

# INTERNATIONAL COMPARISON OF REPRODUCTIVE HEALTH SEEKING BEHAVIOUR IN ROMA POPULATION

## LETTER TO THE EDITOR, IN RESPONSE TO THE PAPER “REPRODUCTIVE HEALTH OF ROMA WOMEN IN SLOVAKIA”, CENT EUR J PUBLIC HEALTH 2020;28(2):143–148

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We would like to share the experience from our clinic in response to the paper “Reproductive health of Roma women in Slovakia” by Šupinová et al. (1).

As the authors have stated in their introduction, there are legislative restrictions designed to protect minorities against discrimination. Nevertheless, these restrictions make it very difficult to evaluate health situation of Roma population and frequently discredit the possibility of international comparison and model learning. Therefore, we would like to share the experience of our tertiary centre, not yet published *in extenso*, regarding the issues addressed in the article.

First of all it is important to underline some mutual aspects of the Roma women position in health systems of Slovakia and Serbia. While Slovakia has one of the largest Roma communities in the world (1), Serbia has one of the biggest proportion of Roma outside the European Union (2). Furthermore, Serbia has one of the unique health systems with universal coverage, available to all citizens.

When comparing the results published by the authors, our experience is greatly in accordance. Our observations are based on electronic medical documentation collected from 2017 to 2020 in the Clinic of Gynaecology and Obstetrics, Clinical Centre of Serbia, comprising around 200 pregnancies of Roma mothers.

In relation to the data published by Šupinová et al. (1), we wanted to comment on the health care seeking habits of Roma pregnant women. We noticed that most of the Roma pregnant women would only seek emergency medical help. In comparison, research of Šupinová et al. (1) showed that Roma women who attended pregnancy counselling regularly started experiencing problems later in the pregnancy than those who did not. Combining these two pieces of information, it can be deduced that pregnancy counselling would not only increase gestational age when pregnancy complications occur, but also decrease the need of emergency medical aid.

In addition, other recent studies (3) have also showed that primary health care is not being utilized enough by Roma women due to inequality gap. In the domain of cervical and breast cancer, unaddressed preventive services are responsible for late diagnosis and expensive health care. Analogously, poor response to primary care in pregnancy settings leads to pregnancy complications and heavier load on emergency obstetric consultations.

In the previously published literature from this area, the authors have highlighted that empowering Roma women to be involved in their health care leads to their stronger independence regarding the decision of pregnancy timing (2). Therefore, guided primary care can help Roma women being more aware of their reproductive health options. Future public health politics should inspire Roma mothers to seek preventive care in order to reduce pregnancy complications, as well as human and material resource expenses. Having in mind that Serbia has universal health system coverage, the need of raising the awareness of primary care pregnancy management is even more important.

Hopefully, this letter inspires a mutual imperative to health systems in countries with large proportions of Roma population to direct health politics to primary care reproductive health counselling and reduce the burden of emergency medical care.

## REFERENCES

1. Šupinová M, Sonkolyová G, Klement C. Reproductive health of Roma women in Slovakia. Cent Eur J Public Health. 2020;28(2):143-8.
2. Stojanovski K, Janevic T, Kasapinov B, Stamenkovic Z, Jankovic J. An assessment of Romani women's autonomy and timing of pregnancy in Serbia and Macedonia. Matern Child Health J. 2017;21(9):1814-20.
3. Usera-Clavero M, Gil-González D, La Parra-Casado D, Vives-Cases C, Carrasco-Garrido P, Caballero P. Inequalities in the use of gynecological visits and preventive services for breast and cervical cancer in Roma women in Spain. Int J Public Health. 2020;65(3):273-28.

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