



GENDER PERSPECTIVES OF  
**ROMA HEALTH**  
AND THEIR ACCESS TO  
HEALTH CARE



# GENDER PERSPECTIVES OF ROMA HEALTH **AND THEIR ACCESS TO HEALTH CARE**

**Publisher:**

Foundation Open Society – Macedonia

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**Translation into English:**

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**Design and layout:**

Brigada DSGN

**Print:**

Skenpoint

**Circulation:**

500

**Free/non-commercial circulation****CIP - Каталогизација во публикација**

Национална и универзитетска библиотека "Св. Климент Охридски", Скопје

**364.69:342.724(=214.58:497.7)**

ЗДРАВЈЕТО на Ромите и нивниот пристап до здравствената заштита од родов аспект / [автори на истражувањето Борјан Павловски ... и др.].  
- Скопје : Фондација Отворено општество - Македонија, 2014. - 16, 16 стр. : илустр. ; 21x25 см

Насл. стр. на припечатениот текст: Gender perspectives of Roma health and their health care. - Обата текста меѓусебно печатени во спротивни насоки.  
- Текст на мак. и англ. јазик

**ISBN 978-608-218-212-4**

1. Павловски, Борјан [автор]

а) Роми во Македонија - Право на здравствена заштита

**COBISS.MK-ID 97250058**

## SUMMARY

Previous research studies and field work underline the unfavourable socio-economic and living conditions of Roma people, which result in barriers related to their access to health services and contribute to their disadvantaged health status. In addition, having in mind the unfavourable situation of women, especially Roma women in the Macedonian society, it is of utmost importance to research the connection between gender and several parameters of health, access to health care and exercise of health rights among Roma respondents.

In particular, this analysis addresses the gender perspectives of health in terms of scope, type and quality of health services received by Roma men and women, with special focus on health services provided by registered general practitioners, emergency medical services, and out-patient and in-patient health care. One section addresses issues related to access to and quality of health services, as well as patients' rights exercised by Roma men and women. Moreover, this document analyses the effect of respondents' gender on their self-reported health status and frequency of acute and chronic diseases.

All parameters are analysed by means of comparisons of answers provided by Roma women (393 respondents) and Roma man (298 respondents).

# CONCLUSIONS

## HEALTH STATUS

Respondents' gender has a visible effect on their self-reported health status. Higher share of Roma men compared to Roma women assessed their health as "very good". Health status of Roma women is more unfavourable, as they more frequently reported that they have been diagnosed with STDs and suffer from chronic health problems that require regular health care services.

## PRIMARY HEALTH CARE

Gender of Roma respondents does not affect their coverage with registered general practitioners or utilization of services in primary health care. More specifically, equal shares of Roma men and women have selected their registered general practitioner and benefited from emergency medical services.

## SECONDARY HEALTH CARE

Despite the fact that respondents' gender does not affect the general level of utilization of services in out-patient health care, it still determines the scope of services provided at certain types of public health facilities, such as general or clinical hospitals and health care centres. Number of visits to these types of public health facilities reported by Roma women is almost twice as high as the number of visits reported by Roma men. Insignificant effect of Roma respondents' gender was observed in terms of their satisfaction with the behaviour of specialist medical doctors and the quality of health services received. Therefore, more than half of Roma men and women, in almost identical shares, are completely satisfied with the behaviour demonstrated by specialist medical doctors and the quality of health services received.

### **TERTIARY HEALTH CARE**

Utilization of services in in-patient health care is insignificantly higher among Roma women. Consequently, Roma women are more satisfied with the behaviour of medical doctors and medical staff, as well as the health care services received during their hospital stay.

### **PATIENTS' RIGHTS**

Gender does not condition Roma respondents' exercise of their patients' rights, with the exception of the right to insight in medical records, as more Roma women requested and were granted insight in their medical records.

### **ACCESS TO MEDICINES**

Respondents' gender does not result in different access to prescribed medicines from the positive list approved by the Health Insurance Fund (HIF). Namely, almost equal shares of Roma women and men were unable to find the medicines in pharmacies at HIF's cost.

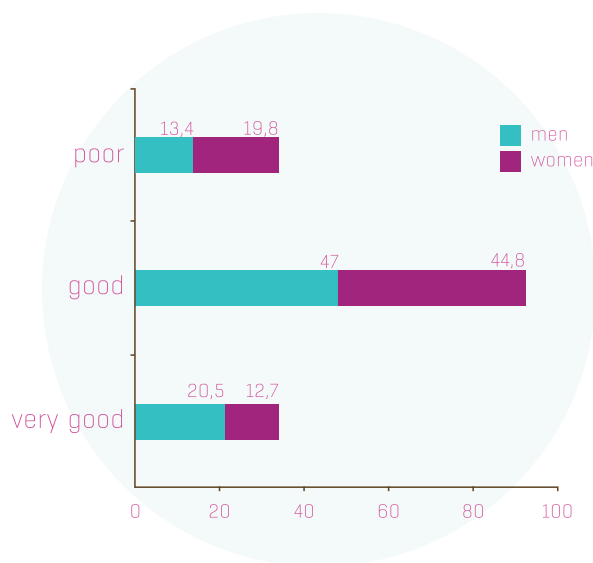
### **DISCRIMINATION**

Unkind behaviour and poor treatment on the part of specialist medical doctors was reported by both, Roma men and Roma women. Contrary to the situation observed in terms of the treatment on the part of specialist medical doctors, Roma men more frequently reported unkind behaviour and poor treatment during their hospital stay.

# I. HEALTH STATUS

As regards the self-reported health status, higher share of Roma men than Roma women assessed their health as “good” or “very good”. Namely, 20.5% of Roma men assessed their health as “very good” compared to 12.7% of Roma women who provided this answer (Chart no. 1).

In addition, 47% of Roma men and 44.8% of Roma women assessed their health as “good”. These self-reported assessments correspond with Roma respondents’ statements about their poor health. Namely, higher share of Roma women (19.8%) compared to Roma men (13.4%) assessed their health as “poor” (Chart no. 1).



**Chart no. 1**

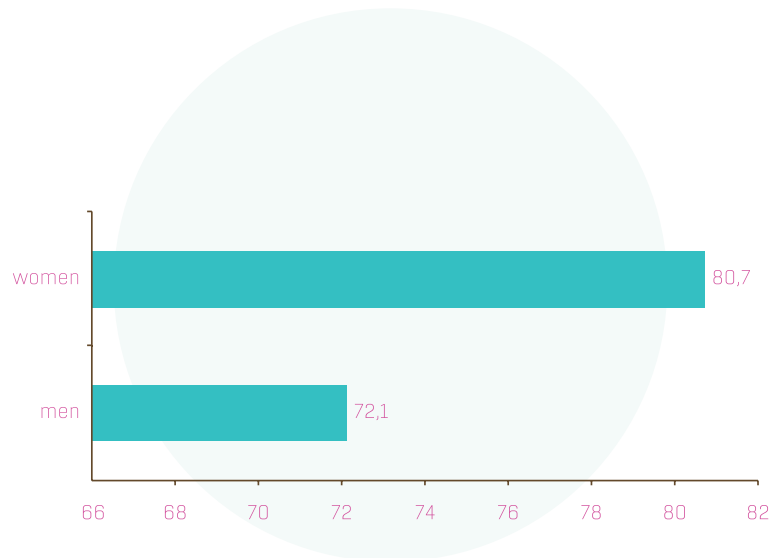
Roma respondents' self-reported health status, according to their gender

Gender has an insignificant effect on the frequency of colds, flues and respiratory infections suffered by the respondents, where the share of Roma women (80.7%) who suffered from colds, flues and respiratory infections in the last 12 months is moderately higher than the relevant share of Roma men (72.1%) who indicated this answer (Chart no. 2).

Roma respondents' gender has a certain effect on the respective shares of men and women who were diagnosed with Sexually transmitted diseases (STDs), where higher share of Roma women (8.1%) compared to Roma men (1.0%) responded that they have been diagnosed with STDs in the last 12 months (Chart no. 3).

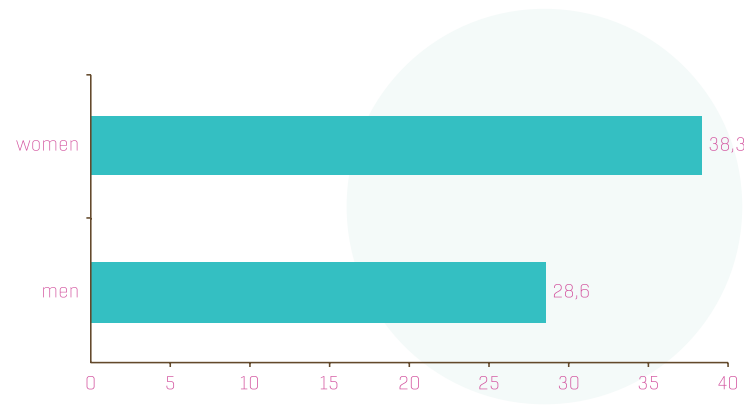
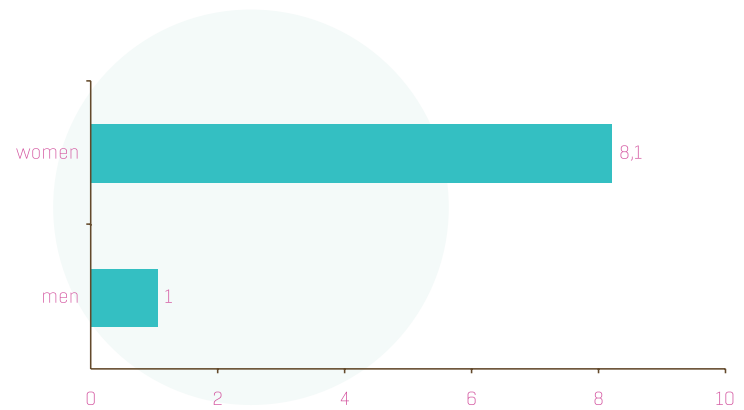
Respondents' gender has a more significant role in the occurrence of chronic health problems, whereby Roma women more frequently suffer from chronic health diseases that require regular health care services compared to Roma men, as 38.3% of Roma women and 28.6% of Roma men indicated this answer (Chart no. 4).

Unlike the limited effect of gender on respondents' self-reported health status and frequency of chronic diseases, the situation observed in terms of gastrointestinal infections show equal distribution of answers between Roma women and men, which means that same shares of Roma women and men suffered from gastrointestinal infections.



**Chart no. 2**  
Roma respondents who suffered from cold, flu and respiratory infection in the last 12 months, according to their gender

**Chart no. 3**  
Roma respondents who were diagnosed with STDs in the last 12 months, according to their gender во проценти).



**Chart no. 4**  
Roma respondents who suffer from chronic health problems that require regular health care services, according to their gender





## PRIMARY HEALTH CARE

nsignificant difference was observed between Roma men and women in relation to their coverage with registered general practitioners, where a slightly higher share of Roma men (95.3%) reported they have selected their general practitioner compared to Roma women (91.8%). The situation related to provision of emergency medical services is almost identical among Roma men and women. More specifically, 8.9% of men and 10.4% of women reported that they or close family members have been denied emergency medical services.

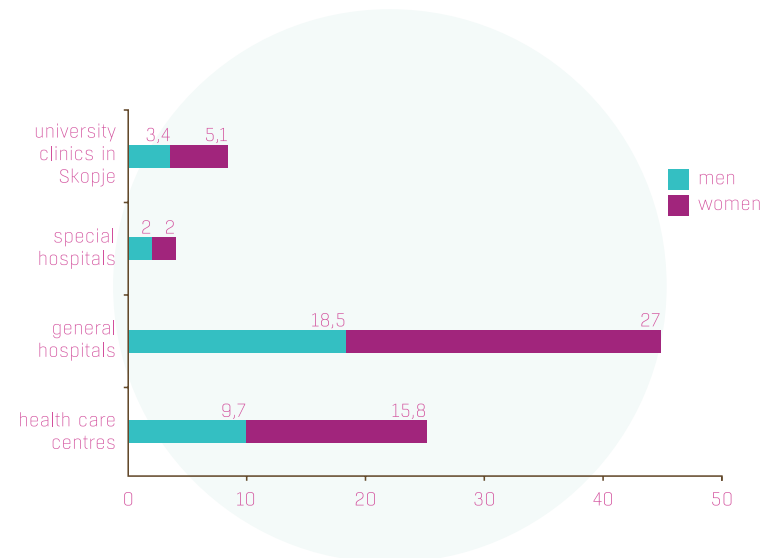


## OUT-PATIENT SERVICES IN SECONDARY AND TERTIARY HEALTH CARE

From the total number of Roma respondents (691), almost identical shares of men and women have visited specialist medical doctors. However, certain gender differences exist in terms of the scope and the type of public health facilities visited by Roma respondents for specialist health care. Namely, the number of visits made by Roma women to health care centres, general hospitals or clinics is almost twice as high compared to the number of visits made by Roma men to the same type of public health facilities. In that, 15.8% of Roma women and 9.7% of Roma men visited health care centres to receive services from specialist medical doctors. Identical is the situation in terms of visits to specialist medical doctors at general hospitals or clinics, where a higher share of Roma women (27%) compared to Roma men (18.5%) visited specialist medical doctors at this type of public health facilities in the last 24 months (Chart no. 5).

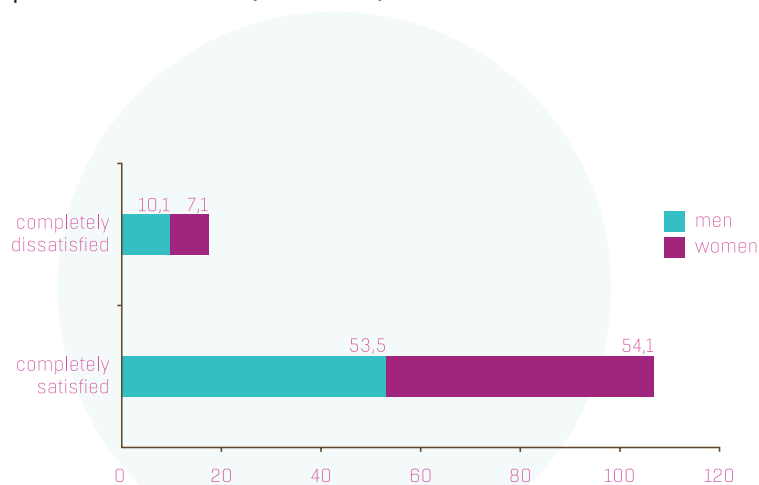
Almost identically low shares of Roma men and women visited specialist MDs at special hospitals or university clinics in Skopje. Namely, 2% of Roma men and 2% of Roma women visited specialist MDs at special hospitals, while 3.4% of Roma men and 5.1% of Roma women visited specialist MDs at university clinics in Skopje (Chart no. 5).

**Chart no. 5**  
Roma respondents who visited different types of public health facilities for specialist health care in the last 12 months, according to their gender



Respondents' gender has a small effect on their satisfaction with the behaviour of specialist MDs, which means that no significant differences were noted in terms of satisfaction expressed by Roma men and Roma women. More than half of Roma men and Roma women in almost identical shares indicated complete satisfaction with the behaviour demonstrated by specialist MDs. Namely, 53.5% of Roma men and 54.1% of Roma women were completely satisfied with the behaviour of specialist MDs (Chart no. 6).

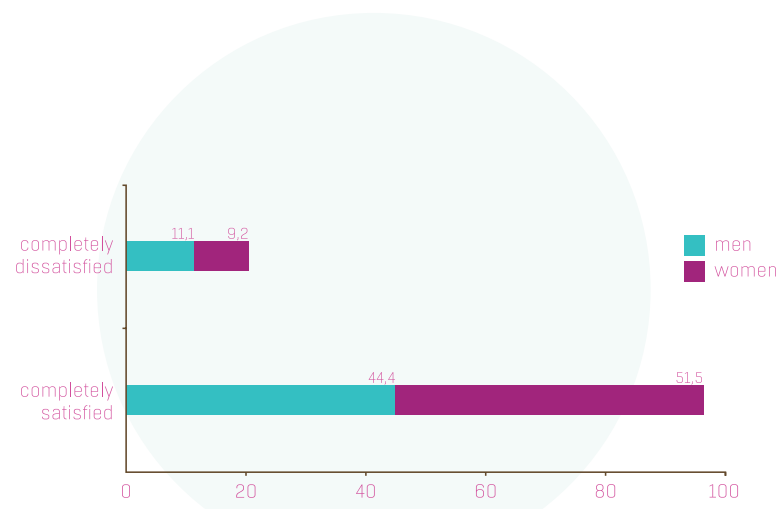
Gender has insignificant influence on Roma respondents' dissatisfaction with the behaviour demonstrated by specialist MDs, as higher share of Roma men (10.1%) compared to Roma women (7.1%) provided this answer (Chart no. 6).



**Chart no. 6.**  
 Roma respondents' satisfaction with the behaviour of specialist MD, according to their gender

Gender of Roma respondents does not affect their satisfaction with the quality of services provided by specialist MDs, whereby higher share of Roma women (51.5%) compared to Roma men (44.4%) expressed complete satisfaction with the health services provided by specialist MDs (Chart no. 7).

Identical situation was observed in terms of respondents' complete dissatisfaction with the health services provided by specialist MDs, which means that an insignificantly higher share of Roma men (11.1%) compared to Roma women (9.2%) indicated complete dissatisfaction with these services (Chart no. 7).



**Chart no. 7.**  
 Roma respondents' satisfaction with the health care services provided by specialist MDs, according to their gender

## IV.

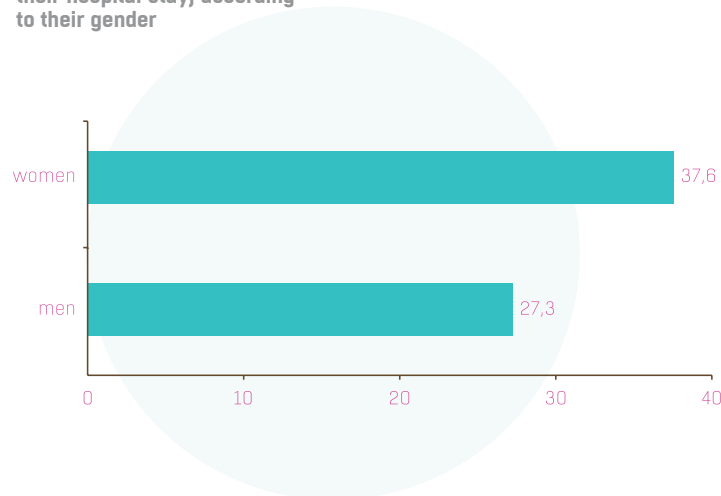
# IN-PATIENT SERVICES IN SECONDARY AND TERTIARY HEALTH CARE

Relevant shares of Roma men and women (22.8% each) who were hospitalized at public health facilities in the last 24 months are insignificant. Comparison of gender-segregated data provides the conclusion that from the total number of hospitalized Roma, higher share of Roma women (15.8%), compared to Roma men (9.1%) were hospitalized at general or clinical hospitals. Roma women and men were more rarely hospitalized at special hospitals and the university clinics.

Low share of respondents, i.e. those who were hospitalized and underwent minor surgery, were asked whether they have been administered anaesthesia, whereby it was observed that lower share of Roma women (69.8%) compared to Roma men (77.8%) were administered anaesthesia for the purpose of avoiding unnecessary suffering and pain.

**Chart no. 8.**

Roma respondents' that stated that were "completely satisfied with the behaviour of MDs and medical staff" during their hospital stay, according to their gender



### *Satisfaction with the behaviour of MDs and medical staff*

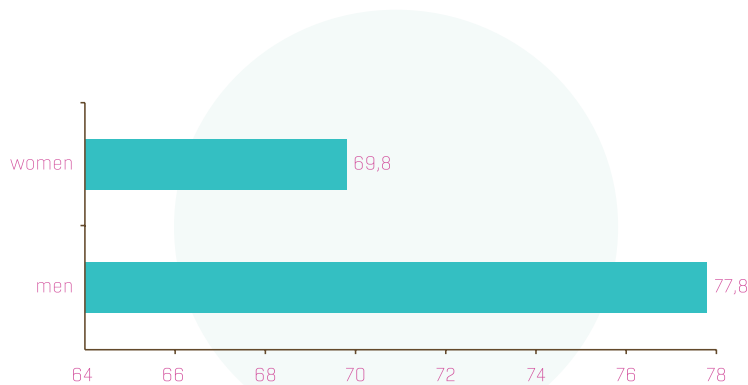
In general, although Roma respondents are less satisfied with the behaviour of MDs and medical staff, difference were observed in the answers provided by Roma men and women. In that, 37.6% of Roma women and 27.3% of Roma men are completely satisfied with the behaviour of MDs and medical staff, which provides for a difference by 10% (Chart no. 8).

An identical ratio was observed in terms of respondents' satisfaction with the health services received during their hospital stay, where higher share of Roma women (36.6%) compared to Roma men (27.3%) indicated complete satisfaction.

## V. PATIENTS' RIGHTS

**Chart no. 9.**

Roma respondents' exercise of the right to avoid unnecessary suffering and pain during their hospital stay, according to their gender



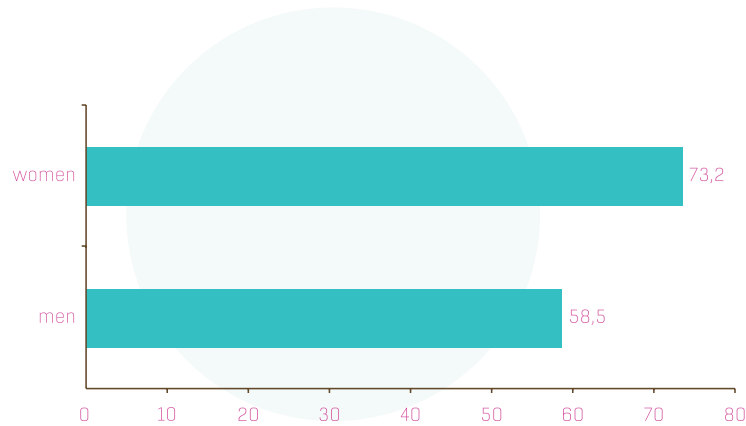
**A**nalysis of the exercise of patients' rights among Roma respondents in terms of their gender provides the conclusion that gender does not affect the exercise of these rights. Only exception therefrom was observed in relation to the right to avoid unnecessary suffering and pain, the right to receive visits during hospital stay and the right to insight in or transcript of medical records.

Insignificant share of Roma men and women reported that they have been denied health care services, whereby 4% of Roma women and 2% of Roma men indicated that they were not provided health care and dentistry services in the last 24 months when they needed them.

The right to avoid unnecessary suffering and pain is equally exercised by both Roma men and women. Namely, Roma men and women who were undergoing minor surgery were asked whether MDs had administered local anaesthesia, whereby 59.3% of Roma men and 56.6% of Roma women provided affirmative answers indicating that their right to avoid unnecessary suffering and pain was observed.

Unlike the insignificant effect of respondents' gender on the exercise of the right to avoid unnecessary suffering and pain in out-patient health care, gender is a factor in the exercise of this right in in-patient health care. Namely, Roma men more frequently reported respect for this right (77.8%) compared to Roma women (69.8%) [Chart no. 9].

Gender has a role in the exercise of the right to receive visits during hospital stay as more women than men reported that they have been allowed visits during their stay at public hospitals. More specifically, 73.2% of Roma women and 58.5% of Roma men reported that during their hospital stay they were allowed to receive visits (Chart no. 10).



**Chart no. 10.**  
Roma respondents' exercise of the right to receive visits during their hospital stay, according to their gender

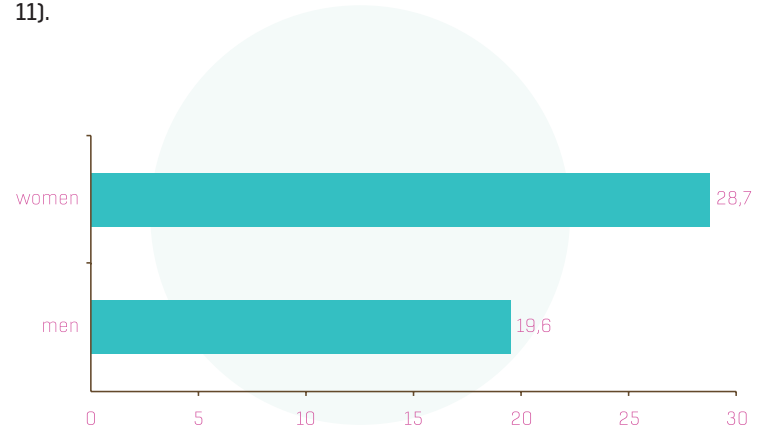
More than half of Roma women and men reported that they have benefited from health care services, but they did not request second medical opinion. More specifically, 62.1% of Roma men and 64.3% of Roma women benefited from health care services, but did not request second medical opinion.

Moreover, gender does not affect respondents' exercise of the right to second medical opinion. In general, small shares of Roma women and men (11.4% each) exercised the right to second medical opinion.

As regards the respect for the right to privacy in out-patient health care, no differences were noted in terms of respondents' gender. In general, every fourth respondent reported that his/her right to privacy was violated, which means that when undergoing examinations or medical interventions other persons were present who should not have been there and without their consent.

Roma respondents' right to informed consent prior to undergoing certain medical intervention was almost equally respected, irrespective of their gender.

Although more than half of Roma women and men did not request insight in or transcript of their medical files, patient's gender had small effect on the exercise of this right. Namely, 28.7% of women and 19.6% of men who have requested insight in or transcript of their medical files provided affirmative answers to this question (Chart no. 11).



**Chart no. 11.**  
Roma respondents who exercised their the right to insight in the medical records, according to their gender

## VI.

# ACCESS TO MEDICINES

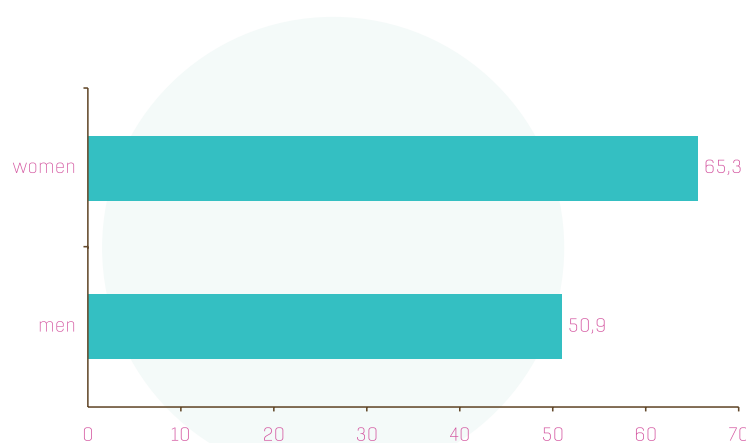
Gender does not affect respondents' access to medicines prescribed by their MDs from the positive list approved by the Health Insurance Fund (HIF). Namely, Roma women and men, in equal shares, reported that they were unable to find the medicines in pharmacies at HIF's cost.

## VII. DISCRIMINATION

No differences were observed in terms of answers provided by Roma women and men about the treatment or behaviour demonstrated by specialist MDs.

Gender's effect on respondents' satisfaction with the behaviour of specialist MDs was analysed in terms of the kindness extended to Roma women and men as patients. Namely, 13.1% of Roma men and 11.7% of Roma women reported that specialist MDs treated them less kindly compared to other patients, while 58.6% of Roma men and 57.7% of Roma women did not report unkind treatment and behaviour on the part of specialist MDs.

Almost identical shares of Roma men and women reported that specialist MDs did not treat them poorly, where the share of Roma women (73.3%) who provided this answer is slightly higher compared to the relevant share of Roma men (68.7%).



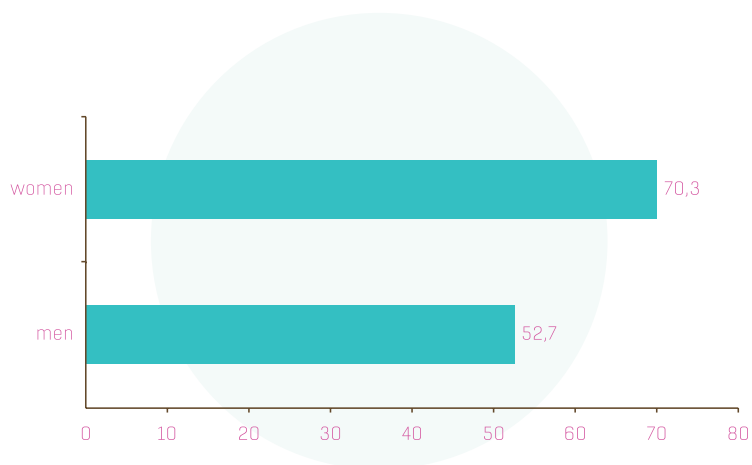
Contrary to the situation observed in terms of the treatment of specialist MDs, respondents' gender has a significant effect in terms of unkind treatment of Roma men and women at public health facilities. Namely, higher share of Roma women (65.3%) compared to Roma men (50.9%) do not feel discriminated and reported that they were not treated less kindly by health professionals.

**Chart no. 12.**

Roma respondents who did not report less kindly treatment by health professionals at public hospitals, according to their gender



By 20% more Roma women (70.3%) compared to Roma men (52.7%) reported that during their hospital stay the medical staff did not treat them unkindly, which means that Roma men were treated more poorly compared to Roma women.



**Chart no. 13.**

Roma respondents' who did not report poor treatment of medical staff at public hospitals, according to their gender