

Racism and access to maternal health care among Romani women in the Balkans

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Introduction

- 8% of Romani women in Serbia and 21% in Macedonia attend no prenatal care (UNICEF, 2005)
- 5% of Romani women in Serbia and 18% in Macedonia gave birth without a skilled attendant (UNICEF, 2005)

Methods

Research Questions

1. What are the barriers to prenatal care and maternity care among Romani women?
2. How do racism and discrimination against Romani women create barriers to access to prenatal and maternity care?

Overview

- Qualitative research study in Serbia and Macedonia
- Two cities in each country, (capital city, small town)
- Community-based participatory design
- June – August 2010

Focus Groups

- 8 focus groups conducted
- Romani women's NGOs recruited women and moderated focus groups
- Participants must have given birth in past year to be eligible

| Focus Group Characteristics | |
|-----------------------------|-----------|
| Age range | 18-42 yrs |
| Education | |
| None | 35% |
| Unfinished primary | 34% |
| Primary | 22% |
| Secondary | 6% |
| University | 3% |
| Average # children | 2.5 |
| Refugee/IDP | n=4 |



Interviews

- Semi-structured in-depth interview
- 8 interviews with gynecologists
- 8 interviews with NGO and policy experts

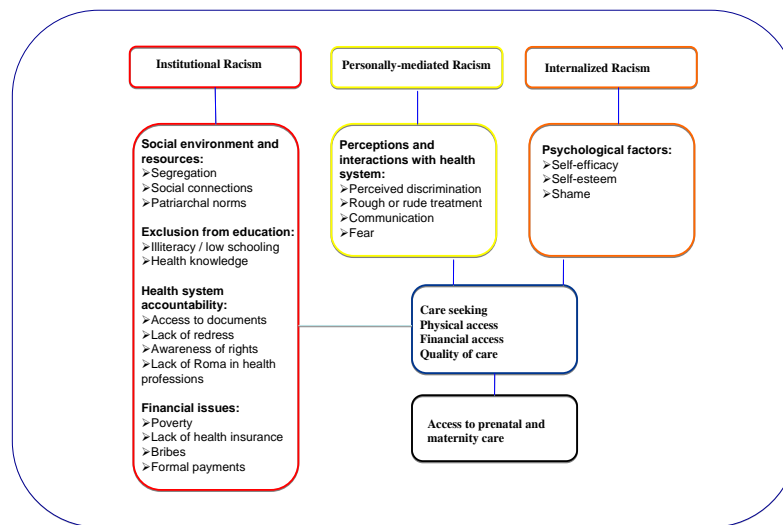
Analysis

- Grounded theory approach
- Two persons coded data for emerging themes
- Constant comparison method
- Audit trail
- Code structure entered into Atlas
- Themes identified fell into 6 domains

Results: Racism Framework

Levels of Racism

- Emergent themes were post-hoc added to Jones' existing framework for racism and health (Jones, 2000)
 - **Institutional racism**
 - Differential access to the goods, opportunities, and services of society by race
 - **Personally mediated racism**
 - Prejudice: differential assumptions about someone due to their race
 - Discrimination: differential treatment toward someone due to their race
 - **Internalized racism**
 - Acceptance by members of stigmatized race of negative messages about their own abilities and self-worth



Results: Psychological Factors

Self-efficacy

"It was bad, but what could I do, I was in their hands" Romani woman, SRB

Low self-esteem

"But we are also guilty, look at how we go, unwashed, dirty." Romani woman, SRB

Shame

"I felt frightened and ashamed". Romani woman, SRB

Results: Health System Accountability

Lack of redress

"The doctor [female] left the room and examined another child. She told me to wait. I wanted to complain to someone, but I didn't." Romani woman, SRB

Roma awareness of rights

"Most often, Roma don't know that they have rights. They don't know that they have rights for social assistance." (Policy expert, SRB)

Lack of Romani Staff in Institutions

"Roma believe more other Roma". NGO, SRB



Results: Perceptions and Interactions with Health System

Perceived discrimination

"They yelled at me, and even swore at me when I went to ask for my child because they saw that I am Roma, and they didn't want to tell me how the baby was." Romani woman, SRB

Rough or rude treatment

"After the delivery I was not cleaned out well and I had bleeding. They placed me in a separate room alone and nobody came to ask me how I feel, the entire night I bleed till 7 am. I could die.... After this experience I am so afraid to deliver another baby or to become pregnant again, just because of the attitude of the doctors.. Romani woman, MK

Communication

"The doctor was very good ... Only he talked really fast and I couldn't understand him, but my husband understood him and later explained to me." Romani woman, SRB

Conclusions

- Barriers to Romani women in accessing prenatal and maternity care can be conceptualized as resulting from various levels of racism
- Policies and programs intended to increase access to care among Romani women should address each of these levels to be successful
- Future quantitative research will estimate associations between emergent themes and prenatal care utilization