

## The Roma Community

**This is an information leaflet for health care professionals and NHS personnel. All Roma customs and taboos were researched in collaboration with Roma communities based in London. While this leaflet aims to provide a multi-dimensional look at Roma culture and beliefs, it is important to remember that the Roma community is very diverse. This information should be used as a starting point in learning about this community.**

If you have any questions related to this leaflet, would like more information or would like to give us your feedback, please contact Sarah at Roma Support Group: [sarah@romasupportgroup.org.uk](mailto:sarah@romasupportgroup.org.uk)

You can find more information about RSG on our website: [www.romasupportgroup.org.uk](http://www.romasupportgroup.org.uk)

## Roma and Health

### General Health Attitudes

Health is considered an 'unclean' subject, often not to be discussed even with closest family members. Roma who become health professionals or work in other health-related jobs – such as health advocacy or interpreting – can be treated as unclean and ostracised from the rest of the community. It is important to be sensitive to Roma cultural expectations when discussing health-related subjects.

Some examples of health-related taboos you may encounter in your work with Roma include:

- Anything related to female sexual or gynaecological health is considered an unclean subject/object and is to be discussed only amongst females.
- Health-related issues are not traditionally discussed in groups of Roma where the age gap is greater than 10 years.

### Attitudes to Mental Health

Mental health is treated as a greater taboo than any other health problem and is rarely discussed amongst the Roma.

#### *Communicating about Mental Health*

- Roma may talk about being sad or feeling down in relation to specific problems in their lives. In these cases it is acceptable to say that someone is depressed.
- Some may talk about 'problems with the head' or 'being crazy' instead of naming specific mental health conditions.

- Roma youth tend to be more aware of mental health problems than older members of the community, yet some are still reluctant to discuss private matters.

#### *The Social Context of Mental Health Issues*

- There is a strong belief that mental health problems can be passed on genetically without taking into account environmental factors. This can jeopardise the prospect of marriage, affecting relations within the family unit and Roma community.
- Drug addiction is a controversial subject and Roma community members often deny its existence within their clan, tribe or family.
- Alcohol abuse is often viewed as a social activity and not treated as an addiction.
- Victims of rape and domestic violence are often stigmatised; they rarely discuss their traumas.

#### **Seeking Help for Mental Health Problems**

Roma often try to hide the fact that they are suffering from mental health problems, even from close family members. This can create long delays in seeking help. Once the family is aware of a mental health problem, they will try to hide the problem from other community members out of fear of damaging the family's reputation. Approaching health professionals commonly occurs only when family members are completely unable to cope with the situation.

#### **Barriers in Accessing Services**

##### *Language and Interpreters*

- Roma patients – even those who speak English – will often need interpreters to help explain health-related information.
- The patient/interpreter relationship is very sensitive. There can be an element of distrust between the Roma patient and a non-Roma interpreter, yet Roma patients may also be reluctant to discuss certain issues (particularly those related to mental health) with a Roma interpreter.
- Non-Roma interpreters might not be aware of the patient's language limitations and might misunderstand and mistranslate the subject discussed.

##### *Discrimination, Distrust and Low Self-esteem*

- Many Roma have negative experiences of using health services in their countries of origin, and this contributes to distrust of health professionals.
- They find it particularly difficult to talk about sensitive topics such as mental health problems, fearing negative consequences.

### *Lack of Knowledge*

- Roma patients may have a limited understanding of which services are available and correct methods for obtaining referrals to specialist services.
- They may also be unaware of their right to access certain health services.

### **Working with Roma Patients**

A relationship of trust and respect between the health professional and the Roma patient is vital to productive discussions of health issues.

Some points to keep in mind when building trusting relationships with Roma patients include:

- Friendly and open body language can help to build and maintain trust.
- Roma are opposed to what they call *difficult questions*, which are personal enquiries asked before trust is established. If a *difficult question* is asked prematurely it may undermine the future relationship with the patient.
- If the nature of a consultation requires you to ask personal questions early in your relationship with a patient, it is best to be very straightforward about your reasons for asking and to clearly explain how you are going to use the information provided.
- Maintaining eye contact demonstrates respect, while looking too frequently at notes or a computer may be considered offensive.
- It is best to avoid jargon and medical terminology, as patients may be reluctant to ask for clarification about terms they do not understand.
- Continuity with the same doctor is very important to Roma community members.
- If you are a younger doctor, keep in mind that it may take longer to build trust, as Roma tend to trust older doctors more than younger ones.
- As many Roma patients may be unfamiliar with UK health systems, it is important see referrals through from start to finish, often by following up to make sure that patients have been able to access services.

## **Background Information**

### **Who are the Roma?**

The Roma are the largest ethnic minority in Europe. Many Roma in Western Europe are migrants from countries such as Poland, Slovakia, the Czech Republic, Romania, Lithuania, Latvia and the former Yugoslavia. Though frequently associated with English Gypsies and Irish Travellers, the Roma in the UK face a unique set of challenges related to recent migration and past experiences of discrimination.

## **Origins and History**

The Roma originate from Punjab and Rajasthan areas of India. Their ancestors emigrated from India approximately 1000 years ago and travelled through Asia to Europe and later to the Americas. For centuries they maintained a nomadic lifestyle but were forced to settle under the communist regimes of Eastern Europe.

The Roma have faced centuries of discrimination, persecution and forced assimilation. In many countries the Roma remain marginalised, experiencing barriers to employment, education and health and social services.

The Roma first came to the UK as asylum seekers. For several years they were subjected to strict immigration and work restrictions, which have greatly impacted their mental health and contributed to distrust towards questionnaires and detailed questions about themselves. Since the EU accessions of 2004 and 2007, the Roma have been coming to the UK as economic migrants.

## **Language and Education**

Many Roma speak one of the many Romani dialects as a first language, and they usually speak the language of their countries of origin as a second language (e.g. Polish, Slovak or Romanian). Vocabulary in a second language can be limited depending on education levels.

Cultural rules and taboos can mean that Roma lack a vocabulary related to health, state of mind and expressing feelings.

Levels of educational attainment are generally low in Roma communities (often as a result of discrimination in schools), and many Roma adults are illiterate. This can make written health communication inappropriate for Roma community members.

## **Summary**

You can help to ensure that Roma patients have a positive experience of your service through a combination of cultural sensitivity, knowledge of common barriers to care and understanding of effective methods for delivering health-related information to Roma patients.