger problem is the lack of knowledge of certain kinds of foods; unfamiliarity with fruits and vegetables. For instance children are not accustomed to consume soups and refuse certain foods (cooked vegetables, spaghetti, milk products, ...etc.). Roma children clearly prefer home cooked meals. The most popular dishes frequently include steaks and other differently prepared meat. Finding out the exact diet is problematic because this topic is considered by the Roma community as intimate information.

A particular problem in terms of higher health risks are an unsuitable environment and lack of drinking water. Many of Roma settlements are located near waste dumps, landfills or other health threatening areas. Up to one third of Roma communities have no access to drinking water and often use drinking water from contaminated sources and respectively for children unsuitable soft drinks. Apart from a very poor diet, Roma downplay their diseases and do not take them seriously. For example, many Roma have diabetes, but do not treat it at all.

A big problem of Roma settlements is child vaccination; mothers are often uninterested in vaccinating their children. Even if they come to see the doctor, they have difficulties with orientation there. Field Workers explain to Roma how to take care of their children; what to do with children addicted to smoking, chemicals or alcohol; help them also, for example, to obtain a health insurance. Many Roma lose their health insurance cards or once seeing a doctor do not carry them. The main objective of the Community Centers is a change in Roma thinking. Field Health Workers visit Roma communities twice a week and provide education especially to young Roma women and children in primary school (Vasilj, V.2010).

Conclusion
The health status of the Roma population is negative. Its improvement must be linked to fundamental social problems which require the involvement of all sections of society and active accession of Roma themselves and their organizations. However, this requires a respect of the Roma minority individuality; their different historical background, mentality and culture. Only then can future generations expect results.

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