Negative experiences of marginalised Roma females with attitudes and behaviours of healthcare providers

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Funded by the European Union

BACKGROUND: In Slovakia, approximately half of Roma live in more or less segregated localities referred to as marginalised Roma communities (MRCs), characterised by spatial and social distance from the majority population. People from MRCs often experience generational poverty, as well as limited access to education, employment, housing and various types of services, including health care, which causes material and financial hardship and leads to low quality of life.

Restricted access and quality of health care contribute to worse health outcomes. Mutual relationships and communication between patients and healthcare providers are essential to healthcare quality. **The study aimed to explore the experiences of marginalised Roma women and girls with attitudes and behaviours of primary health care providers as a potential barrier to health care.**

METHODS: We used data from the qualitative study conducted in Slovakia as a part of the international project H2020: RIVER-EU (Reducing Inequalities in Vaccine Uptake in the European Region – Engaging Underserved Communities). We conducted semi-structured interviews with 18 Roma mothers and 15 Roma girls from marginalised Roma communities. The data were analysed using consensual qualitative research. Thematic analysis of the transcribed audio recordings was performed in MAXQDA.

FINDINGS: The following themes related to attitudes and behaviours of health care providers were identified:

1. Substandard quality of health care provided
refused and neglected healthcare
double standard practices

2. Substandard relationship and communication
incomprehensible and insufficient communication
impersonal and inhuman approach
inappropriate or impudent behaviour

3. Prejudices and racism
prejudices about insolvency
implicit and explicit manifestations of racism

DISCUSSION: Relationship and communication between HC providers and marginalised Roma women and girls is burdened by prejudices, impersonal attitudes and double standard practices. Impaired relationships lead to avoidance of health care, create a barrier for marginalised Roma in access to health care and have an impact on the perceived quality of health care.

This project has received funding from the European Union's Horizon 2020 research and innovation programme under grant agement No 964353

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