



Promoting a Proper Upbringing of Roma Children by Adequate Education of the Young Mothers

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Abstract

The health status of Roma people in Bulgaria is indirectly influenced by their low educational level. They find it more difficult to give an objective assessment of their health condition and explain what they suffer from because of a lack of health education.

The restricted way of life in the Roma community could become an obstacle for medical professionals who have to deal with many myths and prejudices.

Educational messages conveyed over a generation predetermine the difficult and slow rejection of irrational practices resulting from group pressure, prejudices, attitudes in the community and related myths regarding the upbringing of children that are important for the young mothers.

The study is a pilot one. Some of the main tasks of this study are:

- 1. To support the raising of children in a family environment;*
- 2. To support the proper neuropsychological development of children by promoting good parenting practices;*
- 3. To ensure the emotional and social development of the child and to reduce the risk of abandonment and abuse by supporting the development of attachment between children and mothers;*
- 4. To promote positive methods of education;*

The results of this study show that a vacuum is observed in terms of access of mothers to quality professional advice and health education. The practice for home visiting of healthcare professionals to Roma mothers was terminated for the purpose of implementing health preventive and educational programmes.

The lack of adequate educational programmes with appropriate scope aimed at preparing Roma mothers for the risks involved in child development, the importance of healthy nutrition, as well as other aspects of upbringing are key to Roma child health in Bulgaria.

There is a language barrier between mothers and health professionals due to the poor level of language skills in Bulgarian, which is not the first language for most of them.

1. Introduction

Bulgaria has a population of approximately 7 million people, comprising three major ethnic groups: ethnic Bulgarians (84.8 %), Turks (8.8 %) and Roma people (4.9 %). [1]

Various studies show that many Roma people self-identify as ethnic Bulgarians or Turks. According to Council of Europe estimations (2010), there are up to 800,000 Roma in Bulgaria, making it the country with the highest percentage Roma population in the European Union: approximately 10% of the total population. [2]

The share of people at risk for poverty or social exclusion in Bulgaria is almost double the European Union average (24.1%).

An analysis performed by the National Programme for Improving Maternal and Child Health 2014–2020 preterm births are closely linked to the quality of obstetric and gynaecologist care. In 2012 premature infants comprised 8.3% of all live births which is quite a high percentage.

The health status of Roma people in Bulgaria is indirectly influenced by their low educational level.

The Constitution of the Republic of Bulgaria grants every Bulgarian citizen the right to education, guarantees free schooling for citizens up to 16 years of age, which is compulsory, and free primary and secondary education in municipal and state-owned schools. [3]

According to NSI 1.2 % of people over 7 years of age – approximately 81,000 people – never went to school. NSI also showed that 1.7 % of the population aged 9 and above, or over 112,000 people, are illiterate. [4] Sex distribution data are not available.

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2. Available preventive services

Every woman in Bulgaria who has a health insurance is entitled to monitoring throughout her pregnancy with monthly examinations with an OB/GYN or a GP, ultrasounds and blood tests and a free-of-charge delivery – either natural or surgical if it is medically necessary.

If a woman does not have health insurance, but has a very serious problem threatening her pregnancy or health or the fetus, she will be given medical care though she is not insured. But general care, advices, guidance, raising or taking care of children are not provided.

Most of the uninsured pregnant women belong to minority groups especially Roma young women. Nevertheless they are supposed to receive a basic package of health care services: prenatal examinations and qualified obstetric care during delivery.

Health insurance is compulsory across the country [5], and all persons under 18 years old are insured by the state as defined in the Health Insurance Act (HIA) [6].

According to a study – “Health and the Roma Community” study (Tomova 2009) suggest that the majority of Roma women who have given birth – 81%, had regular preventative check-ups with an OB/GYN throughout their pregnancies. 61% of women went to the OB/GYN every month (or even more frequently) during their last pregnancy, 20% had regular check-ups every other month. Only 19% had only one examination – to establish the pregnancy and months later checked into a hospital for the delivery.

2.1. Prevention provided by GPs

GPs are obliged to provide health promotion and prevention, monthly physical examinations, all required tests, guidance to the physical and dietary regime during pregnancy and preparation for the delivery process. They are obliged to provide advices and consultations about upbringing of children related to feeding, immunizations, treatment, etc.

2.2. Family consultation centers (FCC)

They are financed as part of the project "A Family for Every Child." The project was started in 2010 as a partnership between UNICEF, the Ministry of Health, the Ministry of Labour and Social Policy, the State Agency for Child Protection, the Social Assistance Agency, the Regional Governor of Shumen and the Municipality of Shumen.

FCC is integrating social, health and educational services, providing consultation, individual and group support for families with children at risk and prevention of child abandonment and placement in institutions. The “Pregnancy at Risk” programme aims to identify expectant mothers and direct them to the health professionals; support for new-born children and young mothers; development of parental capacity in families with infants at risk; preparing future parents for parenthood; family planning; support of early childhood development; facilitating access to health services; improving health literacy in communities at risk.

2.3. Maternal and Child Health Centre (MCHC)

In 2012 UNICEF reached an agreement with the Ministry of Health and the Social Assistance Agency for a pilot implementation of a Maternal and Child Health Centre in the Shumen region. [7] The Centre was opened in 2013. Funding was provided by UNICEF and Post Bank and it offers health information, health education, and health consultation to pregnant women and children aged 3 or younger in the Shumen region provided by qualified nurses/midwives in their homes. Nurses monitor the health status of mother and child starting at a very early stage of their pregnancy and continuing after delivery in order to identify potential issues and provide the necessary care and treatment: consultations for a safe pregnancy, preparation for delivery, help with baby care in their first days, feeding, and other issues related to upbringing for an infant. The duration of this project is three years. A second Maternity and Child Health Centre was opened in the town of Sliven in mid-2014. Similar centres are planned to be opened in all regional cities, and the appropriate legislation changes are expected to be implemented by the end of 2020. [7]

3. Challenges in the existing organisation of preventive services for children, pregnant women and mothers:

In terms of access to health services:

- Lack of places offering consultations to pregnant women and children.
- Inequitable distribution of GPs across the country;



- Absence of an integrated medical and social approach for children with chronic diseases/disabilities;
- Ineffective monitoring, rehabilitation and care for preterm infants;
- Best practices sharing and improved communication between institutions and NGOs;
- Introduction of a monitoring of pregnant Roma women and children by regular check-ups;
- Increasing the number of qualified health professionals of Roma origin working in the healthcare system; develop mediation and various forms of interventions in the community;

There are a number of programmes and initiatives for improving child health and reducing infant and child mortality. But the care for mothers and children needs to move towards integrated preventive services outside institutions, in their natural environment, corresponding to their individual needs.

4. Aim of the study

The aim of this pilot study is improvement of Roma mothers' awareness of the matters of pregnancy, childbirth, childcare, and nutrition and health behaviour. Some of the main tasks of the study are:

1. To support the raising of children in a family environment;
2. To support the proper neuropsychological development of children by promoting good parenting practices;
3. To ensure the emotional and social development of the child and to reduce the risk of abandonment and abuse by supporting the development of attachment between children and mothers;
4. To promote positive methods of health education;

5. Methodology

We used GPs to follow up pregnant Roma mothers and babies from their birth until they turn 1 year old. Many GPs tend to old-fashioned health recommendation doctrines, with respect to breastfeeding and water intake, daily regime, introduction of solid food, body strengthening, etc. So, firstly we needed to train GPs in order to be sure that they won't come into conflict with the latest recommendations of the WHO.

We used health mediators to overcome cultural barriers in on-site communication between Roma mothers and health professionals, to eliminate existing discriminatory attitudes and improve health education.

We relied on regular check-ups and voluntary willingness of Roma mothers to participate in our study. We covered 231 pregnant mothers from Sofia municipality. 21 of them dropped out and with 210 Roma mothers we are having regular check-ups. The study started in December 2014 and it is still going on.

Some of the long-term tasks of our study are related to:

- Ensuring of access to health information;
- Discontinuing of negative trends for Roma population's health;
- Reduction of child mortality;
- Improved care for newborns and children;
- Reduction of pregnancies among Roma population;
- Prevention of congenital abnormalities;
- Early registration of pregnant women;
- Pregnancy monitoring and delivery hospitalization;
- Registration of newborns and children with a GP;
- Increase in immunization coverage;
- Raising awareness of healthy upbringing for newborns and young children;
- Training health professionals on effective work in multiethnic environment;
- Overcoming cultural barriers and any forms of discriminatory attitudes towards Roma mothers;
- Regulatory changes to improve access to quality medical care for Roma women and their children.

6. Results

Willingness to participate in the study is very important: almost 92% of interviewed young Roma women stated their willingness to participate.

The results of our study show difficult access to health services due to different reasons:

1. Low level of health education. They find it more difficult to give an objective assessment of their health condition and explain what they suffer from because of a lack of health education.
2. Men's opposition to gynecologist visits especially to male professionals;
3. Lack of health insurance and a general practitioner (GP) selected;
4. Irregular visits to a general practitioner;
5. Medical staff's attitude towards young Roma mothers. Sometimes it is insulting and even arrogant.

Registration of pregnancy as soon as possible is very important for the mother and child's health. A great number of the Roma women are not health insured (74%), and they confess that they first seek health care when the actual birthing process starts. A small percentage of the health insured women (including those below 18 years of age), especially first-time pregnant, say they have consulted a doctor shortly after the "cease of menstruation" (only approximately 23%).

In our interviews with young Roma mothers we found out existence of various myths related to health education. For instance, about pregnant women: "If you visit a gynecologist, your baby will drop down"; about baby raising: "Baby salting will remove baby's bad smell", "Strong tightening of diapers around the baby will make it slim".

During the first months of pregnancy young Roma women hardly tell people outside their family that they are pregnant.

Another problem is the language barrier. There is a language barrier between mothers and health professionals due to the poor level of language skills in Bulgarian, which is not the first language for most of them. A large number of young Roma neither speak, nor understand Bulgarian, and others have difficulties in speaking and understanding Bulgarian.

7. Conclusion

Educational messages conveyed over a generation predetermine the difficult and slow rejection of irrational practices resulting from group pressure, prejudices, attitudes in the community and related myths regarding the upbringing of children that are important for the young mothers.

The result is that a vacuum is observed in terms of access of Roma mothers to health education and quality professional advice. The lack of adequate educational programmes with appropriate scope aimed at preparing Roma mothers for the risks involved in child development, the importance of healthy nutrition, as well as other aspects of upbringing are key to Roma child health in Bulgaria.

References

- [1] NSI, 2012, <http://censusresults.nsi.bg/Census/> (information based on data provided by respondents who chose to answer the optional question about ethnic self-identification, who equal 91% of the total population).
- [2] Communication from the Commission. EU Framework for National Roma Integration Strategies, COM (2011) 173 final, 5.4.2011, p. 15, quotes in SABER's "Early Childhood Development" report for Bulgaria 2013
- [3] Art. 53, Constitution of the Republic of Bulgaria
- [4] NSI, <http://www.nsi.bg>
- [5] HIA, Art. 1, Para. 3
- [6] HIA, Art. 40, Para 3, items 1-5
- [7] Third monitoring report, Action Plan for the "Vision for Deinstitutionalization of Children in the Republic of Bulgaria"