



HEALTH SERVICES CONSUMPTION AND BARRIERS IN THE HEALTH CARE OF PERSONS OF ROMA ORIGIN IN BULGARIA

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ABSTRACT:

Introduction: Persons of Roma origin often face serious inequities concerning their state of health and their access to good quality health services.

The **purpose** of the study is to analyze the health services consumption and barriers in the health care of persons of Roma origin in Bulgaria.

Material/Methods: The cross-sectional study was conducted, and a semi-structured face to face interview were applied in 2018. Adult citizens of Roma origin were covered as follows: residents of Knezha - a total of 59 people and households from the towns of Kneja and Kotel - 18 families (50 persons). The cities are representative of settlements of medium size with separate neighborhoods of Roma origin. Data processing was performed by SPSS v.24.

Results: Over two-thirds of the covered persons of Roma origin do not have health insurance. Due to a lack of health insurance, 14% of the households were reported a refusal to provide health care by general practitioners (GPs) and specialists in out-hospital care. 82.1% of Roma women have never had a mammography, and 71.4% a smear test. 83.3% of the households required direct payment for the provision of health services, which corresponds to the high share of informal payments in health care in Bulgaria (34 % in 2023), but among the Roma population, this share is significantly higher.

Conclusion: The Roma population in Bulgaria is characterized by an unfavourable health profile, and the health services provided to the persons of Roma origin are inadequate to their needs.

Keywords: Roma's health, health insurance, health inequities, access to health care,

INTRODUCTION

Persons of Roma origin often face serious inequities concerning their state of health and their access to good quality health services.

The poor health status of Roma is closely linked to the social determinants of health. In the specific context of the health status of Roma, it is important to understand that the health status of the Roma population, and differences in health status among the Roma population in different countries, may be due to factors that are not related to an individual's status as a member of the Roma ethnic group but may be the result of other socioeconomic, cultural or natural conditions in the country in which Roma live [1].

The WHO Commission on Social Determinants of Health views the process of social exclusion as a major cause of health inequalities among both migrants and ethnic minorities [2]. Health policies aimed at reducing health inequalities for Roma must be tailored to education, the economy, the labour market, housing, the environment and territorial development and must form part of an overall policy framework enabling effective integration [3].

Population surveys implemented show that the socioeconomic status of the Roma population is very low and the lack or insufficient education and low incomes are associated with an unhealthy lifestyle [4]. Different health practices and traditions, lack of empathy and cultural sensitivity of medical staff also play a role according to the International Organization for Migration [5].

Data on vaccination coverage in the Roma population show that it is generally lower than in the non-Roma population, with variations across European countries. Vaccination coverage in Croatia, Hungary and the Czech Republic is almost equal to that of the general population. In other countries with the highest proportion of Roma population, such as Bulgaria, Romania, Slovakia, etc., coverage is at a relatively low level [6].

A number of studies have reported that Roma com-

munities suffer higher levels of morbidity from chronic diseases (asthma, diabetes, cardiovascular disease, hypertension) and associated disabilities and limitations in activities of daily living. The relationship between higher rates of chronic diseases and higher prevalence of risk factors such as diet, physical activity, stress, and difficulty accessing primary health care and preventive health programs among Roma is discussed [7]. Data from 2011 found that the health status of Roma did not differ from that of the non-Roma sample. According to the results, 17% of Roma suffered from one or more chronic diseases, while for non-Roma, this proportion was 18%. The study reported a significantly higher proportion (70%) of Roma over 65 suffering from chronic diseases compared to 56% of non-Roma [8].

Universal access to health care is a core element of public policy in the EU. Article 35 of the EU Charter of Fundamental Rights states that “everyone has the right to access to preventive health care and the right to benefit from medical treatment under conditions established by national laws and practices.

Universal access to healthcare in Europe is provided through two main approaches:

1. An approach that seeks to ensure that every citizen is guaranteed a certain minimum level of consumption of health services;

2. An approach that seeks to achieve the same level and quality of health care for everyone, regardless of their status [9].

Health care combines the two approaches, as access to and consumption of health services by the Roma population is not homogeneous across countries, and the level of marginalization or integration of the Roma population plays a decisive factor [10].

A number of studies have described discrimination in health care and other significant barriers to access to adequate health care for Roma while also describing methodological limitations in conducting such studies [11]. In the Czech Republic, Roma experience more barriers to accessing health care, but they consume health services more than the majority of the population: 44% every month (28% for the majority of the population over 18), 34% at least once a year and 23% visit a GP or specialist less than once a year. Some surveys indicate that hospital and emergency care are more frequently used by Roma compared to the majority ethnic population, others report higher use of GP services by Roma. Visits to specialists and dentists are less frequent compared to the majority population [12]. An Irish study found that migrants, including Roma, are more likely to use emergency health services but neglect the provision of necessary health services to travelling children (8.3%), compared to a similar situation in the general population (2.8%) due to inability to pay for the service. Lower self-rated health status of Roma compared to the non-Roma population has been reported in a number of studies conducted in Spain, Hungary, Slovakia, etc. [13].

Mediation programmes and facilitating access to health care for Roma is a mechanism used in countries such as France, Bulgaria, Slovakia and Romania. In Spain and

France, the health mediation programme has a history of over twenty years [14]. In Finland, mediators are called “intercultural mediators”, in the Netherlands - “ethnic minority educators”, in Romania and Moldova - “sanitary mediators”, in Slovakia and Bulgaria - “health mediators”, in Serbia - “field health workers”. Their community interventions have been particularly successful in increasing vaccination rates among Roma and in supporting Roma during the COVID-19 pandemic [5, 15, 16].

MATERIALS AND METHODS:

The aim of the study is to analyze the health services consumption and barriers in the health care of persons of Roma origin in Bulgaria.

The cross-sectional study was conducted, and a semi-structured face to face interview were applied in 2018. The study covered 18 families of Roma origin, residents of the town of Kotel and Knezha. The towns are representative of settlements of average size in the country, located respectively in northern and southern Bulgaria, with distinct neighbourhoods of Roma population.

Invitation to participate was extended to all residents over the age of 18 of the Roma neighbourhoods in the covered towns through detailed information about the nature of the study provided verbally by the researchers. The study sample was self-formed through the method of respondents. Only the families and individuals who agreed to participate, i.e. about 50 members of the Roma ethnic group, were included.

The interviewees were two students of Roma origin, residents of the same neighbourhoods. At the planning stage of the study, they were trained to collect information from respondents using a standardized methodology and through a semi-structured interview conducted face-to-face in the interviewees’ homes. The average interview lasted about 1 hour and 30 minutes.

The objects of scientific interest in the study are:

1. The health insurance status of the covered persons;
2. The consumption of health services by elderly family members;
3. Consumption of health services by women of Roma origin.

The statistical processing of the primary data with Microsoft Office Excel 2010 and STATGRAPHICS-19 centurion software packages was performed.

Parametric tests were applied to test hypotheses in normal and close to the normal distribution of cases: t-test, ANOVA and nonparametric tests in different than normal distribution of cases: Pearson χ^2 - test, Mann-Whitney, Wallis H- test.

The significance of the results and conclusions was determined at $p < 0.05$.

The results are described by tables, graphs and numerical indicators for structure, frequency, averages, correlation coefficients, etc.

Permission to conduct the research was obtained from the Commission for Ethics of Research at the Medical University – Pleven.

RESULTS:

1. The health insurance status of the covered persons;

More than two-thirds (33 persons - 66.0%) of the covered persons of Roma origin are not insured, which implies serious difficulties in accessing and using timely and quality health services paid by the National Health Insurance Fund. The average number of uninsured persons in households is presented in Table 1.

Table 1. Average number of uninsured persons per household.

Households	Total
N	18
Mean ± SD	1,8 ± 0,8
Minimum	1
Maximum	3

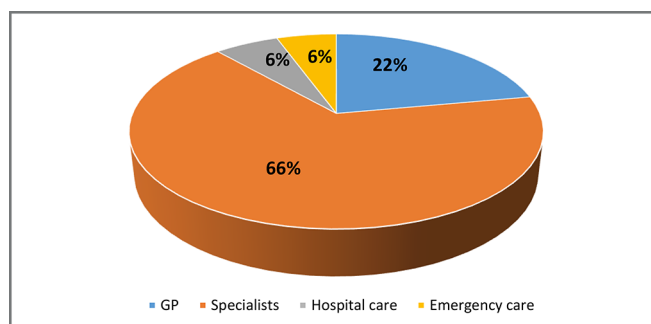
An average of 1.8 uninsured persons were found in each household, but in some families, almost all (three) of the adult members were uninsured.

The lack of health insurance coverage of a large proportion of Roma residents leads to frequent denials of health care by health professionals when providing health care [12, 17]. In 3 of the households (16.7%), denial of health care due to lack of health insurance occurred, which is not consistent with the high proportion of uninsured persons (66.0%).

The persons observed reported denial of health care most often by General Practitioners (GPs) and specialists in out of hospital care. Four-fifths (15 or 83.3%) of the covered households had to pay directly for the provision of a health service, which corresponds with the high proportion of informal payments in health care in the country - 46.6% in 2017, according to data from the report "Bulgaria. Health Profile of the Country" (2019), but among the Roma population, this share of informal payments is significantly higher [18].

The households surveyed most often had to pay for specialized pre-hospital care when they needed it (12 persons - 66.6%), which corresponds with the high proportion of uninsured persons among the families surveyed. The relative proportion of families paying for services provided by GPs was also significant - 4 (22.2%), while 1 (5.6%) shared for payments when they needed emergency care, which is guaranteed to every citizen by the state, regardless of their insurance status (fig. 1).

Fig. 1 Distribution of respondents according to the answer to the question "What type of health service did you have to pay for?" (%)



2. The consumption of health services by elderly family members

Health services

Three-quarters of Roma families surveyed had used health services in the year preceding the survey. One-third of those covered had used health care within the month prior to the survey, while two-thirds had used health care within the last year.

More than half of the respondents (10 households - 55.6%) reported a family health problem for which no health care was sought. The reasons for not seeking necessary health care were also analyzed and ranked in order of importance as follows:

- "lack of health insurance" - 8 families;
- "services are expensive, and we do not have enough money" - 7 families;
- "we are at work, and there is no one to take the child", "we were not accepted by the doctor", and other reasons - 1 family.

One-third of families (6 - 33.3%) reported a combination of factors as reasons for not seeking health care. Most often, it was a combination of lack of health insurance and the high cost of services that families could not afford due to lack of funds.

Consumption of medicines

Women took an average of 2.9 medications (Table 2) prescribed by a physician daily, while the number of medications taken by men was lower at 1.7 ($t=2.510$, $df=48$, $p<0.05$). Our results confirm the established fact that women seek health care more often than men.

Table 2. Average number of medicines taken daily by the covered (by sex)

Households	women	men
Mean ± SD	2,9 ± 1,8	1,7 ± 0,9
Minimum	1	1
Maximum	7	3

Hospital care

One-third of families (6 pts - 33.3%) reported hospitalization of an adult member in the past year. Our result reports a similar level of hospitalizations among the Roma ethnic group compared to the national data (about 31.7%) [18]. The reasons for hospitalization were as follows: treatment of asthma, discopathy, cardiovascular diseases (CVDs), ovarian cysts, surgical treatment of hernia, etc.

According to the respondents' data, in one-third of the families (5 - 27.8%), there was an identified need for hospital treatment that was not met. The reasons for unmet hospitalizations are ranked as follows:

- "The services are expensive, and we do not have enough money" - in two-thirds of families in need of hospitalization;

- "Lack of health insurance" - in half of the families needing hospitalization;

- "We wanted but were not admitted to hospital" and other reasons - in one of the families needing hospitalization.

Emergency care

Lack of health insurance forces people to pay for medical services or go directly to emergency care for life-threatening events. This situation disproportionately affects the unemployed, Roma and those living in disadvantaged regions. According to international data, up to one-third of all patients in the country, including the uninsured, bypass GPs by going directly to emergency care [18].

A significant proportion of the families covered (8 - 44.4%) had used emergency services in the last year.

The leading reasons for seeking emergency care are: CVDs/high BP, fracture, epileptic seizure, etc. In two of the families, according to the responses of those covered, a need for emergency care was identified and not realized. The main reasons for not seeking health care were the same as previously discussed i.e. lack of health insurance and unaffordable cost of services that people could not afford.

Consumption of health services by Roma women

While 5 (17.9%) of the women covered in the study consulted a specialist only in relation to pregnancy, the majority of women (9 persons - 32.1%) used the services of a gynaecologist for reasons other than pregnancy. The majority of them (11 persons - 39.3%) had not had a gynecological examination in the last year, and 2 (7.1%) had never visited a gynecologist for a preventive examination or for a gynecological problem. The data found in our study corroborates those reported by Krumova (2009)

of over 45% of women who had not visited a gynecologist in the last year [19].

The most frequent reasons for gynaecological examination by the covered women were prophylaxis (in two-thirds of cases) and treatment of a gynaecological problem.

Our study found alarming results regarding the prevention of women's health in women of Roma origin. 23 (82.1%) of them had never undergone a prophylactic breast examination (mammography), and 20 (71.4%) - a pap smear.

DISCUSSION:

The lack of health insurance coverage of a large proportion of Roma residents leads to frequent denials of health care by health professionals when providing health care [12, 17]. In 3 of the households (16.7%), denial of health care due to lack of health insurance occurred, which is not consistent with the high proportion of uninsured persons (66.0%).

Among European Union member states, Bulgaria is a country with the highest proportion of informal payments in health care - 46.6% in 2017, according to data from the report "Bulgaria. Health Profile of the Country" (2019), but among the Roma population, this share of informal payments is significantly higher [18].

The households surveyed most often had to pay for specialized pre-hospital care when they needed it. These data confirm those reported by Baev and Manov (2018), namely - 60% of the respondents of Roma origin do not have health insurance [17].

Our data correspond with those of Nesvadbová (2009), who found that 23% of Roma in the Czech Republic visit a personal doctor or specialist less than once a year.

Our results are supported by reported data on the highest reported difficulty in consuming medicines and health services in the EU (57.9%), especially among low-income households, and this proportion is even higher for dental care consumption [18].

CONCLUSIONS:

The Roma population in Bulgaria is characterized by an unfavourable health profile, and the health services provided to the persons of Roma origin are inadequate to their needs.

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