To what extent do Roma women in the UK face barriers to their attainment of reproductive health?

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Defining the study group

"the multifaceted Roma universe... comprised of groups and subgroups that overlap but are united by common historical roots, linguistic communalities and a shared experience of discrimination in relation to majority groups," (UN Human Rights Council, 2015).

The problem

- Poor reproductive health outcomes of Roma women in different settings
- Lack of disaggregated health / reproductive health data on Roma in the UK
- Small-scale studies that do not explore the reasons behind low access

The questions

- How are attitudes towards RH changing among Roma women in the UK?
- To what extent are the barriers to RH faced by Roma women in their countries of origin relevant in the UK?
- How do Roma women living in the UK understand RH?
- How have Roma women experienced RHC in the UK?

Sample

- eight in-depth, semi-structured interviews with Roma women aged 18-50 from communities across the UK.
- Interviews of between 50 and 100 minutes
- Three semi-structured interviews also conducted with three healthcare providers (GP, Health Visitor, Health Trainer) working in areas where these communities were based.

Participant name	Age	Place of residence	Country of origin	Length of residence
Anamaria	31	Manchester	Romania	3 years
Kristyna	47	Margate	Slovakia	9 years
Gabriela	50	Derby	Slovakia	12 years
Dina	20	Dover	Romania / Ireland	1 year
Malvina	33	Newcastle	Romania	9 years
Erika	34	Newcastle	Romania	1 year
Kveta	34	Glasgow	Slovakia	12 years
Fatima	35	Liverpool	Romania	4 years
Ana	34	Luton	Romania	6 years

Map of Roma women interviewees, 2018

Primary Participants' Place of Residence

- Liverpool
- Manchester
- Luton
- Newcastle upon Tyne
- Dover
- Margate
- Glasgow
- Derby

Questions for participants:

Women's health

- What does 'women's health' mean to you? What do you think it means to Roma women in your community, more generally?
- What have you learnt about women's healthcare in the UK? How come?
- How did you learn about women's healthcare in the UK?
- Are there any health outreach initiatives for Roma women in your community? Can you describe them?
- How do you think the Roma women in your community perceive healthcare in the UK? Why is that do you think?
- Do you have a female role model in your community? How does she think about women's health? What aspects of women's healthcare would / does she prioritise? How come?
- Do your ideas around women's health / healthcare differ to those of this role model? Why?

Maternal Healthcare

- Do you have any children? / How many children do you have?
- Ideally, how many children would you like to have? Is this similar to other women in your community?
- Did you give birth to your children in X (country of origin) or in the UK?
- Did you feel like you had received enough healthcare in advance of giving birth? / Were you prepared for birth?
- How do you think healthcare provision for Roma women might differ between X (country of origin) and the UK?
- During your last pregnancy, what was the best / worst thing about the healthcare you received?
- Do you feel that your healthcare provider listened to you / understood you? Do you feel that British healthcare providers listen to / understand Roma women's needs more generally?
- Did you trust your healthcare provider?
- Have you ever felt that Roma women are treated differently to other patients in the UK?

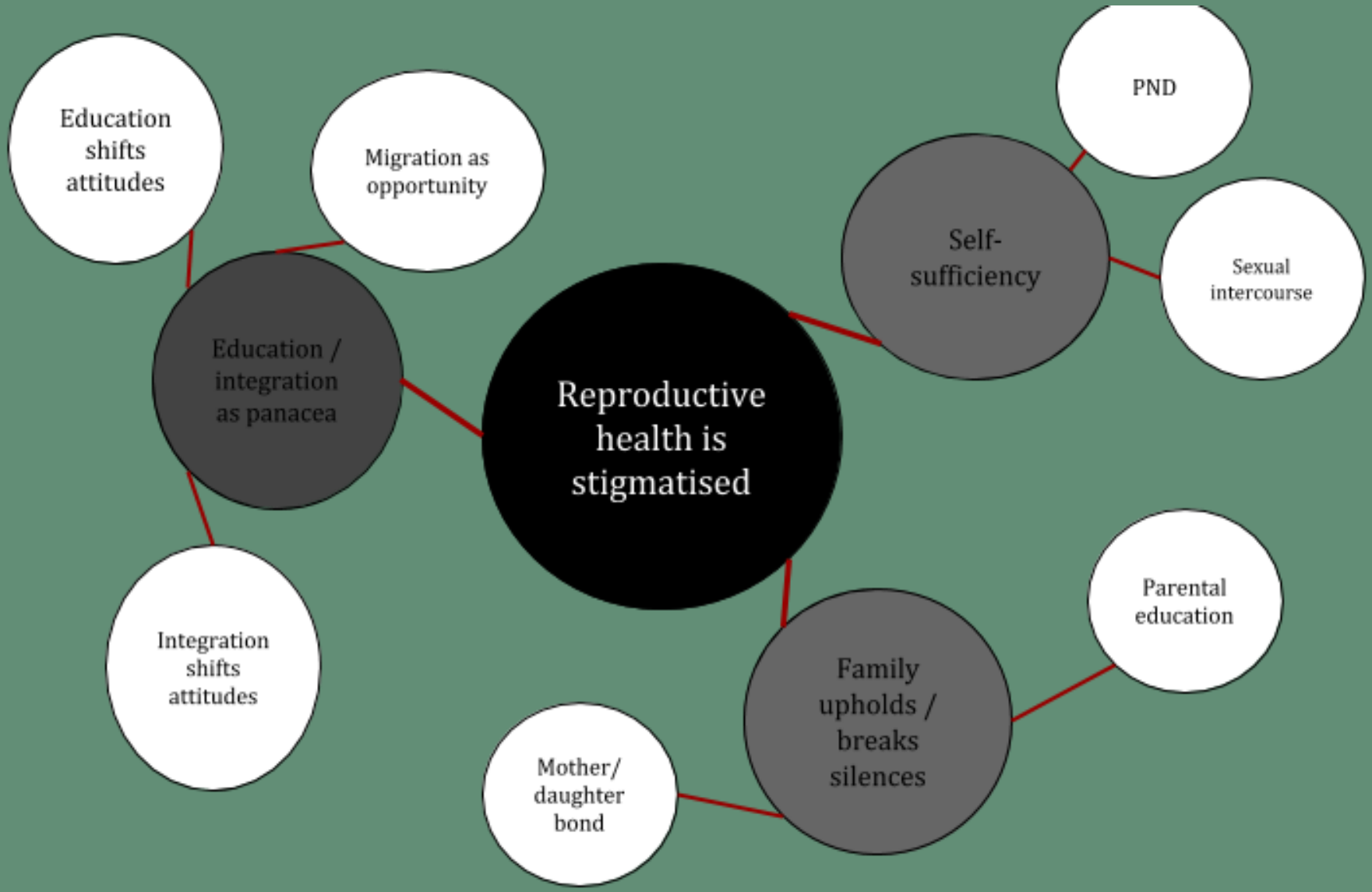
Healthy Relationships

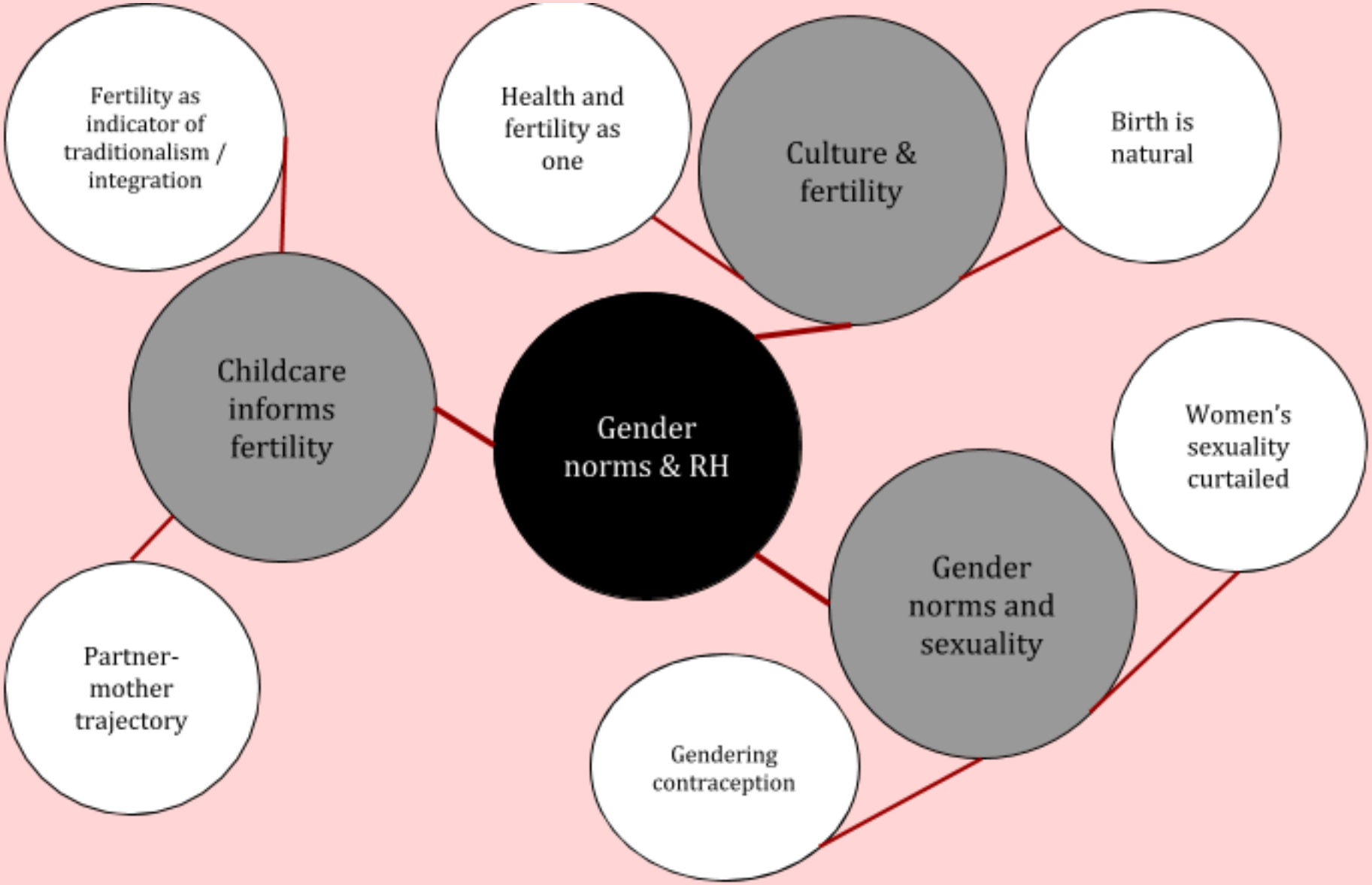
- Growing up, how did you / did Roma women like you come to learn about healthy relationships?
- To what extent was your family / community important in this learning? Did you have a female role model who guided you in these matters when you were younger?
- Do you think the things you learned about healthy relationships were the same as for the men in your community? How might they be different?

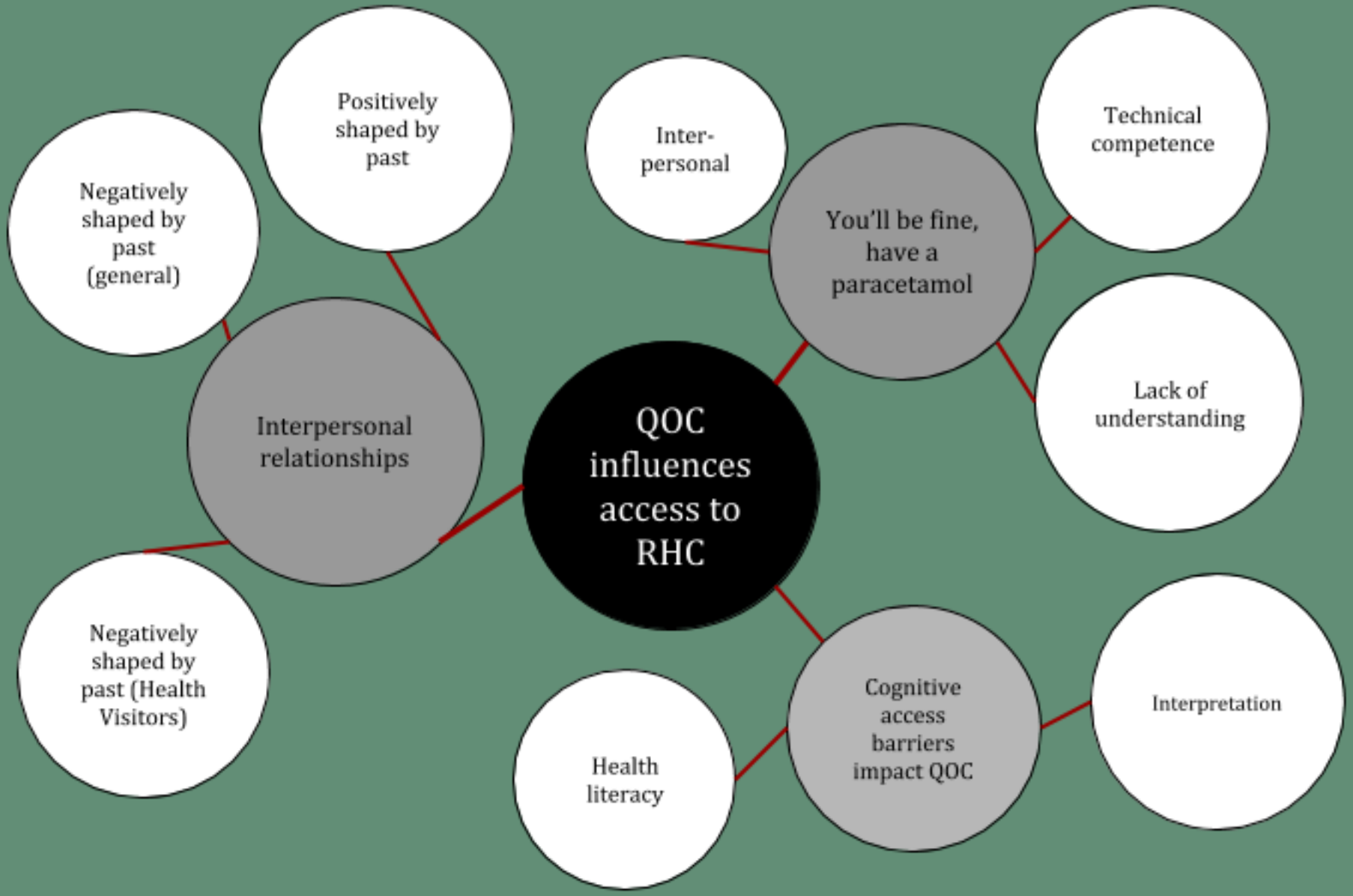
- Do you intend to discuss these things with your children? With your daughter? With your son?
- Do you think that the things Roma women your age learned about healthy relationships are / will be different to things your children will learn as they grow up in the UK?
- Do you think that relationships between boys and girls are different now then they were for you when you were a teenager? If so, in what way?
- If you could wish anything for the health of your daughter in the future, what would it be? / If you had a daughter… What about for the health of your son?
- Who do you turn to when you need advice on matters of women's health? How do they help you?
- How long have you been married for? / At what age did you get married?
- Of the Roma women you know, do you think that their attitudes towards family or relationships have changed since coming to the UK? If so, how? If not, why not?

Analysis

- Data analysis was carried out using the thematic analysis model developed by Attride-Stirling (2001)
- Data coded after the interviews had been transcribed (80,829 words), using Otranscribe
- Transcriptions were separated into coded segments and were then clustered together to form basic, organising and global themes


Education shifts attitudes
Migration as opportunity
PND
Self-sufficiency
Sexual intercourse
Education / integration as panacea
Reproductive health is stigmatised
Integration shifts attitudes
Parental education
Family upholds / breaks silences
Mother/ daughter bond


Fertility as indicator of traditionalism / integration
Health and fertility as one
Culture & fertility
Birth is natural
Childcare informs fertility
Gender norms & RH
Women's sexuality curtailed
Partner-mother trajectory
Gender norms and sexuality
Gendering contraception


QOC influences access to RHC
Interpersonal relationships
Positively shaped by past
Negatively shaped by past (general)
Negatively shaped by past (Health Visitors)
You'll be fine, have a paracetamol
Inter-personal
Technical competence
Lack of understanding
Cognitive access barriers impact QOC
Health literacy
Interpretation

Gender:
health as fertility-oriented

- *"For us it's important to be healthy because of our children, you want to be healthy for your family really."*
- *"For women Roma community it's very important to be health and stay pregnant because it is their philosophy; life philosophy you know."*
- *"And I'd be like 'yeah I'm fine.' And then sometimes I'd be like 'it's so strong, I'm in pain.' And she'd be saying 'when I was pregnant I didn't have any pain."*

Gender:
Sexuality as fertility-oriented

- *"We knew that well, once we try* [sex]*, it would be ruined - just like a smoke - us girls we say we don't want be in proper relationship so this is why we didn't make love with someone"*
- *"And after like 3 months of my marriage, I was pregnant"*

Gender:

Lives as fertility-oriented

- *"I was off for 5 / 6 years [after her first child] nearly. I've not been back to work so ... I want to go back to work - I'm not the kind of person just babies and all this"*
- *"So we had then third baby and then I say enough - I don't want to stay at home all my life"*
- *"Their families they give the children until year 11 here and after this they marry - the traditionals. But the integrated - they can take many years to like - 19 / 20 / 21"*
- *Roma people which are too much traditional and they have big families and they have for example 8 or 10 children - it is normal.*

Quality of Care

- six integral standards according to which the quality of SRH services may be evaluated:
  - **interpersonal relationships** ('the affective content of the client/provider transaction'),
  - **choice of methods** ('the number of contraceptive methods offered on a reliable basis and their intrinsic variability'),
  - **constellation of services** ('situating family planning services so that they are convenient and acceptable to clients, responding to their natural health concepts, and meeting pressing pre-existing health needs'),
  - **technical competence** (the technical skills of the healthcare provider (that the healthcare provider is trained to provide the offered services according to the evidence base),
  - **information given to clients*** ('the information imparted during service contact that enables clients to choose and employ contraception with satisfaction and technical competence'), and
  - **mechanisms to encourage continuity** (Bruce, 1990).

Quality of care

- These elements can be evaluated from thee vantage points: process (of healthcare provision); health outcome; and client /patient perspective of the healthcare received.

QOC:

Interpersonal relationships positively shaped by past

- *"If I be at home in Slovakia we wouldn't have the treatment and so welcoming and you know, playing with my child - and you know they didn't care that we are Roma"*
- *"They speak with you nicely here, they holding your hand, they calling you 'sweetheart.' And in our country if you say 'I need medication because I'm in pain' they say 'well you have to wait, I'm too busy now"*

QOC:

Interpersonal relationships negatively shaped by past

- *"They have their own room, only for Roma women [segregated maternity wards], ... and it is very bad experience with that. It's really, very hard to get away from the head the bad experience, and because of that, they have very low confidence to other people, to other non-Roma people, so they bring with them their very bad experience from Slovakia and Czechia [sic]"*
- *"The past has a differentiality on you. You know, it marks you"*

QOC:

Technical competence
"You'll be fine, have a paracetamol"

- *"GPs just send you home with high temperatures... to get paracetamol. And the lady - I read in the newspaper three days ago - the lady got sepsis and died"*
- *"I know a lot of people who was at the doctors, they don't have confidence... The people said 'I have this problem, I have this pain,' and the doctor says 'it's okay, you don't have anything.' And after that they go to Romania - they find a lot of serious problems"*
- *"When I feel it's something serious really I'm looking at tickets from Romania because really, I'm not trust"*

Postnatal Depression – sociocultural dimensions

- *"It's kind of like a silent topic - like nobody knows this, except for you right now. Like I never told anybody that I was in depression because - they would think that there's something wrong with me"*
- *"The problem is again that culturally, Roma women don't go looking for any professional help because it's just culturally, it doesn't allow you to go somewhere and some people can say... In the way that other people can talk about you 'oh she's crazy"*

Postnatal depression – delivery / QOC

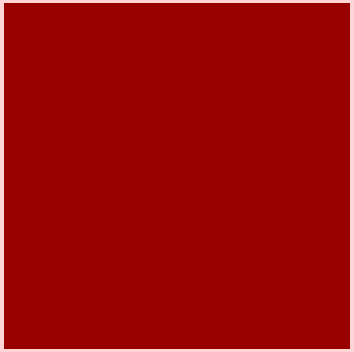
- *"And a few time I tried to tell my Visitor but I just couldn't because my husband was there and I was like 'I don't want him to know that I'm getting into a depression.' He was always there when she would be there because he would always want to know how's the baby you know. So I never got time for myself to ask her - all these questions that I had about you know - after giving birth - how will my body be after it and all that"*
- *"We've got a questionnaire that we deliver. We have it translated into Slovakian and give it directly to Mums or sometimes there are literacy problems so [Yana] would talk it through - but it always felt a bit wooden, as though you weren't really getting an answer"*

Postnatal depression
Trust

- *"They are confusing with social workers and they are really stressed, and they are not so open to trust"*
- *"When they ask you 'how are you?' 'I'm ok, I'm ok.' And they're not really. Because they know that they are in that danger to take the baby and stuff like this - they are afraid of this"*
- *"For them it was very worrying because they thought we were coming for their children, and health visitors were just doing what they do with all mothers, just looking after them, but obviously it must have been scary because when you start talking they think you're going to tell the social services"*

Recommendations

- Fundamental to future policy and research into this area should be the **initiation of data collection on RH outcomes among Roma women**
- Initiatives to increase Roma women's access to contraception should account for the cultural significance of fertility among these communities, and highlight this factor in their envisaged **theory of change**
- Initiatives to improve Roma communities' health should include **measures to improve these communities' trust** in the NHS (through health literacy and by addressing past experiences)
- Efforts to treat PND should address the sociocultural dynamics of PND within Roma communities while also considering how PND evaluation can be adapted to the needs of these communities.



Thank you!