

Communicable Diseases in Roma Communities

Subjects: Nursing

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The Roma are Europe's largest minority. They are also one of its most disadvantaged, with low levels of education and health, and high levels of poverty. This entry focuses on Eastern and Central Europe, and summarises the findings of a review of 19 papers that describe communicable disease burden among the Roma. Roma in Eastern and Central Europe continue to have a higher prevalence of communicable diseases than the majority populations of the countries they live in, and are at a high risk of infection.

Keywords: Roma ; communicable diseases ; Central and Eastern Europe ; review ; Gypsy

1. Introduction

The Romani, or Roma are the largest transnational minority in Europe. Through linguistic, anthropological and more recently genetic mapping, their roots can be traced to original nomadic communities in north-west India ^[1]. They began their migration westwards between the 6th to 10th century, with groups settling along the way, finally entering Europe in the 12th century. Roma communities across Europe and Central Asia gradually formed diverse endogamous sub-groupings, still retaining large parts of their language and culture ^{[1][2]}. In Europe alone they now number around 11 million, the vast majority living in Eastern and Central Europe.

The history of Roma people in Europe is marked by discrimination and persecution. In Romania, they were enslaved ^[3]; in Britain they were declared criminals and had to choose between exile or death ^[4]. During Nazi rule, they became the victims of genocide, which the Roma call "Porajmos" ^[5]. In Eastern Europe, Roma children were taken from their parents in an attempt at assimilation. More recently, in the Czech Republic, Roma women were unwittingly sterilised even after the turn of the millennium ^[6]. Even now, in 2020, in the midst of the coronavirus pandemic, a few Roma settlements in Slovakia and Bulgaria are being subjected to disproportionately high levels of surveillance and policing ^[7]. These are just a few examples of discrimination and persecution which the Roma have endured and continue to face. Though commonly thought of as itinerant, most Roma are actually settled, partly on account of forced assimilation policies.

By all accounts, the Roma are extremely disadvantaged. Most people identifying as Roma live in informal settlements, often with facilities which are far below the national standards of the countries they are settled in ^[8]. Roma are also routinely found to have worse social, economic and health indicators than their non-Roma counterparts. Ninety percent of Roma live below national poverty lines. Less than one third are in paid employment. Only 15 per cent of Roma have completed high school, and 45 per cent of Roma households lack proper sanitation ^{[8][9]}. Roma children are only 34 to 45 per cent as likely to be vaccinated as non-Roma, and they routinely face barriers in accessing healthcare ^{[10][11][12]}.

In 2005, nine Central and Southern EU countries—Bulgaria, Croatia, the Czech Republic, Hungary, North Macedonia, Romania, Serbia, Montenegro and Slovakia—along with several international organisations, launched the *Decade of Roma Inclusion 2005–2015*, committing to allocate resources with the aim of integration and ending discrimination and poverty of Roma communities. This was followed by the Roma Integration 2020 Project, with similar goals ^[13]. There are numerous papers examining the prevalence of specific diseases in certain Roma communities. This entry is the summary of a paper that reviewed communicable diseases among Roma across Central and Southeastern Europe.

2. Discussion

The aim of this work was to review the literature on communicable diseases among Roma across Eastern and Central Europe. We found that Roma communities have disproportionately high prevalence of communicable diseases, and are identified as being at high risk of infection throughout these parts of Europe.

Studies on communicable diseases among Roma appear to originate primarily from Slovakia. Romania, which has the highest population of Roma in the EU, has surprisingly little research published on them. In this review only two papers on Romanian Roma met the selection criteria. The reasons for this disparity need to be examined. This review was only

concerned with papers written in English, so it is possible that more information is available in the national languages.

The papers reviewed all involved segregated Roma, i.e., those living in settlements. Though this might seem to be a limitation, it is known that most Roma in Europe identifying as Roma live predominantly in informal settlements [8]. Furthermore, data collection along ethnic lines remains a contentious issue [14]. Additionally, most integrated Roma no longer identify as Roma, or might not even know of their Roma heritage [15]. As a result, there is a lack of usable data on Roma living outside the settlements.

This review indicates that Roma sometimes do not have a higher prevalence of communicable diseases. No significant difference between Roma and non-Roma was found in chlamydia cases in the HepaMeta population in eastern Slovakia. In fact, Roma men had fewer cases of chlamydia than either non-Roma men or women. Nevertheless, the authors of this review tentatively state that Roma are at a higher risk of contracting chlamydia, and are more likely to suffer from adverse effects of infection because of the barriers to healthcare which they face [16]. Drawing from the same HepaMeta population, seropositivity for *Trichinella* or *Echinococcus* showed no statistical differences between Roma and non-Roma [17]. Among a group of IDUs in Budapest, neither the Roma nor the non-Roma IDUs had HIV [18].

Non-Roma living in close proximity to Roma do not have very different prevalence of communicable diseases than the Roma. In fact, Roma may even have lower rates of disease. This is evidenced by some surprising findings. Non-Roma residents of a predominantly Roma neighbourhood of Budapest had higher HBV rates than their Roma neighbours, while neither of the groups had any cases of HIV [19]. A HepaMeta subpopulation in Slovakia showed higher rates of *T. gondii* among non-Roma living in close proximity to Roma settlements [20].

Roma have a relatively high prevalence of communicable diseases overall. Notwithstanding the instances mentioned above, Roma have a higher occurrence of communicable diseases than non-Roma. The most common reasons hypothesised by authors for the higher rates of disease are lack of water, poor sanitation and hygiene, crowded living spaces, high-risk sexual behaviours, and exposure to animals and waste [16][17][18][19][20][21][22][23][24][25][26][27][28][29][30][31][32][33][34].

Several studies found that Roma, especially Roma children, have a particularly high prevalence of parasites. This is especially troubling, given that Roma children have been found to suffer from significantly higher levels of morbidity than their non-Roma peers [26], and because parasites such as microsporidia and toxocara can be life-threatening. Many of these are diseases of poverty, so they can potentially be treated and prevented, but they may result in significant morbidity if not managed.

Some studies found that Roma have high rates of sexually transmitted diseases. In Sofia, for example, the prevalence of gonorrhoea and syphilis was many hundred times the national levels [22]. On the other hand, despite repeated studies describing high-risk sexual behaviour, the prevalence of STDs is sometimes not very high [16][23]. Amirkhanian et al. hypothesize that this is probably due to the social insularity of the groups [23]. This might also explain the lower rates of HPV among Roma in Romania [32].

2.1. Strengths and Limitations

This work is the first to attempt an examination of the prevalence of communicable diseases among Roma across Eastern and Central Europe. However, some limitations should be mentioned. Papers were not screened very stringently for quality, given the dearth of research in this area. While this enabled the review to include a much broader range of papers, it also meant however that not all the papers included lent themselves to rigorous statistical analysis. Papers written in languages other than English were not searched for or included, as a result of which useful data might be missing. Transnational, national and regional databases of health were not examined either. Finally, analyses of impacts, such as socio-cultural aspects of the community, could only be included in as far as they were analysed in the reviewed papers.

2.2. Implications

Firstly, the higher prevalence of disease within Roma settlements, along with many of the risk factors for infections, should be a cause for concern and action. The Roma minority represents an untapped repository of knowledge and skill, and a lot more resources should be devoted to removing barriers to their full participation in all areas of society. Secondly, and perhaps more concerning to many, there is the fact that as long as segregated Roma continue to exhibit a higher prevalence of disease, they remain a reservoir for neglected and immunisable diseases which could easily spill over into the general population. This has happened several times already in the case of measles [35][36]. Lastly, Roma communities

that do not have a high disease burden also need attention. Once diseases enter these insular communities, they are likely to spread rapidly given the high infection potential associated with lack of infrastructure, poor hygiene and frequent high-risk behaviours ^[16].

3. Conclusions

Roma in Eastern and Central Europe continue to have a higher prevalence of communicable diseases than the majority populations of the countries they live in. Roma children in particular have a particularly high prevalence of parasitic disease. However, these differences in disease prevalence are not always present across diseases and Roma populations. In the case of HPV in Romania for example, Roma women have less than half the rate of the disease than non-Roma Romanian women. Additionally, when Roma are compared to non-Roma living in close proximity to them, these differences are often no longer significant. This does not change the reality that Roma communities continue to score lower on socio-economic indicators, have a disproportionately high incidence of communicable diseases, and have been found to be at high risk of infection.

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