# HEALTH INEQUALITIES OF THE ROMA IN EUROPE: A LITERATURE REVIEW

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**SUMMARY**

The Roma are the most populous marginalised community in Europe and have some of the greatest health needs. There is a higher prevalence of communicable and non-communicable diseases within the community and significantly shorter life expectancies than national averages. Efforts by governments across Europe to address these health inequalities have been relatively weak and the Roma suffer poorer access to health care, education and employment in every country that they inhabit in comparison to the majority population. As the socioeconomic determinants of health become better understood over the past decade, it is becoming clear that societies with greater inequalities are less healthy overall. It is important for public health across Central and Eastern Europe that the health needs of the Roma are prioritised by governments concerned. We provide a review of the literature on the health inequalities of the Roma community in Europe.

*Key words:* Roma people, Roma community, health inequalities, social determinants of health, marginalisation

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## INTRODUCTION

The Roma (often pejoratively called gypsies) are a heterogeneous ethnic group living primarily in Central, Eastern and Southern Europe which has recently been in focus of political attention. A number of European countries have come under scrutiny for their poor treatment of this minority group of Europeans. People from the Roma community have been evicted from their camps, their entire settlements brought down and in many cases people have been deported from the country they were born in. Most recently the Government of France ordered the targeted dismantling of Roma settlements and has already deported several thousand people to Romania and Bulgaria. This decision was criticised by the European Union, United Nations and many NGOs (Non-Governmental Organisations). Tara Bedard, Director at the European Roma Rights Centre, said "In France and Italy, the rate of eviction of Roma communities is astounding; in Milan alone more than one hundred such evictions have been conducted in 2010. In many cases the same people are evicted over and over again, and in the absence of any alternative housing arrangement from local authorities the affected families are made homeless. Their health situation is obviously negatively affected by this, particularly the children."

As the social determinants of health have become better understood over the last decade, an increasing evidence has emerged that poverty is more prevalent amongst the Roma than in the majority populations. It is therefore clear that the Roma people have considerable health needs that ought to be addressed (1, 2). It should be noted that the health inequalities of the Roma discussed in this literature review are those of the predominant Roma population that is living in segregated communities isolated from the majority population.

## BACKGROUND

The Roma are Europe's largest ethnic minority and have an estimated population of just over 11 million (1.35% of Europe's total population) (see Table 1); however, there is an uncertainty over the exact number because many Roma have no national documentation and are reluctant to identify themselves from a fear of stigmatisation (3). The Roma originated in Northern India, and migrated westwards from around the 11th century during the Byzantine Empire. They settled in Eastern Europe, initially welcomed into Europe under papal protection. However, this welcome did not last; the Roma became subject to slavery and persecution. During the 18th century in Austria-Hungary, Roma children over five were taken away from their parents and were brought up in non-Roma families (2). In the 20th century, half a million Roma were killed during the holocaust. Meanwhile during the communist regime in Czechoslovakia, coercive sterilisation of Roma women was a governmental policy and there have been reports that this practice in the Czech Republic has continued into the 21st century (4). George Soros, a founder of the Open Society Institute, said "In every country where the Roma live, the general population is hostile towards them. These conditions make a mockery of European values and stain Europe's conscience" (5). With this social history, it is not surprising that the Roma are highly suspicious of the intentions of non-Roma towards them and their way of life. The Roma often distrust local authorities and are therefore reluctant to accept interventions aimed at their integration into society. This distrust of non-Roma, and the fact that many CEE countries do not collect ethnically segregated data has lead to a relative paucity of published literature, making health research on Roma very difficult. However, efforts have stepped up over the last decade to overcome this by an increased research

funding from international agencies, publication of high-level reports and policy development. In the 2004 European Commission Report it was stated that ''The treatment of Roma is today among the most pressing political, social and human rights issues facing Europe'' (6).

In 2005 many European governments signed up to a ''Decade of Roma Inclusion 2005–2015'', which is a political commitment aiming to reduce the inequalities in welfare and living conditions between Roma and non-Roma and to address the high levels of poverty and social exclusion amongst this vulnerable group of people (7).

## Inequalities in Health

Roma are discriminated against across Europe and have a significantly worse health and education profile when compared with non-Roma (1, 4, 8). Rates of both communicable and non-communicable diseases are higher amongst the Roma people (2, 9). Tuberculosis, hepatitis and skin diseases are reported to be more prevalent amongst the Roma and they are more vulnerable to these infections largely as a consequence of impoverished living conditions and poor hygiene (9–11). However, widespread alcohol abuse and injection of illicit drugs are also important causes (12). Additionally, in many countries the immunisation coverage of Roma children is low, with lack of information and medical identification being the most common reasons for this (1, 2, 10). This is jeopardising eradication programmes for infectious diseases, such as for measles as shown by recent outbreaks localised within Roma communities, and is opening up the possibility of the re-introduction of Polio to Europe (13, 14). Other research shows higher rates of diabetes and heart disease in this community and that the Roma may have a genetic predisposition to acquiring the metabolic syndrome, although literature on non-communicable diseases is particularly limited (2, 11, 15). In Central and Eastern Europe (CEE), home to the vast majority of the European Roma population, the Roma have a life expectancy that is up to 15 years lower than that of the non-Roma (4, 10, 11, 15). An important factor contributing to this difference of average life expectancy is the substantially higher infant mortality rate amongst Roma. For example, in Romania the infant mortality rate for 'Romanians' was 27.1 per 1,000 live births compared with 72.8 per 1,000 live births for those of Roma ethnicity (15). However, the shortening effect on life expectancy of high infant mortality rates should not conceal the impact of disease and poor health in the middle aged Roma population. Population demographic pyramids of the Roma in Europe are comparable to those of developing countries, where a high rate of reproduction and premature mortality of middle age Roma results in a high density child population and low density elderly population (9, 11).

***Table 1.*** *15 European countries with largest Roma populations (Source: Council of Europe Roma and Travellers Division, September 2010) (23)*

| European countries | Estimated number | % of total population |
|---|---|---|
| Turkey | 2,750,000 | 3.83 |
| Romania | 1,850,000 | 8.32 |
| Russian Federation | 825,000 | 0.59 |
| Bulgaria | 750,000 | 10.33 |
| Spain | 725,000 | 1.57 |
| Hungary | 700,000 | 7.05 |
| Serbia | 600,000 | 8.18 |
| Slovak Republic | 500,000 | 9.17 |
| France | 400,000 | 0.62 |
| Greece | 265,000 | 2.47 |
| Ukraine | 260,000 | 0.57 |
| United Kingdom | 225,000 | 0.37 |
| Czech Republic | 200,000 | 1.96 |
| FYR Macedonia | 197,750 | 9.59 |
| Italy | 140,000 | 0.23 |

## The Social Determinants of Health

Many existing and emerging diseases across the globe have important origins in the nature of the social and economic environment that surrounds people. It is not simply that more materially disadvantaged people suffer poorer health from experiencing bad living conditions, nutrition and education. In fact, the underlying injustices that result from the social meaning of being poor, unemployed, socially excluded and discriminated against actually brings about a negative impact upon physical health (16). The Roma have always suffered severe poverty and exclusion in their European history (10). Since the transition of CEE countries from communism, the Roma have been disproportionately left behind in terms of their socioeconomic development (10). They have low levels of education and skills and commonly face discrimination leading to high levels of long-term unemployment and worsening living conditions (10). People that are lower on the social class gradient have a shorter life expectancy and suffer more diseases, relative to those higher up the gradient (16). The extent to which this is the case varies between countries, with the level of inequality being a determining factor (17). Furthermore, this health disadvantage in societies with greater levels of income inequality is not confined to the poor, but in fact, these inequalities have a negative impact on the health of those that are wealthy too (18). Reducing the poverty gap between Roma and non-Roma would therefore be of health benefit to all. In addition, where inequality is more prevalent, the society as a whole is less cohesive and higher levels of violence and distrust are reported (17, 18). It is therefore interesting that the Roma have been marginalised throughout their history in Europe with large proportions living in poverty relative to majority populations, and the reasons they are often discriminated against is their reputation of being untrustworthy, dangerous and a threat to public order (1, 6, 19). Reducing the gross disparities between Roma and non-Roma in terms of health, education and social status is likely to be crucial to addressing the limited integration of Roma within European society and the associated consequences of this long term exclusion.

## Challenges to Address

A United Nations Report ''At Risk: Roma and the Displaced in Southeast Europe'' (2006) found that forty-four percent of Roma live in poverty, of which fifteen percent live in extreme poverty

(less than Purchasing Power Parity $ 2.15 per day) (7). Furthermore many poor Roma have large debts owed to utility companies for basics such as water and electricity. The combination of having little money to spend and facing barriers to accessing education, employment, housing and healthcare inevitably acts to exacerbate this poverty (1, 8, 20). The Roma are stuck in a vicious cycle spinning on an axis of discrimination. However, it is with Roma children that this cycle of intergenerational poverty can be broken through prioritising their nutrition, achievement of higher education, equal employment opportunity and good healthcare access (21). At present, all of these are lacking. Many Roma children are at high risk of malnutrition across Eastern Europe (22). In Serbia, six times as many Roma children are underweight in comparison to the national average, and in FYR Macedonia three times as many Roma children are underweight (21). Inadequate child growth is associated with economic underachievement and poorer health in adulthood (22). A minority of Roma children complete primary education and schooling has been racially segregated (6). In fact, in some CEE countries, it is not unusual for Roma children to be enrolled in "special schools" for the mentally disabled (6, 8, 10). As for employment opportunity, the proportion of Roma employed in unskilled occupations is substantially higher across all educational levels when compared with majority populations in several European countries (1, 10). Just being of Roma ethnicity reduces an individual's chance to obtain a job that is suitable to their level of educational attainment. With this unfairness, it is not surprising that the Roma do not prioritise their expenditure on the education of their children, especially when taking into consideration that more than half of Roma reported going hungry in the previous month during a study conducted by UNICEF (1, 7, 21). Many Roma experience difficulties in accessing healthcare services and often face discrimination within the system (2, 7, 8). Lydia Aroyo, press officer for Amnesty International, said during interview "The Roma experience barriers to accessing health services on all fronts. They often live in isolated settlements and are unable to afford transport to medical facilities. Even if they can organise transport, the Roma are often unable to afford the necessary health insurance. And if they have transport and insurance, it is concerning that there are cases of neglect by medical professionals directed towards them. The right to health is a fundamental human right, but it is one that many Roma have so far been denied." Additional barriers include an inability to afford the informal payments that are often expected and language barriers (many Roma only speak their Romani mother tongue, and cannot communicate with healthcare professionals) (8).

## CONCLUSIONS

The Roma have made up a significant proportion of Europe's population for a millennium but have thus far been restricted from integrating effectively into society. This community is subjected to widespread discrimination and their needs are often neglected by governments. It is now clear that for a high level of population health, it is not enough to ensure that the majority of population is living well and that by neglecting the most vulnerable in society it is in fact the whole population that suffers. The wide gap that exists in all indicators of socio-economic development and health between Roma and non-Roma across Europe should be reduced as a priority through targeted interventions, but in order to achieve this there is a need for more detailed research of the underlying causes of these inequalities. Societies that are inclusive of all their citizens, enabling them to participate fully in social, economic and cultural life will be healthier than those in which people are faced with insecurity, exclusion and deprivation (16).

**Conflict of Interest**
None declared.

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