# THE PRESENCE OF HEALTH-RISK BEHAVIOUR IN ROMA FAMILY

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### ABSTRACT

Roma people in B&H are a marginalised population group. Their health condition is considerably worse than the condition of other population groups. The health problems of Roma people correlate with inadequate living and dwelling conditions. Roma children are facing the impossibility of being health care beneficiaries, because their parents are unemployed. The objective of this survey was to examine the family surrounding of children in age up to 8 years, including the social conditions under which they live and the presence of health risk behaviour. The research presents a descriptive cross-section study. We interviewed 1100 non-Roma parents and children and 383 Roma parents and children (in the communities of domicile Roma people) in B&H Federation. The results obtained indicate that only 17,8 % of Roma parents are secondary-school leavers, while remaining percentage covers those with incomplete primary school or without education at all, against 63,6% of non-Roma parents who have secondary education. The parents consider themselves good providers for their children (59,3% of Roma parents and 75% of non-Roma parents often play with their children). The Roma parents seek for medical attention for their children only in the cases when urgent health problems occur, such as fever/increased body temperature (one-half of the interviewed parents) or diarrhoea (31,9%). Physical punishment of children occurs more frequently in Roma families (23,7% - this is only the top of an iceberg) then in non-Roma families (11,4%). The parents usually beat children by using their hands or punish them by flogging. The domestic violence is accepted amongst Roma people and it has most sever impact on children, who suffer emotionally and physically. In the future, it will be necessary to create the kind of family environment that would enable improvement of health condition and decrease the behaviour that endangers the health of children.

KEY WORDS: Roma children, social conditions, health-risk behaviour

# INTRODUCTION

A family is the first environment of a child, and it has impact on establishment of child's attitude regarding health. A child receives the basics of culture from one's parents, and develops the habits and patterns in health-related behaviour (1). The presence of risk behaviour factors in the family render impossible good, sound start in life. A good health in childhood constitutes a foundation for good health in adult age. There are considerable differences between family environment in majority groups and the one in marginalised groups, such as Roma people. The problems of Roma people relate to their specific life-style, low level of education, overall poverty, small percentage of full-time employed Roma people, and their living in inadequate and low-hygienic dwellings with minimum dwelling standards (2). The Roma families give greater importance to male children then the female. Therefore, male children attend school more frequently then the female ones. Roma women conceive families quite early in their lives and take over the role of a mother (3). Due to none or very low level of education, Roma people lack sufficient level of knowledge on the needs of a child and health care. UNICEF has undertaken a series of activities in B&H to enhance the health conditions of Roma children, through education of their parents (4).

### **Objective**

The objective of this survey was to examine the family surrounding of children in age up to 8 years, including the social conditions under which they live and the presence of health risk behaviour.

### MATERIAL AND METHODS

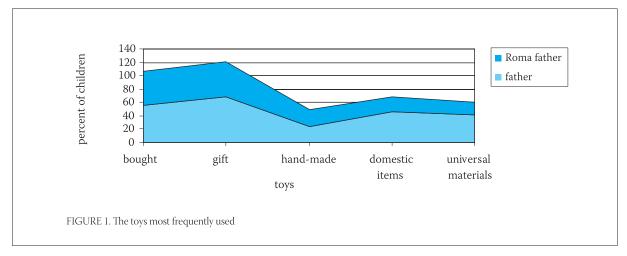
The research presents a descriptive cross-section study, conducted during 2005 years. We interviewed 1100 non-Roma parents and children (54,9% of children up to 3 years of age, 43,6% boys). We interviewed 383 of Roma parents and children (35,5% of children up to 3 years of age, 65% boys) in the communities of domicile Roma people, in Sarajevo, Kakanj, Visoko and Tuzla. In our survey, we used questionnaire (anonymous), based on the recommendations of UNICEF. The observed variables in the research were the following:

- attitude of a parent towards the needs of a child
- reaction of a parent concerning emotional state of a child
- role of a father in child's development
- risky health behaviour of a parent perceived in the sense of punishment methods applied on a child

We particularly reviewed the answers of fathers and mothers, since there are very frequent discrepancies in the attitudes and pedagogical practice of both parents.

	population		Roma people		,
	broj	%	broj	%	p- value
respondents:	1100	100,0	383	100,0	p = 0,000
- mothers	973	88,4	315	82,2	
- fathers	116	10,5	24	6,3	
- foster parents	11	1,0	44	9,4	
age of mother:					
> 19 years	24	2,4	33	10,5	
20-24 years	138	14,2	68	21,6	
25-29 years	269	27,6	67	21,2	$p \le 0.0001$
30-34 years	226	23,2	32	10,2	1 -
< 35 years	184	18,9	99	31,1	
unknown	132	13,6	16	5,4	
mother's qualifications:					
- college degree	101	10,4	-	-	
- two-year degree	94	9,7	-	-	
- secondary education	619	63,6	55	17,3	
- primary education	130	13,4	157	50,1	p ≤ 0,0001
- incomplete primary education	11	1,1	77	24,4	
- no education	5	0,5	10	3,0	
- no respond	13	1,3	16	5,4	
sex of child:					
- male	509	46,3	201	52,5	NS
- female	567	51,5	145	37,8	
- no answer	24	2,2	37	9,7	
age of child:					
> 3 years	604	54,9	136	35,5	p ≤ 0,0001
3-5 years	222	20,2	82	21,4	
6-8 years	264	24,9	165	43,1	

TABLE 1. The characteristics of respondents



# **RESULTS**

The total sample was composed of 1483 parents and children, amongst which 25,8% percentage of Roma people. The age and educational structure of non-Roma parents correspond to age and educational structure of an average B&H population (the highest percentage of respondents obtained secondary education – 62,8%). The Roma parents are very young (32,1% of respondents were up to 24 years of age) and most of them did not complete primary school or have no junior-level certificate at all (only 17,3% of parents obtained secondary school diploma). There are statistically considerable differences in the level of education and age of the mothers in these two groups of respondents. The mothers mainly participated in the survey, since they take care of the children for the most part. The Roma children live with the foster parents in considerably larger percentage (9,4%) then non-Roma children (1,1%), and this difference is statistically significant (Table 1). A child has a basic need to play. While playing, child acquires perception of the world, things, himself/herself, ones abilities, learns to cooperate with others, and to make a difference between reality and imagination. All

interviewed families have children toys, either bought by the parents or presented as a gift (Figure 1). The children of respondents mostly play with the toys, which are bought (55,8% of non-Roma children and 51,2% of Roma children) or presented as a gift (68,5% of non-Roma children and 52,7% of Roma children). The hand-made or manufactured toys are equally used. In their play, Roma children use less domestic items, objects, (22,5% of Roma children against 45,6% of non-Roma children) and universal materials such as water and sand (41,5 of non-Roma children and 19,3% of Roma children). A fear represents negative experience for a child and therefore, parent's reaction is important for overcoming of it. The bearing of interviewed parents when a child is afraid is mostly verbal, that is, the parents talk to a child, trying to explain that there is no reason for a child to be afraid (36% of non-Roma parents and 46,2% of Roma parents). The parents behave protectively, namely 50% of non-Roma parents and 41,8% of Roma parents put their arms around a child when one is afraid. Only few respondents (14,0% of non-Roma parents and 9,7% of Roma parents) use distraction of child's attention onto other activities as a method to overcome fear, while 2,3% of Roma parents do not react when a child is afraid (Table 2).

	population		Roma people		
	broj	%	broj	%	p- value
The reaction of a parents to child's fear:					
- a parent talks to a child	396	36,0	177	46,2	
- gives him a bear hug	550	50,0	160	41,8	p = 0.003
- distracts child's attention	154	14,0	37	9,7	
- no reaction	-	-	9	2,3	
A mother fulfils child's wishes:					
- always	222	23,0	199	63,1	
- often	559	58,0	108	34,5	p < 0,0001
- sometimes	176	18,3	8	2,4	
- seldom	7	0,7	-	-	
A father fulfils child's wishes.					
- always	13	11,2	14	59,1	
- often	72	62,1	10	40,6	$p \le 0.0001$
- sometimes	29	25,0	1	0,3	
- seldom	2	1,7	-	-	

TABLE 2. The quality of parent-child communication

	population		Roma people		
	broj	%	broj	%	p- value
The reaction of a parent to child's pranks:					
- explanation of a child's action	833	75,7	258	67,4	n< 0.0001
- conversation, and analysis of an action	500	45,5	171	44,6	p≤ 0,0001
- explanation and give "some" spanking	216	19,6	72	18,8	0.157
- give "some" spanking	120	10,9	82	21,4	p=0,157
- give a good beating	6	0,5	9	2,3	(NS)
- emotional pressure (verbal pressure)	110	10,0	80	20,1	

TABLE 3. Punishing of a child

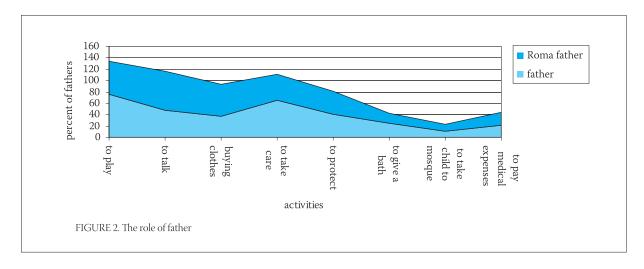
	population		Roma people		1
	broj	%	broj	%	p- value
Physical punishment – intensity:	126	100,0	91	100,0	P=0,157 (NS)
- give "some" spanking	120	95,1	82	90,1	
- give a good beating	6	4,9	9	9,9	
Physical punishment	126	100,0	91	100,0	P=0,605 (NS)
- by hand	77	61,3	62	68,4	
- flogging	40	31,7	22	24,6	
- by belt	4	3,1	4	4,0	
- other ways	5	3,9	3	3,0	

TABLE 4. The forms of physical punishment inflicted upon a child

The Roma parents, in a greater percentage, always fulfil the desires and wishes of their children (63,1% of mothers and 59,1% of fathers), comparing to non-Roma parents (23,0% of mothers and 11,2% of fathers). In the category "always fulfil the wishes" - mothers fulfil the wishes of the children in larger percentage then the father, while in category "often fulfil the wishes" – fathers fulfil the wishes of children in larger percentage (62,1% of non-Roma fathers and 40,6% of Roma fathers) then mothers (58,0% of non-Roma mothers and 34,5% of Roma mothers). There are statistically significant differences in the actions of Roma and non-Roma parents. The most common form of physical punishment inflicted upon a child is slap by hand (61,3% of non-Roma parents and 68,4% of Roma parents), and flogging (31,7% of non-Roma parents and 24,6% of Roma parents). The parents rarely beat their children by a belt (3,1% of non-Roma parents and 4,0% of Roma parents). The differences between the parents are not statistically significant. The fathers then the mothers far more inflict this form of physical punishment (Table 4). The issue of child upbringing stems from the basic obligations and responsibilities of the spouses, the mother and father equally (Figure 2). The results of the survey indicate that the most common activity of a father is playing (75,3% of non-Roma fathers and 58,2% of Roma fathers) and conversation with a child (47% of non-Roma fathers and 69,8% of Roma fathers). The second most common activity is buying clothes for a child (37,1% of non-Roma fathers and 56,1% of Roma fathers). A father takes care of a child while mother is away (64,2% of non-Roma fathers and 46,7% of Roma fathers).

# DISCUSSION

The Roma people are imperilled population group, which is hard to reach (5). It is particularly difficult to gain access to Roma family, which is the reason why



only few surveys covering Roma population have been conducted in a world. We conducted our study owing to a support received from the representatives of the local Roma communities (people in Roma population's confidence). Owing to their intervention, the Roma people accepted to participate in the survey and study. We had to adjust the questionnaire to the Roma respondents' level of education (6). The family environment and conditions of Roma children are of a lower quality then the conditions of other children. The very young mothers who are poorly educated perform the upbringing. In terms of statistical data, considerably more Roma children live with the foster parents (7). The surveys indicate that the children, apart from using the toys in their play, like to play using universal materials such as water, leaves, sand, trees, etc (8,9). While playing, children also like to use domestic objects and items (jars, cups, spoons, etc.). The parents equally buy toys for their children, regardless to their economic status. Although the Roma families are indigent, their children play the most using toys bough by the parents or presented as a gift. Only few parents make toys at home fore their children.

The emotional state of a child is frequently changed and it depends of an attitude of a parent towards a child, as well as of the impact of environmental factors (10). The development of emotions is the most intensive in a preschool age and it leaves a profound imprint on the later moulding of character. A fear represents negative experience for a child. The feeling of a child that one has the parents to protect him/her is essential to establish of rational reaction of a child to a fear. Our survey indicates that 50% of non-Roma parents and 41,8% of Roma parents reacted protectively when a child was afraid. The results also indicate that the parents mostly fulfil the wishes of their children (11). The Roma parents fulfil the

wishes of their children more frequently. In the category "always fulfil the wishes" — mothers fulfil the wishes of the children in larger percentage then the father, while in category "often fulfil the wishes" — fathers fulfil the wishes of children in larger percentage then mothers.

The parents inflict physical punishment upon a child as an upbringing method (12). The parents consider that the repetition of such punishment has positive upbringing influence, but they do not understand that the repeated punishments affect both, the punisher (parent) and the punished (child). When physically punished, a child feels hurt and humiliated. The physical punishment may also cause physiological crises in sensitive children (13). The parents-respondents stated they mostly react in educational manner when a child makes some sort of prank or roguery. In most of the cases, they explain to a child what was it that one did wrong, and then follows a discussion and analysis of a child's bad manners. If conversation, persuasion, or explanations do not yield results, the parents will have resort to physical punishment. According to the answers of the parents, physical punishment is quite frequent, and more then 20% of the parents punish their children physically. Our results correspond to the results of other authors (13). The care for a chills' wellbeing assumes parental love for a child, and exteriorisation of that love in the providing and caring activities. In this process, both parents play equally important role. "New father" should be actively engaged in child's care (14). The Roma fathers buy clothing and footwear for their children more often then non-Roma fathers. The economic status of Roma family depends on a father, and he is the main provider for his family. The most common activity of a father, regarding the child's care, is playing with a child and conversation with a child.

# CONCLUSION

The parents are responsible for their child's health. The sound family climate contributes to reduction of health risks. Our survey has indicated that Roma children mostly live in the broken homes, burdened by numerous health risk factors. Traditionally, there is a strong emotional attachment between the parents and children in Roma families. It should be used when planning the activities of health workers, aimed to enhance the health status of Roma children.

Good-quality education of the parents on importance and role of a family, child's health care, importance of a play as the basic child's need, bad influence of physical punishment, etc., is one of the pre-conditions to have proper and sound development of a child (15).

Considering that this decade of 21st century is dedicated to Roma people, we should undertake the activities to improve their social, economic and health status (16). This would eliminate many health risks in present-day Roma families and enhance the health status of Roma children.

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