

**CULTURAL CHARACTERISTICS OF THE ROMA POPULATION AND THEIR
RELATION TO THE HEALTH STATUS OF CHILDREN FROM THIS ETHNIC
COMMUNITY**

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Abstract

The cultural and ethnic characteristics of families are an important part of raising and nurturing health culture and behaviour in children. The low educational status, poor living conditions, poverty, stereotypes of behavior in large families, and imposed influences in the Roma community are prerequisites for the presence of risk factors for the health status of Roma children and create difficulties in the care by health professionals. **The aim** of this study is to analyze the cultural characteristics of the Roma ethnic group and their relation to the health status of children from this ethnic group in Bulgaria. **Material and methods:** documentary method. Literature analysis. **Conclusions:** Roma children live in poor living conditions, which puts them at risk of developing diseases. Insufficient parental education is a factor determining the health status of Roma children. Cultural features of the environment and family significantly influence the health culture of Roma children.

Key words: *health, Roma, children, cultural, features*

Introduction

Health in the modern world is considered in various aspects that go way beyond the purely physical [8]. Health care is largely determined by the cultural, religious and ethnic characteristics of patients. Every cultural community has norms of behavior that are crucial in terms of values that are passed down through generations [3]. Education, employment and housing are crucial issues that determine well-being and quality of life. People in the most disadvantaged socioeconomic situations tend to have poor health [8].

The aim of this review is to analyze the cultural characteristics of the Roma ethnic group and their relationship with the health status of children from this ethnic group in Bulgaria.

Material and methods: documentary method. Literature analysis.

Results

According to the European Parliament, the Roma ethnic group is the largest in Europe - 12 to 15 million people. The quality of life for this group of people is impaired due to poverty, which in turn leads to difficulty in accessing health care, high rate of maternal and infant mortality, disability and low life expectancy [2]. Education is lower compared to another social group of the same size and nature, and the main reason for this is cited as the cultural characteristics of the Roma population.

"The health-disease process and body care are culturally grounded, meaning that each group or cultural minority has its own traditional ideas about them." The main specific factors in relation to health and illness are large families, which are the basis for the development of social and personal relationships, the predominance of the group over the individual, the priority of what is said over what is written, reverence and respect for the elderly, and consequently a great influence of the elderly on the young, early preparation of girls for marriage and childbirth, etc [8].

The family is the first environment for a child and is decisive in terms of the impact on the formation of the child's attitude towards health. A child receives the foundations of the culture from his parents and develops health-related habits and behaviour patterns by their example. The presence of behavioral risk factors in the family are a prerequisite for not a good start in life. Good health in childhood forms the basis for good health in adulthood[18].

Roma neighbourhoods are usually poor areas with a high relative proportion of children, families and people at risk. Permanently unemployed people with low educational level and professional qualification are defined as at risk; underage mothers; children at risk of dropping out of school; children placed in institutions; illiteracy among young people; large and incomplete families. The combination of economic, educational and ethno-cultural risk factors has the strongest impact on families living in a compact minority group. The creation of certain stereotypes such as early marriage, birth before the age of adulthood, high migration, usage of a language other than Bulgarian in the family and community, etc., is common for these communities. All these factors often lead to difficult socialization and are the cause of different patterns of social exclusion of people from this ethnic group, especially children. They either do not attend school at all or drop out too early, thus not reaching a certain level of education. Many of these children are discriminated against by the masses, and a certain proportion of them are placed in specialized institutions for various reasons [13]. All this is a kind of prerequisite for the occurrence of various diseases.

Infectious diseases are a complex problem in Roma neighborhoods in Bulgaria, which due to the high overcrowding and therefore difficult isolation of carriers often develop into epidemics [10].

As a consequence of the poor social and living conditions, the most common diseases among the Roma community are tuberculosis, virus hepatitis, gastrointestinal diseases, and parasitoses. In large cities, drug addiction is increasingly common among young people and children, resulting in high rates of hepatitis B and C and a corresponding increased risk of HIV infection, which is a prerequisite for infecting entire families. Incomplete immunisation of children poses a serious risk for Roma, leading to the emergence of diseases that have been overcome in other communities. For some Roma children, no immunizations have been given, and for others, mandatory immunization is incomplete. [6]. There are known cases of polio, diphtheria and other diseases that are believed to have remained in history. Infant mortality is also high [2].

Newborns and children are one of the most vulnerable groups in terms of infections, so consideration of the special needs and developmental environment of this age group is necessary [16].

Hereditary diseases such as neuropathies, epilepsy, various myopathies, etc. are another problem characteristic of this population group. Poverty is an additional prerequisite and obstacle for the provision of necessary health care and for their social adaptation. Persons of Roma origin are less likely to track their health status. For many of them it is unaffordable to provide treatment even for their children. Illiteracy also affects the health status of this minority group. They often have difficulty explaining their suffering adequately. Medical professionals' lack of knowledge and awareness of the cultural differences and traditions of the Roma impairs their communication with patients and leads to self-medication [6].

Education and low incomes pose a risk of stunting for Roma children. Patterns of feeding inappropriate foods in the communities in which children are raised are most often dictated by recommendations from older family members - grandmothers, mothers, sisters - and is dependent on the financial status of families [14]. They are fed with products of low biological value and for this reason Roma children have the highest incidence of underweight, height and stunting compared to children from other ethnic groups [11,14].

Malnutrition and feeding with poor quality food are the cause of stunting, malnutrition, high incidence of infections, high rate of anemia in children in Roma communities [14,15].

Dzhedjeva P points out that children from the Roma community need special attention as they are at peculiar risk in terms of their dependence on adults [4]. Roma children and youth, and especially girls, often end their education too early. The reasons for this are associated with socio-economic conditions of life, as well as socio-normative characteristics of the ethnic group and girls' distinct and accepted ideas of life fulfilment. Often, girls stop attending educational institutions due to early marriage and more often, due to anticipation of marriage [7].

The Roma ethnic community has the earliest marriages in Bulgaria, with a 1994 study reporting that about 80% of Roma start families before they turn 18. There is still a trend towards early marriage, especially among the poorest and least educated youth. The Roma are the only ethnic group in Bulgaria where family life usually begins in adolescence, which is a prerequisite for high adolescent fertility and a higher number of children. These facts alone constitute a risk factor for maternal and child health. Numerous research studies indicate that children of mothers who are underage are much more likely to be born prematurely and/or underweight, to be unhealthy and to not survive their first year [17]. The problem is the mass acceptance by all members in these communities of the established norms that are important to the identity of the group. Early marriage is a practice in the Roma population and in the absence of other models, young people from this ethnic group reproduce and contribute to maintaining this model. It is a worrying fact that no concerns or fears are reported among families that early pregnancy and childbirth are risky for the immature body of the girl giving birth or her child.

Informing Roma by health mediators and community-based organizations about the risks of early childbearing does not have much impact on the implementation of child marriages as community-created norms override the existing health risks of early pregnancy [7].

Alexieva B points out the relationship between illiteracy, early pregnancy and the resulting risks for underage mothers due to childbirth [1].

Improving health is a top priority for all health systems worldwide. The objectives related to this priority are support and equality of vulnerable groups to receive quality health care, conduct health promotion and prevention among persons at risk, improve maternal and child health care in vulnerable ethnic communities, access to quality education among Roma children, reduce discrimination, prevent violence and early marriage, etc [9]. The role of health professionals in any health care setting is crucial in terms of health promotion in a multicultural environment. Supporting and educating patients from ethnic groups regarding disease prevention, health prevention of various socially significant diseases, risk factors, family planning, sexual and reproductive health, etc. The difficulties faced by health care professionals are related to cultural characteristics, language, literacy, stereotyping, etc. To overcome these difficulties, medical professionals need to be well acquainted and empathetic with the cultural characteristics of the Roma ethnic group [4].

Petrova D points out that uneducated mothers do not have enough knowledge and skills to raise their children, and many of them do not follow the advice of medical professionals and trust others, do not receive adequate service in child counseling, as well as health promotion care [12].

The goals of integrated care include ensuring the best possible health of children, disease prevention, and physical, psycho-emotional and social support for families, children and adolescents [5]. Efforts aimed at the integration process of Roma and other vulnerable groups in Bulgaria are in the direction of social inclusion and overcoming socio-economic negatives against these communities [10].

Conclusions:

1. Some Roma children live in poor living conditions, which puts them at risk of developing diseases.
2. Insufficient parental education is a factor determining the health status of Roma children.
3. Cultural features of the environment and family significantly influence the health culture of Roma children.
4. As a consequence of the established norms and traditions, the Roma ethnic community has the highest number of child marriages and births to underage mothers.
5. The social and cultural specificities of the Roma ethnic group are a prerequisite for difficulties in promotive health interventions, as well as in training mothers for proper child rearing.

Final conclusion

The cultural characteristics of the Roma ethnic group, poverty, social exclusion, low educational status leading to a lack of understanding of the risks to their own health, the difficulty of communication and interaction with health professionals are specific risk factors for the health status of children from this community. As a consequence, there is a high incidence of childhood morbidity, underdevelopment, malnutrition, adoption of wrong norms of family behaviour and lack of education in the majority of Roma children.

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